Family Planning Task Sharing Indicators:

Suggestions from the Task Sharing Technical Working Group

Introduction

Indicators are measurements to demonstrate the performance of a program. They are tracked over time to evaluate a program's progress toward goals and output targets (e.g., number of a particular cadre trained to provide a specific method). The Task Sharing Technical Working Group (TSTWG) developed a list of standard indicators to be used in routine monitoring and evaluation (M&E) for task sharing programs and research studies in family planning (FP). These indicators were drawn from several implementers with experience piloting task sharing programs and research. All partners conducting task sharing programs or research can use these quality, tested indicators to ensure that the most important information is collected to inform program implementation. By using these standardized indicators, program implementers and managers can ensure that measures have been independently validated, which makes cross-country comparisons possible. Additional indicators of interest can be found in the *Family Planning/Reproductive Health Indicators Database*.

For guidance on which FP methods are considered to be within the usual competencies of specific cadres and can be task shared to new cadres, as well as guidance on the training requirements for task sharing, please refer to the World Health Organization summary brief *Task Sharing to Improve Access to Family Planning/Contraception*. The TSTWG's *Research Planning Framework for Task-Sharing Family Planning Services* is another useful resource.

To ensure that this list of indicators serves its purpose well, the TSTWG welcomes feedback and questions from users. The feedback will help inform updates and improvements to the list. Please send all feedback and queries to Leigh Wynne at Lwynne@fhi360.org or Tishina Okegbe at TOkegbe@fhi360.org.

General Guidance on Implementing the Indicators

Suggested steps for implementation

- Develop a conceptual framework to articulate your program's goals and objectives.
- Identify your indicators. Select from the list in the table below, depending on your goals and objectives. Consider the feasibility of what data can be collected.
- Adapt the indicators and develop program-appropriate measures. Keep in mind that too much adaptation prevents effective comparison of your findings with those of other programs.
- Identify data sources. Some indicators can be collected from routine data sources, and others will need to be part of a study.
- Whenever possible, disaggregate by sex and age, being sure to capture youth (ages 15–24) in the indicators.
- Establish a time line and develop a plan for data collection.
- Design data-collection tools, or add indicators to existing tools.
- Train providers and supervisors to record information.
- Compile, share, and use findings for programmatic decision making.

Notes for use of the indicators

- This list of indicators is not meant to be comprehensive for a FP study or program. The indicators are supplemental and focused on task sharing of a new or existing FP method.
- The indicators in bold are considered essential. Essential indicators are those that users should prioritize for inclusion in their M&E plans. They represent the bare minimum measures needed to assess the success of your task sharing program.
- The label "routine" refers to indicators (or the means of verifying them) that are expected to be incorporated into a study's or program's ongoing M&E plans.
- The label "non-routine" refers to indicators (or the means of verifying them) that are not routinely included in ongoing M&E plans but are, instead, collected at specific times for specific purposes.
- The phrase "old cadre" refers to the health provider cadre that delivered the method before the inception of the task sharing study or program. The phrase "new cadre" refers to the health provider cadre that has newly acquired the ability to deliver the method as part of the task sharing study or program.
- The means of verification that are listed for each indicator are simply suggestive, and not exhaustive.
- Several indicators have client exit interviews, satisfaction surveys, or scorecards mentioned as means of verification. These types of verification should take place in a safe environment where clients can speak or write freely about their experiences without pressure from or fear of anyone, including the provider. They should not be conducted by the FP provider from whom the respondent received the service.
- For most indicators, data should be captured for both the new cadre and the old cadre, in order to make comparisons. Alternatively, data can be captured for the new cadre only, and then compared with existing data for the old cadre.

Key Topic Areas for the Indicators

The indicators in this document are grouped into the topic areas and corresponding section numbers outlined below. The topic areas are also briefly described below.

- **Provider competency**: Feasibility of successfully training the new cadre to provide the task-shared method competently
- **Safety**: Ability of the new cadre to provide the task-shared method safely
- **Rights**: Ability of the new cadre to provide high -quality, voluntary rights-based[1] services as defined by FP2020
- **Client satisfaction and acceptability**: Clients' satisfaction with the service received from the new cadre
- **Provider satisfaction and acceptability**: Providers' satisfaction with the delivery of service by the new cadre
- **Cost**: Cost of service provision by the new cadre; includes cost to clients receiving the task-shared method
- **Access to family planning**: Change in access to FP and to the task-shared method after the task sharing effort
- **Feasibility/logistics**: Feasibility of providing the task-shared method through the new cadre; looks at practical implementation issues such as stockouts and supervision
- **Policy**: Availability of an enabling policy environment for implementation of the task sharing effort

[1] *A rights-based approach to family planning uses a set of standards and principles to guide program assessment, planning, implementation, monitoring, and evaluation that enables individuals and couples to decide freely and responsibly the number and spacing of their children, to have the information and services to do so, and to be treated equitably and free of discrimination.*

	Indicator	Routine/ Non-routine	Definition	Means of Verification
1	**PROVIDER COMPETENCY**			
1a	# of providers in the new cadre trained to provide the task-shared method	Non-routine	Number of providers in the new cadre that have gained, through an initial training, competency to provide the task-shared method	Training and certification reports
1b	% (and #) of trained providers in the new cadre demonstrating quality, competent provision of the task-shared method by the end of the training	Non-routine	Proportion of all trained providers in the new cadre who are deemed competent to provide the task-shared method by the end of the initial training	This may be part of the routine certification process, involving direct observation of trainees during the training practicum or use of standardized patients.
1c	% (and #) of trained providers in the new cadre demonstrating quality provision of the task-shared method within 6 months of successfully completing the training practicum	Routine	Proportion of all trained providers of the new cadre who are deemed competent to provide the task-shared method up to 6 months after initial training is completed Quality provision is defined as provision of the task-shared method that follows the service delivery guidelines and meets the client's expectations. The number of months can change depending on the life of the project/study.	This may be part of the routine certification process, involving direct observation of trainees during the training practicum. It may also be assessed after training, using a separate follow-up observation study, standardized patients, or chart abstraction. It would be preferable to collect the information at multiple periods (e.g., at 3 and 6 months post-certification).
1d	% (and #) of trained providers in the new cadre who have received refresher trainings/continuing education/on-the-job training within 12 months of the initial training	Non-routine	Number of providers in the new cadre who have maintained, through refresher trainings, competency to provide the relevant task-shared service	Training and certification reports, training certificates

	Indicator	Routine/ Non-routine	Definition	Means of Verification
2	**SAFETY**			
2a	% (and #) of all severe, medium, and minor adverse events from provision of the task-shared method	Routine	Proportion of all adverse events from provision of the task-shared method that are classified as severe, medium and minor Definitions of adverse events: • Severe events: those requiring hospitalization • Medium events: those requiring outpatient referral to a higher cadre • Minor events: those that can be managed at the site or that may be self-limiting	Routine statistics from an adverse event monitoring system These statistics should be collected for all task sharing activities (whether part of a study or not) and compared with benchmarks when possible. To capture comparisons with a control group, this activity may need to be carried out under study conditions.
2b	Referral processes in place for adverse events and management of side effects	Routine	Presence of standardized protocols or algorithms for referral of medium and severe adverse events	Referral reports and documentation
2c	% (and #) of severe and medium adverse events and side effects referred for management	Routine	The percentage of all severe and medium adverse events and side effects reported during or after provision of the task-shared method that were appropriately referred for management	Referral reports and documentation

	Indicator	Routine/ Non-routine	Definition	Means of Verification
3	**RIGHTS**			
3a	% (and #) of clients given full counselling on: a. All other methods available b. Benefits c. Side effects and expected changes d. Follow-up care	Routine	Ability of new cadres to provide quality, rights-based services as measured using the Method Information Index, which assesses at the comprehensiveness of counselling, including information on: a. A full range of methods b. Benefits of each method c. Side effects and expected changes for each method d. Required follow-up care for each method Note: Counselling may also be expected to include information on the price of methods, as part of the discussion on benefits.	Client exit interviews using the Method Information Index, client satisfaction and FP compliance surveys, supervisory reports from observation visits, client scorecard surveys This indicator should be disaggregated by age to identify the degree to which services are "youth-friendly." This indicator can be analyzed separately (i.e., a, b, c, d) or compiled (e.g., a and b, c and d).
3b	% (and #) of clients choosing the method without pressure from the provider	Routine	Proportion of clients who feel that the choice of method received was fully theirs and not due to feeling pressured by the provider	Client exit interviews For comparisons to be made (i.e., among providers who are not task sharing versus those who are), a study is likely needed. This indicator should be disaggregated by age to identify the degree to which services are youth-friendly.
3c	% (and #) of providers who are trained in youth-friendly services	Non-routine	Proportion of providers who are trained to provide services in a way that meets the needs of youth	Supervision reports, client exit interviews, client scorecard surveys This indicator should be disaggregated by age to identify the degree to which services are youth-friendly.
3d	% (and #) of clients who know where to access timely method-removal services	Routine	Proportion of clients who are told by the provider, during method provision, about where and when to have their method removed	Client exit interviews and surveys This indicator should be disaggregated by age to identify the degree to which services are youth-friendly.

	Indicator	Routine/ Non-routine	Definition	Means of Verification
4	**CLIENT SATISFACTION AND ACCEPTABILITY**			
4a	% of clients satisfied with overall experience of the service	Routine	Proportion of clients reporting that they are satisfied overall with the service received from the provider	Client exit interviews, client satisfaction, FP compliance surveys, client score card surveys
4b	% of clients who would recommend the health service to a friend	Routine	Proportion of clients reporting that they would recommend the health service to a friend because they were satisfied with the service provider	Client exit interviews, client satisfaction, FP compliance surveys, client score card surveys
4c	% of clients who report that their provider communicated to them about their care in a way they could understand	Routine	Proportion of clients reporting that their provider communicated to them about their care in a way they could understand	Client exit interviews, client satisfaction, FP compliance surveys, client score card surveys
4d	% of clients satisfied with the level of privacy experienced during their time with the provider	Routine	Proportion of clients who felt satisfied with the level of privacy that they had while receiving service from the provider	Client exit interviews, client satisfaction, FP compliance surveys, client score card survey
4e	% of clients continuing the task-shared method at 3, 6, and 12 months after receiving the method	Non-routine	Proportion of clients who have continued using the task-shared method at 3 months, 6 months, and 12 months after receiving it	Client registers For this indictor, choose the appropriate time period for measuring continuation for your study or program.
4f	% of clients discontinuing the task-shared method by 3, 6, and 12 months after receiving the method	Non-routine	Proportion of clients who have discontinued the task-shared method at 3 months, 6 months, and 12 months after receiving it This indicator should be disaggregated by reason for discontinuation. The most common reasons are: • Desire to become pregnant • Side effects • Method expiration • Partner disapproval • Desire to try another method • Method failure	Client follow-up study For this indicator, choose the appropriate time period for measuring discontinuation for your study or program.

	Indicator	Routine/ Non-routine	Definition	Means of Verification
5	**PROVIDER SATISFACTION AND ACCEPTABILITY**			
5a	% (and #) of providers who are satisfied with the change in their workload	Non-routine	Proportion of providers (in the new and old cadres) who are satisfied with the change in their workload since task shifting of the method was implemented	Interviews with providers, including both the new cadre and the old cadre, among whom the method has been task shared; elements from routine data that could be used as proxy measures for provider motivation and satisfaction, such as average time spent on clinical interaction with patients; focus group discussions
5b	% (and #) of providers who are satisfied with providing the task-shared method	Non-routine	Proportion of providers (in the new and old cadres) who are satisfied with providing the task-shared method Elements of satisfaction for the new cadre would include preparation for and support received in delivering the task-shared method.	Interviews with providers, including both the new cadre and the old cadre, among whom the method has been task shared; elements from routine data that could be used as proxy measures for provider motivation and satisfaction, such as average time spent on clinical interaction with patients; focus group discussions
5c	% of stakeholders reporting acceptability of task sharing activities among: • district-level officials • community key informants (such as representatives from women's groups) • participating primary health care providers • previous cadre providing the method	Non-routine	Proportion of stakeholders who report that they accept provision of the task-shared method by lower cadres	Interviews and surveys with stakeholders

	Indicator	Routine/ Non-routine	Definition	Means of Verification
6	COST			
6a	Average service fees to clients for the task-shared method	Non-routine	Average fee charged by service provider to each client for the task-shared method This usually covers the cost of the provider's time and salary. Fees for the old cadre are to be compared with those for the new cadre.	Service provider price list
6b	Average cost to clients for receiving the task-shared service	Non-routine	Average cost to each client for receiving the task-shared service This includes fees paid for the service plus other costs incurred by the client in receiving the service, such as time spent by the client traveling and waiting, travel costs, and any other out-of-pocket costs. Client costs for the old cadre are to be compared with those for the new cadre.	Client exit interviews

	Indicator	Routine/ Non-routine	Definition	Means of Verification
7	**ACCESS TO FAMILY PLANNING**			
7a	% (and #) of clients using contraception in the target area after compared with before task sharing	Routine	Change in overall uptake of FP since introduction of the task sharing effort Note: "Introduction of the task sharing effort" is defined as the period beginning at the conclusion of training of the new cadre. For studies or programs in which the availability of the commodity is delayed after conclusion of the training, the introduction should be considered the point at which the commodity becomes available.	Routine service data (e.g., district health management information system), baseline and endline population surveys This indicator should be disaggregated by age to assess adolescent or youth uptake.
7b	% (and #) of clients using the task-shared method in the target area after compared with before task sharing	Routine	Change in uptake of the task-shared method since introduction of the task sharing effort Note: "Introduction of the task sharing effort" is defined as the period beginning at the conclusion of training of the new cadre.	Service statistics
7c	% (and #) of service delivery points in the target area that are able to provide the task-shared method after compared with before task sharing	Non-routine	Change in proportion of service delivery points offering the task-shared method since the introduction of the task sharing effort Note: "Introduction of the task sharing effort" is defined as the period beginning at the conclusion of training of the new cadre. Service delivery points include health facilities, outreach teams, and community health workers delivering in the community.	Service statistics (to show which service delivery points are providing the task-shared method); interviews with health providers (to understand if the provision is due to implementation of task sharing or something else)
7d	# of methods available through the new cadre after compared with before task sharing	Non-routine	Change in number of methods available through the new cadre since the introduction of the task sharing effort	Service statistics

	Indicator	Routine/ Non-routine	Definition	Means of Verification
8	**FEASIBILITY/LOGISTICS**			
8a	% (and #) of service delivery points experiencing a stockout of the task-shared method at least once in the first 6 months after task sharing was introduced	Routine	Proportion of service delivery points experiencing a stockout of the task-shared method one or more times in the 6 months after task sharing of the method began Service delivery points include health facilities, outreach teams, and community health workers delivering in the community. The percentage here can be compared with that of the 6-month period before task sharing was introduced.	Facility stock reports, community health worker stockcards
8b	% of trained providers in the new cadre who received supportive supervision at least every 3 months after successful completion of initial training	Routine	Proportion of providers in the new cadre receiving supportive supervision every 3 months (or more regularly) after successfully completing the initial training	Supervision reports and checklist

	Indicator	Routine/ Non-routine	Definition	Means of Verification
9	**POLICY**			
9a	Guidelines, including those on training and supervision, in place extending legal provision of the task-shared method to the new cadre	Non-routine	"Policies and plans" updated to reflect the FP task sharing practice Policy documents include broad reproductive health and population policies and service delivery, training, and supervision guidelines and laws. They also include programmatic and organizational documents with the objective of regulating the kinds of services to be delivered, to whom they should be delivered, and under what conditions.	Actual policy/plan/ guideline documents with evidence of approval (or submission for approval) These documents could appear in constitutional provisions, legislation, rules and regulations executive orders, ministerial-level decrees and related regulations and enforcement mechanisms, official goals and plan programs, statements and other formally documented government directives or strategies and standards.
9b	Monitoring of FP task sharing established and documented	Routine	Determination of the mechanisms that are in place to monitor a FP task sharing policy and how it is being implemented This indicator measures whether all stakeholders and institutions responsible for implementing the policy have the technical capacity to do so, and how capacity is being built. It notes the relationships among implementing institutions, and power dynamics within and among organizations and stakeholders. The presence of adequate financing mechanisms and resource allocations are acknowledged. The capacity of institutions to identify policy barriers and strategically address them is also measured.	Project records; quarterly reports; action plans; interviews with key informants; newspaper articles; published statements; speeches; meeting minutes from various institutions, stakeholders, and civil society groups For this indicator, also ensure that the service delivery guidelines have been updated to reflect the FP task sharing practice.

	Indicator	Routine/ Non-routine	Definition	Means of Verification
9	**POLICY**			
9c	Task sharing of the method is included in the FP costed implementation plan (CIP)	Routine	A proxy for measuring the potential for sustainability The following are examples of how inclusion in the FP CIP can be measured: • The task sharing strategy is costed as an activity. • Development of a task sharing strategy for the method/cadre is referenced. • The task sharing strategy is discussed as a priority in the CIP narrative. • Support for implementing the task sharing strategy is mentioned.	CIP activity matrices, CIP narrative
9d	A change in policy can be linked to the task sharing intervention	Non-routine	Measurement of whether task sharing has led to a change in related policy Relevant policies include scopes of practice, job descriptions, service delivery guidelines, and standards.	Stakeholder interviews, documentation of linkages in reports, letters, policy wording