

Family Planning Workforce

Key Indicators

The United States Agency for International Development (USAID) Office of Population and Reproductive Health (PRH) strives to increase access to and use of family planning (FP) products and services. PRH works with countries to strengthen the FP workforce so that it can support and implement priority interventions that expand access to these products and services (USAID, n.d.). Robust human resource systems that enable strong human resource management (HRM) will reinforce sustainability of the FP workforce. This goal can be achieved by supporting the FP workforce in the following ways:

- Increase the number and availability of FP workers through task sharing, supporting dedicated FP workers, incorporating providers outside the formal healthcare system, and enhancing the supply chain management workforce.
- Enhance the competency of FP workers through high-quality preservice education and in-service training (IST) or continuous professional development.
- Create an enabling environment for implementation of sound HRM practices and support local, national, regional, and global coordination and collaboration.

Rigorous monitoring and evaluation is essential to the success of FP programs. This resource outlines eleven key indicators that USAID partner organizations can use to inform the monitoring and evaluation of programs strengthening the FP workforce, which PRH identified as a priority area. Though some of these indicators address higher-level FP workforce issues, the information they yield is nonetheless critical to programmatic decision making. Each indicator featured in this resource contains its definition and calculation as well as any suggested disaggregations or reference periods.

No program or project should use all indicators presented here. For routine monitoring, program managers and evaluators should select a few relevant indicators that both are important to program objectives and easy to collect and interpret. The indicators may be supplemented or tailored to reflect a program's unique context and objectives.



1. Stock and density of human resources for health

Definition: Total number of human resources for health (HRH) relative to the population, often expressed as a ratio. “Human resources for health” is defined here as the workers who deliver healthcare services, such as physicians, nursing professionals, midwives, and community health workers. The population may be a country, region, or district. This indicator can be disaggregated by age, sex, urban/rural status, cadre, geographic distribution, and sector.

Because these indicators were drawn from several resources, the original source of the indicator is also noted; however, the original indicator reference sheets from those sources may not apply, because these indicators have been modified. This work supports the goal of USAID-funded MEASURE Evaluation to improve site-level health services. Relevant indicators are also found in the FP section of MEASURE Evaluation's Family Planning and Reproductive Health Indicators Database,¹ here: https://www.measureevaluation.org/prh/rh_indicators/family-planning

¹ MEASURE Evaluation's Family Planning and Reproductive Health Indicators Database: https://www.measureevaluation.org/prh/rh_indicators

Calculation: (Total number of health workers in a given area/ Total population of the same area) x 10,000 population

Source: Fort, A., Pacqué-Margolis, S., Ng, C., Kauffman, S., & Nicholson, E. (2015). Human resources for health indicator compendium [Adaptation]. Durham, NC, USA: IntraHealth International. Retrieved from <https://www.capacityplus.org/hrhic/>

2. Number and/or percent of preservice education institutions that incorporate family planning in their curricula

Definition: The number or percent of preservice education (PSE) institutions in a defined area (i.e., region, country, or subnational division) that incorporate FP information and service-delivery guidelines in their curricula. The topics in PSE curricula should be selected based on the FP and other health needs of the country using the curricula. This indicator can be disaggregated by type of institution (e.g., public or private) and cadre of graduates.

Calculation: If calculating a percentage, (Number of PSE institutions in a defined area that incorporate FP in their curricula/Total number of PSE institutions in that same defined area) x 100

3. Number or percent of graduates of preservice education programs who are newly employed in the health workforce

Definition: The number or percentage of graduates of PSE programs who enter the health workforce annually. A “graduate” is someone who is granted an academic degree, diploma, or certificate in a health cadre. “Newly employed” pertains to recently trained and graduated health workers who have signed a contract for employment in the health sector for the first time, and who have reported to their duty station. This indicator can be disaggregated by age, sex, urban/rural status, cadre, institution, and sector.

Calculation: If calculating a percent, (Number of graduates of PSE programs who were hired in the health workforce in the reporting period/Total number of graduates of PSE programs in the reporting period) x 100

Source: Health Finance & Governance. (n.d.). Human resources for health indicators [Adaptation]. Retrieved from <https://www.hfgproject.org/wp-content/uploads/2014/12/HRH-Indicators-Reference-Sheets-Final-2015.pdf>

4. Number and/or percent of training institutions that incorporate current family planning priorities in their in-service curricula

Definition: The number and/or percent of training institutions that conduct ISTs that incorporate current FP priorities in their in-service curricula. Topics covered in in-service curricula should be responsive to the FP and other health needs of the country using the curricula.

Calculation: If calculating a percent, (Number of training institutions in a defined area that incorporate current FP priorities in their in-service curricula/Total number of training institutions that provide IST in that same defined area) x 100

Source: MEASURE Evaluation. (n.d.). Family planning and reproductive health indicators database [Adaptation]. Retrieved from https://www.measureevaluation.org/prh/rh_indicators

5. Number and/or percent of health workers who have received in-service training or continuous professional development in family planning or a related topic of interest

Definition: The number or percent of health workers who have received IST or continuous professional development (CPD) in FP or a related topic of interest defined by the program during a specific period (e.g., in the past six or twelve months). “In-service training” refers to any training provided to health workers who are currently employed in the health workforce to develop or update skills relevant to their job. “Continuous professional development” refers to the requirement by licensing bodies as a condition of renewing licensure that health workers accumulate professional credits to keep their skills up to date and perform to current standards. This indicator can be disaggregated by age, sex, urban/rural status, cadre, sector, type of training, and type of CPD.

Calculation: If calculating a percent, (Number of health workers who received IST or CPD in FP or a related topical area with program support in the specified period/Total number of health workers in the health workforce during that same period) x 100

Complementary indicator: At least one staff member providing a family planning service trained in the past two years in some aspect of family planning. (This indicator is taken from the Service Provision Assessment).

Source: Health Finance & Governance. (n.d.). Human resources for health indicators [Adaptation]. Retrieved from <https://www.hfgproject.org/wp-content/uploads/2014/12/HRH-Indicators-Reference-Sheets-Final-2015.pdf>

6. Number or percent of trainees who have mastered relevant knowledge and/or skills at the conclusion of the training

Definition: Number or percent of PSE or IST participants, students, or learners who can demonstrate acquisition of knowledge and/or skills following a training, where “mastery” is defined in terms specific to a given context. Mastery may be ascertained through pretests and post-tests, return skill demonstrations with models or clients, and adherence to established procedures that were taught in the training. This indicator can be disaggregated by age, sex, urban/rural status, cadre, sector, and type of trainee.

Calculation: If calculating a percent, (Number of trainees who have mastered knowledge or skills/Total number of trainees tested) x 100

Source: MEASURE Evaluation. (n.d.). Family planning and reproductive health indicators database [Adaptation]. Retrieved from https://www.measureevaluation.org/prh/rh_indicators

7. Number or percent of trainees assigned to an appropriate job responsibility

Definition: Number or percent of PSE or IST participants, students, or learners who have been assigned to a position or tasks at a facility that allow them to perform the skills they obtained during training. “Trainees” refer to individuals who participated in a specific training course or event. “Assigned to an appropriate job responsibility” refers to the fact that they are assigned a task or scope of work that allows them to perform the skills they obtained during training (e.g., implant insertion, testing for HIV). This indicator can be disaggregated by age, sex, urban/rural status, cadre, sector, and type of trainee.

Calculation: If calculating a percent, (Number of trainees in positions where their training is applied in service delivery/Total number of trainees) x 100

Source: MEASURE Evaluation. (n.d.). Family planning and reproductive health indicators database [Adaptation]. Retrieved from https://www.measureevaluation.org/prh/rh_indicators

8. Number or percent of trainees who perform to established guidelines/standards

Definition: Number or percent of program-supported PSE or IST participants, students, or learners who perform to established guidelines/standards adopted by the organization for which they work. The trainees should be assessed after a specific period following the training (e.g., three or six months after the training). “Trainees” refers to individuals who have participated in one or more training events. “Guidelines/standards” refer to the written criteria adopted by the organization to outline the processes/or implementing of specific procedures. This indicator can be disaggregated by age, sex, urban/rural status, cadre, sector, and type of trainee.

Calculation: If calculating a percent, (Number of providers trained who carry out specific procedures according to established guidelines or standards/Total number of trained providers evaluated) x 100

Source: MEASURE Evaluation. (n.d.). Family planning and reproductive health indicators database [Adaptation]. Retrieved from https://www.measureevaluation.org/prh/rh_indicators

9. Number of individuals trained to conduct supportive supervision

Definition: Number of people trained to carry out visits to health workers to provide supportive supervision. “Supportive supervision” is an aspect of performance monitoring and is defined as overseeing employee performance in a way that promotes mentorship, joint problem-solving, and communication between supervisors and supervisees. This indicator can be disaggregated by age, sex, urban/rural status, cadre, sector, and type of trainee.

Source: Health Finance & Governance. (n.d.). Human resources for health indicators [Adaptation]. Retrieved from <https://www.hfgproject.org/wp-content/uploads/2014/12/HRH-Indicators-Reference-Sheets-Final-2015.pdf>

10. Number or percent of service delivery points receiving supportive supervision visits

Definition: Number or percent of SDPs visited by supervisors able to provide supportive supervision, increasing health workers' ability to conduct performance monitoring. This indicator should be measured during a defined period (e.g., in the past three, six, or twelve months) and may be disaggregated by type of SDP, rural/urban status, and geographic location.

Calculation: If calculating a percent, (Number of SDPs receiving supportive supervision visits during a specified period/ Total number of SDPs that should be receiving supportive supervision visits during that same period) x 100

Source: Health Finance & Governance. (n.d.). Human resources for health indicators [Adaptation]. Retrieved from <https://www.hfgproject.org/wp-content/uploads/2014/12/HRH-Indicators-Reference-Sheets-Final-2015.pdf>

11. Number or percent of women who report satisfaction with their family planning provider

Definition: Number or percent of women currently using a modern contraceptive method who respond affirmatively to a question asking if they would return to their FP provider and would refer a relative or friend to that provider. This indicator should be measured for providers who have received program support. It can be disaggregated by age, urban/rural status, or geographic location of women.

Calculation: If calculating a percent, (Number of women currently using a modern contraceptive method who reported that they would return to their FP provider and would refer a relative or friend to that provider/Total number of women surveyed) x 100

Source: Performance Monitoring and Accountability 2020. (n.d.). Glossary of family planning indicators [Adaptation]. Retrieved from <http://www.pma2020.org/glossary-family-planning-indicators>

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