Monitoring and Evaluation Indicators Reported by Cooperating Agencies in the Family Planning Services and Communication, Management, and Training Divisions of the USAID Office of Population

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Monitoring and Evaluation Indicators Reported by Cooperating Agencies in the Family Planning Services and Communication, Management, and Training Divisions of the USAID Office of Population

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Executive Summary

In 1998, the Office of Population at USAID (G/PHN/POP) identified a need for a central compilation of Monitoring & Evaluation (M&E) indicators being used by USAID's Cooperating Agencies (CAs). This report presents MEASURE Evaluation's review of indicators used by selected CAs in two divisions. The immediate goal of the compilation is to improve the Office of Population's understanding of current indicators' breadth and depth. Further objectives may include improving G/PHN/POP's ability to support and advise its Missions and CAs on a useful range of relevant indicators across a number of different categories and data types, in order to 1) report on and reflect the division portfolios more comprehensively, and 2) investigate the possibilities for coordinating CA (central project) indicators and USAID Mission (country-specific) indicators, if that might improve CA performance reporting. Toward these objectives, G/PHN/POP developed a framework of categories and classes, herein called the CA Indicator Framework, based on its review of project objectives, specifically those of central projects that have been operating within the Family Planning Services Division (FPSD) and the Communication, Management, and Training (CMT) Division (Table 1; see also Appendix B).

G/PHN/POP instructed CAs with relevant projects in these two Divisions to code the indicators they use to monitor activities and efforts according to that framework and to provide their coded results to MEASURE Evaluation for compilation. The CA Indicator Framework (detailed in Appendix A) distributes 40 categories of indicators across 7 classes of categories as follows: Outcome (1), Effect (6), Access (5), Quality (9), Sustainability (8), Demand (5), and Miscellaneous (6). Some categories are specific indicators, such as the Total Fertility Rate (#1), while others capture types of indicators, such as for Financial resources (#24). Readers are strongly encouraged to study the texts of the indicators provided by the CAs, which are listed with their codings in Appendices E and F, as well as the patterns and perspectives presented in Appendices C and D, which inform the review presented here.

MEASURE Evaluation found considerable diversity in the breadth and depth of indicators reported by FPSD and CMT Division CAs. CA projects in the two Divisions — five CMT and eight FPSD projects — reported using around 200 indicators (196 and 223, respectively). Altogether, 419 indicators were reported as either planned or in use by CAs with projects in the two divisions. Three CAs chose to assign more than one code to at least some of their indicators. The total number of codes assigned by CAs to the 419 project indicators is 493;33 indicators were assigned two or more category codes.

General findings with respect to CA indicator codings are as follows:

- One CA reported using an Outcome class indicator (Total Fertility Rate).
- Of the 42 Effect class indicators, almost 25 percent are coded in the "New acceptor category", while almost 20 percent are categorized as "Other".
- CAs reported using 36 Access class indicators. The three main categories are "Service delivery points", "Appropriate contraceptive eligibility criteria", and "Other", while "Development of new methods" was not an applicable category for coding the indicators used by these particular CAs.
- Among the 106 Quality class indicators, the most commonly-reported category is "Protocols, guidelines, norms, standards", representing almost 20 percent of the Quality codes for CA indicators. Four of the thirteen CAs (two in each Division) did not assign any of their indicators to the Quality of Care class.
- CAs reported 185 codes in the eight Sustainability class categories, 105 (about 60 percent) of which were classified as "Training and staff development". These results are skewed, however, by the presence of 80 Sustainability class indicators identified by JHPIEGO, all in the "Training and staff development" category. (Most CAs reported fewer indicators, dispersed more widely across the classes and categories.) Only three CAs report no Sustainability-coded indicators.
- Nearly 45 percent of the 30 Demand class indicators are coded in the "Information, education, communication" category, with another third categorized under "Knowledge of family planning". One half of all Demand indicators come from JHU's CCP, which was one of the six CAs reporting any Demand-coded indicators.
- Approximately 30 percent of the indicators that nine of the CAs coded in the six categories in the Miscellaneous class are "Research and reports", with an additional 30 percent of the codes assigned to "Publications and presentation of results".

These indicators and their groupings should be interpreted cautiously. Since project reports and indicators are not currently organized by any one structure, a wide berth of interpretation was permitted and used by responding CAs. CAs genuinely endeavor to monitor project efforts, but a collective profile of progress is difficult to obtain given the degree of internal latitude for indicators allowed.

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Monitoring and Evaluation Indicators Reported by Cooperating Agencies in the Family Planning Services and the Communication, Management and Training Divisions of the USAID Office of Population

I. Background and Overview

In early 1998, the Office of Population at USAID (G/PHN/POP) identified a need for central compilation of Monitoring & Evaluation (M&E) indicators being used by USAID's Cooperating Agencies (CAs). The immediate goal of such a compilation is to improve the Office of Population's understanding of current indicators' breadth and depth, with the objective thereafter being to improve its ability to support and advise Missions and POP CAs on a useful range of indicators across a number of different, relevant categories, possibly along with preferred or suggested data types. Readers are encouraged to peruse Appendices C through F, which depict patterns and perspectives as well as all of the indicator texts. Subsidiary goals for the compilation include investigating the possibilities of reflecting division portfolios more comprehensively, coordinating CA (central project) indicators and USAID Mission (country-specific) indicators, and otherwise improving CA performance reporting.

In the interests of the immediate goals of the compilation, G/PHN/POP developed a framework of 40 categories in 7 classes (Appendix A), based on the Office's review of project objectives in general and specifically those related to recent, ongoing, and planned projects in the Family Planning Services Division (FPSD) and the Communication, Management, and Training (CMT) Division (Appendix B). Subsequently, G/PHN/POP instructed all CAs with relevant projects in these two Divisions to list and categorize their projects' indicators according to that framework. The CA Indicator Framework distributes the 40 categories across the 7 classes as follows: Outcome (1), Effect (6), Access (5), Quality (9), Sustainability (8), Demand (5), and Miscellaneous (6). Some categories are specific indicators, such as the Total Fertility Rate (#1), while others capture types of indicators, such as for Financial resources (#24) or Information, education, communication (#33).

The CAs coded each of their project's reported indicators to one or more of the forty categories. This report presents MEASURE *Evaluation*'s review of the distribution of these coded indicators and implications for improving monitoring.

There are two main reasons for the considerable diversity in breadth and depth of the indicators and their codings, as reported by FPSD and CMT Division CAs. First, and most critically, G/PHN/POP does not currently require any common structure for or reporting of CA projects or their indicators. Office guidance provides only the parameter that project indicators should relate to the substantive concerns represented in the Strategic Framework of the Center for Population, Health and Nutrition (PHNC).[1] Thus, each CA, in conjunction with the relevant project's Cognizant Technical Officer or Technical Advisor, retains a considerable degree of latitude in determining its most useful and informative indicator design, reporting formats, and report contents, taking into consideration its specific projects, activities, and the details of implementation.

A second factor encouraging diverse approaches to indicators and M&E reporting among CAs is the intrinsic diversity of projects, in both their goals and operations, which can range from the centralized preparation or study of globally-relevant information materials, to the provision of field-level support for specific family planning services and service delivery. The different levels of project implementation and the variety of their functional areas also contribute to the lack of convergence among the indicators that CAs have reported here. In addition, CAs are often responsible for specific indicators reportable to USAID Missions in individual countries for their Results Review/Resource Request (R4) process. MEASURE *Evaluation* has not attempted to discern those uniquely reported to Missions nor the frequency with which the indicators are measured.

A structured review of M&E indicators can nonetheless help the Office of Population assess the current adequacy and appropriateness of CA efforts to track the progress of POP projects with a strong field presence. In addition to detailing the diversity of existing indicator and M&E

[1] CAs are not required to develop or report their own “strategic frameworks” for their projects.

practices in two Divisions, this compilation helps identify gaps in the monitoring of current priority areas, such as quality of family planning care or financial sustainability. General implications for improving USAID's project monitoring also may be considered. Furthermore, CA indicators can be examined at some future point for their fit against the intermediate results, results, and strategic objectives of the PHNC's framework, as well as field missions' strategic plans and results frameworks, although such an effort would depend on G/PHN/POP's future decisions to encourage greater CA indicator or report standardization. This review therefore does not attempt to assess that broader fit. If a future decision were made to develop some standard format for CA frameworks, indicators, and reporting, however, it would be crucial to examine first the relationships and linkages among CA project indicators and these other results-oriented instruments (See Section V, Recommendations and Next Steps).

II. Methods

The Office of Population sent the following instructions to thirteen CAs with active or pending projects in the Family Planning Services Division (FPSD) and the Communication, Management and Training (CMT) Division, in early April 1998:

> "... One of USAID's priorities is improving program results through applying appropriate monitoring and evaluation tools. One such tool is assessing the data that our missions and cooperating agencies collect as indicators of program and project efforts. We are currently compiling these data to understand how they relate to various program outputs, both qualitative and quantitative. We would greatly appreciate your timely provision of this information for your agency.[…]
>
> "A draft framework has been constructed to catalogue these indicators. […]
>
> "…we would like your organization to quickly provide a list of indicators for your current and/or recently awarded project to the MEASURE Evaluation Project and identify the contact person on your staff, such as your Evaluation Officer, for this exercise."[2]

[2] B. Doe, "ACTION REQUEST: Project Indicators", Email message (4/9/98, 1:46 PM).

CA Evaluation Officers were asked to report the indicators that they actually used, or in the case of pending projects, are planning to use, to monitor and evaluate their results, coded according to the forty categories of the G/PHN/POP CA Indicators Framework (Appendix A).

Table 1 lists the CAs and their associated projects, along with the staff member who provided MEASURE *Evaluation* researchers with information about their indicators, as requested by G/PHN/POP.

Table 1.

Division & Cooperating Agency	PROJECT	Evaluation contact
Family Planning Services Division		
Center for Development and Population Activities (CEDPA)	**ACCESS:** Access to Family Planning through Women Managers	Lily Kak
Pathfinder International	**FOCUS:** Focus on Young Adults	Ann Klofkorn
Pathfinder International	**FPS:** Family Planning Services	Richard Columbia
Cooperative for Assistance and Relief Everywhere (CARE)	**P/FPE:** Population and Family Planning Expansion	Catharine McKaig
AVSC International	**PVSC:** Program for Voluntary Surgical Contraception	Marcia Mayfield
John Snow, Inc. (JSI)	**SEATS:** Family Planning Service Expansion and Technical Support	Tim Williams
The Futures Group International	**SOMARC:** Social Marketing for Change	Ruth Berg
International Planned Parenthood Federation (IPPF)	**VISION:** The VISION 2000 Fund	Garry Dearden
Communication, Management and	*Training Division*	
Johns Hopkins University	**CCP:** Center for Communication Programs (or PCS Population Communication Services)	Gary Lewis
Management Sciences for Health (MSH)	**FPMD:** Family Planning Management Development	Alison Ellis
Johns Hopkins University	**JHPIEGO:** Johns Hopkins Program for International Education in Reproductive Health	Sue Brechin
Johns Hopkins University	**PIP:** Population Information Program	Stephen Goldstein
University of North Carolina (INTRAH)	**PRIME:** Primary Providers' Training and Education in Reproductive Health	Lynn Knauff

Over the months May through July, MEASURE *Evaluation* followed up with the CAs, pursuing staff contacts as necessary to obtain their self-categorized indicator lists. Although some CAs contacted MEASURE *Evaluation* staff regarding the definition of indicators and the purposes of this exercise, others did not. In some cases, CAs assigned multiple codes for certain indicators that they judged to represent more than a single dimension of monitoring or evaluation. For example, the PRIME report coded its indicator #7, "Existence of national strategic FP/RH training and/or performance plan for public, NGO and private sectors in at least 15 countries", as appropriately fitting within three of the POP framework's categories: "Systems and Institutional Strengthening", "Training and Staff Development", and "Institutional Linkages and Partnerships" (Category codes 22, 23, and 25). Other CAs, however, assigned an appropriate single code for each of their reported indicators.

MEASURE *Evaluation* created an aggregated register of all reported indicators, and compiled a relational database to manage and retrieve the information more easily (Appendix F). Subsets and comparative tables were developed to compare and contrast the indicator sets as clearly as possible, in order to consider a variety of possible implications and to clarify the potential to improve M&E for CA projects (Appendices C, D and E).

III. Results

The results are described from three perspectives. First, we provide cautionary notes on the extent to which these reported CA indicators and their groupings can be more generally interpreted; second, we offer a descriptive review of the rough patterns discernible in the CAs' reports of their actual and planned indicators; and third, we present graphic and tabular overviews of the CA indicator catalogue.

A. Cautionary notes

The existing flexibility of G/PHN/POP's approach to CA M&E frameworks and reporting suggests that one should not expect to discover a uniform structure or content in the CA indicator

sets.[3] These sets are not likely to have a predictable or systematic relationship with one another or even to the Center's framework. There is no CA analogue to the USAID field missions' requirement to submit an annual *Results Review and Resource Request*; therefore, any common structure at present exists primarily by coincidence. In our review, we have not assumed that CAs and their project personnel define, interpret, or use indicators according to uniform standards or that they do so in systematically comparable ways.

There are other reasons for interpreting these indicator lists with caution:

1. Some CAs provided sets of indicators to cover the results from a single coherent project, while others reported performance indicators that are differentially applied (e.g., by sub-project, region, or country-specific operations).[4] Most Evaluation Officers noted that not all of their project sites use all of their indicators. No Evaluation Officer reported frequency of data collection or details of indicator use overall, by site, or disaggregated operations.
2. The reported sets of actual and planned indicators vary a great deal in number, from a low of seven to the high of 90 indicators (32.2 on average, but with a median of 23), so the counts across categories are not strictly comparable. Neither the scope of a project's goals nor the extent of a project's operations correlate strongly with the number of indicators reported.
3. CA indicators may be defined differently (in terms of the metrics used to calculate values, for instance) according to their level of application within or across different sorts of projects; for instance, information concerning an indicator's level of use (e.g., Strategic Objective, Intermediate Result, Sub-IR) is not known. Since CAs are not required to use USAID-compatible frameworks, comparable use is difficult or impossible to determine.

[3] Since CAs are not required to adhere to the USAID structure or nomenclature, more than one Evaluation Officer expressed uncertainty as to the exact nature of the information they should report to MEASURE Evaluation as their "indicators". Drawing on previous experience and the Government Performance and Results Act of 1993 (GPRA), we advised CAs to include "objective, measurable, quantifiable" factors that they did or were intending to use in order to gauge the project's progress and success or in making project management decisions. Quite evident is the varying interpretations CAs made with this guidance. Some indicator lists included (or consisted solely of) items labeled "benchmarks" or "products"; a few included "activities". See Section V, Recommendations and Next Steps, for further discussion.

[4] CA project sub-components range from one to 130 in number.

4. Consultation with MEASURE *Evaluation* by Evaluation Officers varied during the indicator collection/reporting process. Some obtained guidance early and often, while others requested no clarification at all. This differential interaction suggests a general lowering of the inter-coder reliability for all of the indicator lists, in terms of appropriate and comparable definitions of "indicators", as well as their categorizations.

5. Most CA indicators have been coded into a single category within the Appendix A framework, but some CAs assigned multiple codes to indicators they judged to be more complex either in terms of cutting across, possibly integrating, the framework's classes, or in combining multiple dimensions of categories. For instance, research on the effects of quality of care on gender issues could clearly be coded for research, quality, and gender (35, 21 or 13-20, and 37, respectively). Several CA reports contained at least a few indicators that had been coded for more than one category. Some placed all of their indicators into only a couple of categories. These divergent applications and interpretations by CAs of their indicators and their meanings raise questions about the utility and the validity of aggregating results as has been done in the appendix tables, and heightens our caution regarding overall conclusions. The nature of CA reporting and indicators — that is, decentralized and individually interpreted — means that this type of data prevents rigorous and systematic interpretation for the time being.

B. Reporting patterns

Several overall observations on reporting patterns can be made:

1. CAs tend to report their indicators in one of two ways: they either concentrate coding within one or two classes of categories or they attempt to cover every class (except Outcome). CAs that concentrated their coding on categories within one or two classes include ACCESS, FOCUS, VISION, JHPIEGO, and PIP.
2. The CAs' indicator codes, especially from the CMT Division, tend to concentrate in the Sustainability class (185), with the second highest count occurring in the Quality class (106). JHPIEGO coded 80 indicators in one of the Sustainability

categories, #23, “Training and staff development”. The next most frequent category codes assigned to CA indicators are both in the Miscellaneous class, categories #35, “Research and reports”, and #36, “Publications and presentation of results”, whose totals tie with 27 indicators coded for each. The third-ranking codes are those for the Quality of Care class category, #20, “Protocols, guidelines, norms, standards”, and the Sustainability class category #22, “Systems and institutional strengthening”, with 21 indicators coded in each.

3. The significance of indicators in special focus or miscellaneous areas, such as for youth involvement or research dissemination, is partially distorted by the presence of targeted projects and their interpretations of various indicators and categories. Paradoxically, a low number of special focus indicators may be reported by highly-specialized projects, suggesting less effort than actually occurs. That is, an entire project may focus on youth involvement, but if the CA does not code all project indicators in the youth category, the overall emphasis will appear under-represented in the aggregated comparison. Similarly affecting aggregate patterns, CAs tend to report their research indicators with a single research code (either reports or dissemination), rather than coding to represent all aspects of the content of each particular study or investigation.

C. Distribution of indicators by framework classes

The following graph shows the distribution of CA indicators across the POP framework’s seven classes. The tables below show the distributions by CA Divisions and indicator classes.

CA-Reported Indicator Codes by Class

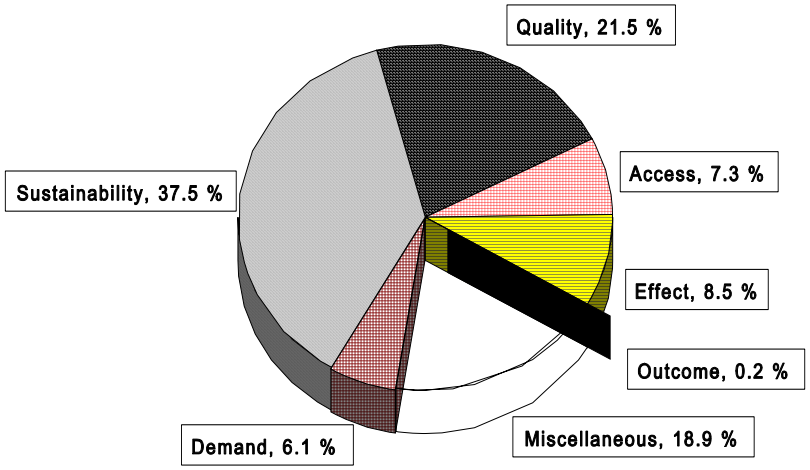


Table 2a: Indicator Category Totals, by Class with Percentages

	Table	Outcome	Effect	Access	Quality	Sustainability	Demand	Misc.
Indicator Codes	493	1	42	36	106	185	30	93
Percentage		0.2	8.5	7.3	21.5	37.5	6.1	18.9

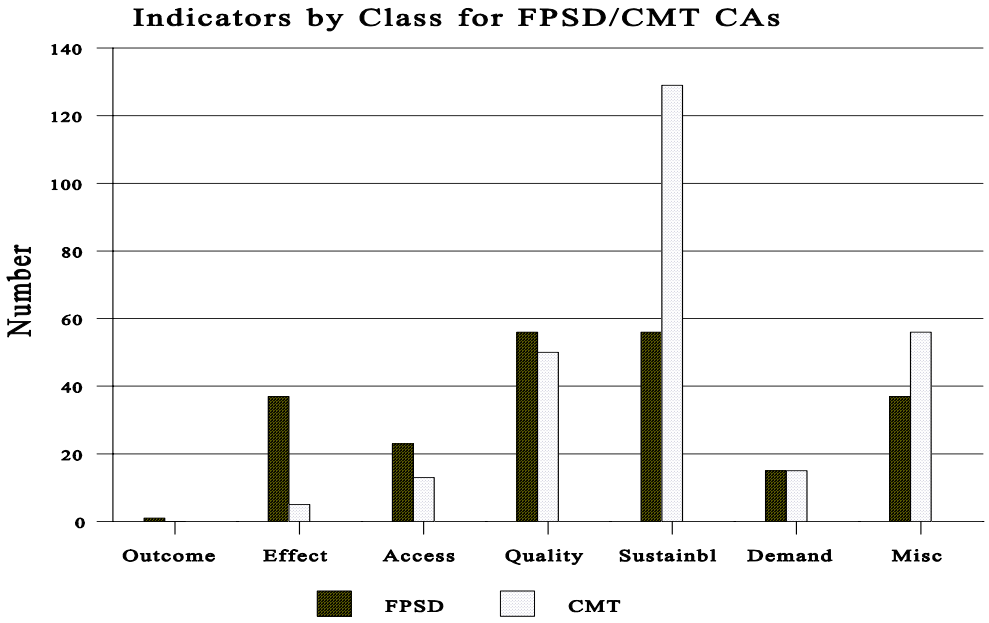
Table 2b: FPSD

	Total	Outcome	Effect	Access	Quality	Sustainability	Demand	Misc
ACCESS	9		4		4		1	
FOCUS	27					18		9
FPS	78		13	9	21	15	9	11
P/FPE	26	1	5	2	8	5	1	4
PVSC	17			3	4	2		8
SEATS	52		7	5	18	14	3	5
SOMARC	9		2	3	1	2	1	
VISION	7		6	1				
FPSD Total	225	1	37	23	56	56	15	37

Table 2c: CMT

	Total	Outcome	Effect	Access	Quality	Sustainability	Demand	Misc
CCP	58		4	3	10	13	15	13
FPMD	16					9		7
JHPIEGO	90				10	80		
PIP	18							18
PRIME	86		1	10	30	27		18
CMT Total	268	0	5	13	50	129	15	56

The two division groups — eight FPSD and five CMT CAs — reported 419 indicators (223 and 196 respectively), with 493 assigned codes (225 and 268 respectively), with 33 indicators assigned two or more category codes. Indicators reported by CMT Division CAs are highly concentrated in the Sustainability class, although over 60 percent of this total was reported by one CA (JHPIEGO) in a single category (Training). In FPSD, almost exactly half of the indicators reported by CAs received at least one Sustainability or Quality class code (56 each, or 112 of 225). Projects with large numbers of Sustainability indicators include Pathfinder's FOCUS and FPS and JSI's SEATS projects; FPS and SEATS also lead in the Quality class.



Indicators for monitoring Quality are frequently reported in both divisions, with nearly 50 percent overall reported by FPS and PRIME. The next most common indicator class is Miscellaneous, with 93 indicators coded for at least one category in this class (56 in the CMT Division; 37 in the FPSD). CMT's Miscellaneous class indicators fall primarily into categories #35 (Research and reports, with 19) and #36 (Publications and presentation of results, with 20) — with 16 indicators double-coded for both of these categories. FPSD Miscellaneous class codes are more widely dispersed.

The categories provided in the G/PHN/POP framework are not strictly comparable, since some are indicators in and of themselves (e.g. #1, TFR; or #31, Unmet Need), while others are

intended to clump generally related but potentially quite different indicators together (e.g., #8, SDP number, locations, hours, types, proximity; or #24, Financial resources). This review therefore can make no straightforward deductions about "common" indicators by comparing these varied categories. Appendix D provides detailed breakdowns of CA reported indicators by framework class and category, and Appendix F presents the text of each indicator and its CA-reported coding.

The main findings are noted below:

1. One CA reported using an Outcome class indicator (Total Fertility Rate). This is an appropriate frequency since most CA activity is directed at developing in-country program infrastructure and only indirectly at affecting longer term behavioral outcomes.
2. Of the 42 Effect class indicators, almost 25 percent are coded in the "New acceptor category", while almost 20 percent are categorized as "Other".
3. CAs reported using 36 Access class indicators. The three main categories are "Service delivery points", "Appropriate contraceptive eligibility criteria", and "Other", while "Development of new methods" was not an applicable category for coding the indicators used by these particular CAs.
4. Among the 106 Quality class indicators, the most commonly-reported category is "Protocols, guidelines, norms, standards", representing almost 20 percent of the Quality codes for CA indicators. Four of the thirteen CAs (two in each Division) did not assign any of their indicators to the Quality of Care class.
5. CAs reported 185 codes in the eight Sustainability class categories, 105 (about 60 percent) of which were classified as "Training and staff development". These results are skewed, however, by the presence of 80 Sustainability class indicators identified by JHPIEGO, all in this latter category. (Most CAs reported fewer indicators, dispersed more widely across the classes and categories.) Only three CAs report no Sustainability-coded indicators.
6. Nearly 45 percent of the 30 Demand class indicators are coded in the "Information, education, communication" category, with another third categorized under "Knowledge

of family planning". One half of all Demand indicators come from JHU's CCP, which was one of the six CAs reporting any Demand-coded indicators.

7. Approximately 30 percent of the indicators that nine of the CAs coded in the six categories in the Miscellaneous class are "Research and reports", with an additional 30 percent of the codes assigned to "Publications and presentation of results".
8. Since some categories comprise a single indicator that is both commonly-understood and calculated in regular ways (e.g., TFR), while other categories are meant to cover comprehensive activities (e.g., Research) or may be defined and calculated in variable ways (e.g., "New acceptors"; "Policies"; "Community empowerment"), it is difficult to identify the most commonly-used indicators. The categories with the highest frequencies reported tend to be those with topical content (105 indicators coded as "Training and staff development"; 27 as "Research"; 27 as "Publications"; 21 as "Protocols, etc."). The nature of CA reporting and indicators — that is, decentralized and individually interpreted — means that monitoring data will continue to elude systematic analysis for the present.

IV. Discussion

CA projects tend to be relatively dissimilar and uniquely organized, a feature reflected in the indicators they reported. This renders any analysis of the contents of current indicators a considerable challenge. Although this review can be regarded as groundwork toward improved M&E and reporting for CAs, it was based on an exploratory exercise. The CAs did not have an opportunity to develop a common understanding of the CA Indicators Framework to enable them to use identical definitions for the multidimensional categories. Thus the distributions of the reported indicators and their groupings themselves should not be interpreted too literally. Examining the individual indicators in Appendix F, one can find apparently similar indicators that have been classified differently by CAs. Also, not all of the listed indicators are "objective, measurable or quantifiable" — that is, indicators in the basic or standard sense of the USAID definition.

The wide diversity of indicators reported by the thirteen FPSD and CMT CAs is clear in all of these results. The wide berth of interpretation permitted and used here, however, is appropriate for CA reporting in this exercise. Despite the constraints these methods impose on further analysis, this review does demonstrate the kinds of M&E efforts that CAs are making under the USAID system that exists today. In seeking a compilation of these indicators, G/PHN/POP is wise to acknowledge and anticipate the diversity and learning curves in effect since performance monitoring indicators were embraced by the Agency. How these indicators serve their monitoring purpose systematically or episodically remains a story still in the telling. The next section offers suggestions G/PHN/POP may wish to consider if it advances toward more systematic and standardized reporting of CA indicators.

VI. Recommendations and Next Steps

CA approaches to indicators are unlikely to converge without clear guidance, if not standardization, from G/PHN/POP on M&E concepts, practices and reporting requirements. G/PHN/POP does not currently require, nor has it clearly articulated any plans to require, any common structure for CA indicator reporting. Based on the diversity of effort reflected by the different approaches to indicator codings across the thirteen CAs, **MEASURE *Evaluation* recommends G/PHN/POP first carefully consider the benefits and costs of pursuing more standardized or uniform reporting**. G/PHN/POP should keep in mind that CA M&E efforts are not confined only to implementing G/PHN/POP-supported activities. CAs often must report against field mission results frameworks as well, which involves other sets of indicators on a country-specific basis. Consequently, systematizing CA indicator reports should be weighed against the practical, and in particular, informational benefits of developing and implementing such a structure.

If G/PHN/POP decides to pursue standardization, **an essential first step will be to reach a common understanding of the framework, the nature of indicators, and measurement levels and frequency** through a meeting with affected CAs. The CA Indicators Framework will need adjustments since not all categories are equally defined. G/PHN/POP will also need to provide clear guidance to CAs on standards for defining indicators, especially distinguishing

between activity counts and other metrics observed to be in use (such as rates and proportions). Further guidance will be required for frequency and levels of reporting. CAs presently complete a semi-annual portfolio review in which their results must be reported against the PHNC Framework. This framework is entirely different from the CA Indicators Framework. It is fair to ask which level of monitoring takes primacy and for what purpose. With greater reporting requirements, G/PHN/POP may encounter CAs requesting either additional resources or permission to devote a greater share of existing resources to comply with additional performance reporting requirements.

G/PHN/POP has also requested recommendations from MEASURE *Evaluation* with respect to the idea of relating CA indicators to those in the Strategic Framework database compiled from a significant number of USAID field missions' *Results Review and Resource Request* reports (1998) and other documents. In general, the lack of standardization for CA reporting confounds the logic for relating the latter's indicators with those used at the field level. Nonetheless, it would be possible to undertake the following series of steps:

1. Field mission indicators reported in R4s for 1998 in the MEASURE *Evaluation* database now coded for population content can be extracted.
2. These field-level population indicators may be compared against the 419 CA indicators in an effort to identify any commonalities. ("Shared" indicators, however, are likely to be difficult to interpret, since CA operations and influence should and do differ from those of missions.)[5]
3. Pending the results of this comparison, a determination may be made as to whether or not convergence in structure or content can be defined in such a way that might reduce costs associated with current multi-party monitoring of the broad and diverse range of indicators that exist centrally and in the field.
4. If results from the foregoing are promising, a second edition of this report will include parallel aspects of the USAID missions' Strategic Frameworks database. Otherwise, a separate review of mission indicators will be prepared by MEASURE *Evaluation*. The

[5] Missions often integrate population and health objectives, and thus often use multidimensional indicators.

review of mission indicators will be facilitated by the fact that, unlike CAs, USAID missions are subject to centralized guidelines in their frameworks and reporting formats.

5. If desired, a special review on selected classes, categories, or indicators of special interest, such as quality of care or capacity building, may also be included.

In sum, a **needed first step is to reconcile the CA Indicators Framework's classes and categories with those used for the PHN Center Strategic Framework and Field Missions**. Until these are rationalized, it will not be possible to systematize and develop uniform indicator reporting for CAs. Above all, the resources required for and utility of this exercise should be weighed against other priorities and special initiatives of the Office of Population, the PHN Center, and other USAID/W operating units, not to mention USAID missions and host-country programs.

APPENDICES

Appendix A: USAID G/PHN/POP CA Indicator Framework (for Cooperating Agency Indicators in CMT and FPSD)

Class: *STATUS (OUTCOME)*
Categories:
1. Total Fertility Rate (TFR)

Class: *SERVICES USE AND BEHAVIOR (EFFECT)*
Categories:
2. Contraceptive Prevalence Rate (CPR)
3. Couple-years of Protection (CYP)
4. New Acceptors
5. Continuation rates and continuing users
6. Breastfeeding
7. Other Effect indicators

Class: *ACCESS AND AVAILABILITY*
Categories:
8. SDPs Number, locations, hours, types, proximity
9. Appropriate contraceptive eligibility criteria used
10. Development of new methods
11. Introduction of new methods
12. Other Access indicators

Class: *QUALITY OF CARE*
Categories:
13. Clients receive desired method
14. Clients adequately counseled (informed choice and consent)
15. Client-provider interaction (CPI)
16. Client perception/satisfaction
17. SDP indicators (physical aspects)
18. Methods available
19. Method mix
20. Protocols, guidelines, norms, standards
21. Other Quality indicators

Class: *SUSTAINABILITY*
Categories:
22. Systems and institutional strengthening
23. Training and staff development
24. Financial resources
25. Institutional linkages and partnerships (NGOs, business, government)
26. Policies
27. Community empowerment, development, participation
28. Technology and use of data
29. Other Sustainability indicators

Class: *DEMAND*
Categories:
30. Desire to limit or space child-bearing
31. Unmet need
32. Knowledge of family planning
33. Information, education, communication
34. Other Demand indicators

Class: *MISCELLANEOUS*
Categories:
35. Research and reports
36. Publications and presentation of results
37. Gender Involvement
38. Male Involvement
39. Youth Focus
40. Other Miscellaneous indicators

USAID G/PHN/POP CA Indicator Framework
(Code Distributions by Class and Category)

	FP		SD						C	MT				
Class / Category	Acc	Foc	FPS	PFP	PVS	Sea	Som	Vis	CCP	FPM	JHP	PIP	Pri	TTL
Status (Outcome)	0	0	0	1	0	0	0	0	0	0	0	0	0	1
1. TFR				1										1
Services Use and Behavior (Effect)	4	0	13	5	0	7	2	6	4	0	0	0	1	42
2. CPR	1		2	1		1			1					6
3. CYP	1			1		1	1	3						7
4. New Acceptors	1		4	1		1		1	1				1	10
5. Continuation rates and continuing users	1		2	1		1		1	1					7
6. Breastfeeding			1	1		1			1					4
7. Other Effect indicators			4			2	1	1						8
Access and Availability	0	0	9	2	3	5	3	1	3	0	0	0	10	36
8. SDPs -- #, locations, hours, types, proximity			4	1		1	1	1	1				3	12
9. Appropriate contraceptive eligibility criteria used			1	1		1			2				5	10
10. Development of new methods														0
11. Introduction of new methods			2			3								5
12. Other Access indicators			2		3		2						2	9
Quality of Care	4	0	21	8	4	18	1	0	10	0	10	0	30	106
13. Clients receive desired method			1	1		2			1				2	7
14. Clients adequately counseled (informed choice and consent)			5	1	1	5	1		1				2	16
15. Client-provider interaction (CPI)			1	1		2			3				6	13
16. Client perception/satisfaction			4	1	1	1			2				4	13
17. SDP indicators (physical aspects)			2	1		1			1					5
18. Methods available	1		3	1		2			1				4	12
19. Method mix	1		2	1		1			1				4	10
20. Protocols, guidelines, norms, standards			2	1	1	2					10		5	21
21. Other Quality indicators	2		1		1	2							3	9
Sustainability	0	18	15	5	2	14	2	0	13	9	80	0	27	185
22. Systems and institutional strengthening		7	1	1		2			1	1			8	21
23. Training and staff development		1	5	1	1	2			4	3	80		8	105
24. Financial resources						5	1		1				1	8
25. Institutional linkages and partnerships (NGOs, business, government)		2	1	1			1		1	2			6	14
26. Policies		6	2	1		2			1				1	13
27. Community empowerment, development, participation		1	3	1		2			4				1	12
28. Technology and use of data		1	3			1			1					6
29. Other Sustainability indicators					1					3			2	6
Demand	1	0	9	1	0	3	1	0	15	0	0	0	0	30
30. Desire to limit or space child-bearing			2						1					3
31. Unmet need			1						1					2
32. Knowledge of family planning	1		3			3			3					10
33. Information, education, communication			3	1					9					13
34. Other Demand indicators							1		1					2
Miscellaneous	0	9	11	4	8	5	0	0	13	7	0	18	18	93
35. Research and reports		3	1		4				1			9	9	27
36. Publications and presentation of results		3		1	3				1	3		9	7	27
37. Gender Involvement			2	1					2	4			1	10
38. Male Involvement			2	1	1	1			3					8
39. Youth Focus		3	3	1		4			6				1	18
40. Other Miscellaneous indicators			3											3
TOTAL	9	27	78	26	17	52	9	7	58	16	90	18	86	493

Appendix B Bibliography of CA Indicator Sources

The Access Project: Annual Report, April 1, 1996 -- December 31, 1996. January 1997. Washington, DC: The Centre for Development and Population Activities.

Amendment of Solicitation/Modification of Contract: Amendment/Modification No. 17. January 13, 1998. Arlington, VA: SEATS II, John Snow, Incorporated.

AVSC International WORKPLAN, Fiscal 1997/98. March 31, 1997. New York: AVSC International.

Brechin, Sue. "JHPIEGO's response to Radloff request for Indicators/M&EFramework". Email message, 16 April 1998.

CARE Management of Reproductive Risk (CARE-MoRR) Project: A Proposal to the Office of Population, Agency for International Development. December 5, 1997. Atlanta, GA: CARE.

Columbia, Richard. "Re:ACTION REQUEST: Pathfinder Project Indicators". Email message, 27 April 1998.

Commercial and Private Sector Results Package. February 1998. CAPS, Commercial and Private Sector.

Doe, Brenda. "ACTION REQUEST: Project Indicators". Email message from the USAID/PHN Office of Population, 09 April1998.

Doe, Brenda. "Expanded SOW". Email message, 06 March 1998.

Ellis, Alison. "Project Indicators: FPMD". Email message, 24 April 1998.

The ENABLE Project: Enabling Change for Women's Reproductive Health. A Proposal to U.S. Agency for International Development. October 22, 1997. Washington, DC: The Centre for Development and Population Activities.

"Expanded and Linked Reproductive Health Services Project in Underserved Areas of Tanzania." Report of the Mid-Term Evaluation of UMATI, A Project Funded by Canadian International Development Agency. October 1997. London: The Vision 2000 Fund Management, International Planned Parenthood Federation.

Focus on Young Adults: Year Two Workplan. March 1997. Pathfinder International; The Futures Group International; and Tulane University School of Public Health.

Goldstein, Stephen M. PIP conclusions. Letter (facsimile), 04 May 1998.

The Government Performance and Results Act of 1993 (GPRA). United States Public Law 103-62.

Improving Reproductive Health Services Worldwide. 1996/1997 Annual Report. AVSC International.

IPPF Annual Report, 1994 – 1995. Regional Reports. London: International Planned Parenthood Federation. pp. 18-29.

Knauff, Lynn. "PRIME Project Indicators". Email message, 16 April 1998.

Lewis, Gary. "AID Indicators". Email message, 23 April 1998.

Mid-Term Evaluation of the Lentera Youth Project, Yogyakarta, Indonesia: An Independent Evaluation coordinated by the Vision 2000 Fund. Sept. 30 – Oct. 11, 1996. London: International Planned Parenthood Federation.

Pathfinder International Fiscal Year 1997 Annual Report. December 22, 1997. Watertown, MA: Pathfinder International.

Population and Family Planning Expansion Project. 1996 – 1997 Annual Report, 1997 – 1998 Work Plan. Atlanta, GA: CARE.

Program Description PVO/NGO Networks, Section IV. May 1997. USAID Global Bureau, Center for Population, Health and Nutrition. pp. 63-117.

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SEATS II Project Year Three Workplan: Family Planning Service Expansion and Technical Support. Feb. 1, 1997 – Jan. 31, 1998. Arlington, VA: John Snow, Incorporated.

SOMARC III: Social Marketing for Change. Workplan, July 1997 – September 1998. Washington, DC: SOMARC/The Futures Group International.

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Class: *STATUS (OUTCOME)*
Categories:
1. Total Fertility Rate (TFR)

Class: *SERVICES USE AND BEHAVIOR (EFFECT)*
Categories:
2. Contraceptive Prevalence Rate (CPR)
3. Couple-years of Protection (CYP)
4. New Acceptors
5. Continuation rates and continuing users
6. Breastfeeding
7. Other Effect indicators

Class: *ACCESS AND AVAILABILITY*
Categories:
8. SDPs Number, locations, hours, types, proximity
9. Appropriate contraceptive eligibility criteria used
10. Development of new methods
11. Introduction of new methods
12. Other Access indicators

Class: *QUALITY OF CARE*
Categories:
13. Clients receive desired method
14. Clients adequately counseled (informed choice and consent)
15. Client-provider interaction (CPI)
16. Client perception/satisfaction
17. SDP indicators (physical aspects)
18. Methods available
19. Method mix
20. Protocols, guidelines, norms, standards
21. Other Quality indicators

Class: *SUSTAINABILITY*
Categories:
22. Systems and institutional strengthening
23. Training and staff development
24. Financial resources
25. Institutional linkages and partnerships (NGOs, business, government)
26. Policies
27. Community empowerment, development, participation
28. Technology and use of data
29. Other Sustainability indicators

Class: *DEMAND*
Categories:
30. Desire to limit or space child-bearing
31. Unmet need
32. Knowledge of family planning
33. Information, education, communication
34. Other Demand indicators

Class: *MISCELLANEOUS*
Categories:
35. Research and reports
36. Publications and presentation of results
37. Gender Involvement
38. Male Involvement
39. Youth Focus
40. Other Miscellaneous indicators

USAID G/PHN/POP CA Indicator Framework
(Code Distributions by Class and Category)

	FP		SD						C	MT				
Class / Category	Acc	Foc	FPS	PFP	PVS	Sea	Som	Vis	CCP	FPM	JHP	PIP	Pri	TTL
Status (Outcome)	0	0	0	1	0	0	0	0	0	0	0	0	0	1
1. TFR				1										1
Services Use and Behavior (Effect)	4	0	13	5	0	7	2	6	4	0	0	0	1	42
2. CPR	1		2	1		1			1					6
3. CYP	1			1		1	1	3						7
4. New Acceptors	1		4	1		1		1	1				1	10
5. Continuation rates and continuing users	1		2	1		1		1	1					7
6. Breastfeeding			1	1		1			1					4
7. Other Effect indicators			4			2	1	1						8
Access and Availability	0	0	9	2	3	5	3	1	3	0	0	0	10	36
8. SDPs -- #, locations, hours, types, proximity			4	1		1	1	1	1				3	12
9. Appropriate contraceptive eligibility criteria used			1	1		1			2				5	10
10. Development of new methods														0
11. Introduction of new methods			2			3								5
12. Other Access indicators			2		3		2						2	9
Quality of Care	4	0	21	8	4	18	1	0	10	0	10	0	30	106
13. Clients receive desired method			1	1		2			1				2	7
14. Clients adequately counseled (informed choice and consent)			5	1	1	5	1		1				2	16
15. Client-provider interaction (CPI)			1	1		2			3				6	13
16. Client perception/satisfaction			4	1	1	1			2				4	13
17. SDP indicators (physical aspects)			2	1		1			1					5
18. Methods available	1		3	1		2			1				4	12
19. Method mix	1		2	1		1			1				4	10
20. Protocols, guidelines, norms, standards			2	1	1	2					10		5	21
21. Other Quality indicators	2		1		1	2							3	9
Sustainability	0	18	15	5	2	14	2	0	13	9	80	0	27	185
22. Systems and institutional strengthening		7	1	1		2			1	1			8	21
23. Training and staff development		1	5	1	1	2			4	3	80		8	105
24. Financial resources						5	1		1				1	8
25. Institutional linkages and partnerships (NGOs, business, government)		2	1	1			1		1	2			6	14
26. Policies		6	2	1		2			1				1	13
27. Community empowerment, development, participation		1	3	1		2			4				1	12
28. Technology and use of data		1	3			1			1					6
29. Other Sustainability indicators					1					3			2	6
Demand	1	0	9	1	0	3	1	0	15	0	0	0	0	30
30. Desire to limit or space child-bearing			2						1					3
31. Unmet need			1						1					2
32. Knowledge of family planning	1		3			3			3					10
33. Information, education, communication			3	1					9					13
34. Other Demand indicators							1		1					2
Miscellaneous	0	9	11	4	8	5	0	0	13	7	0	18	18	93
35. Research and reports		3	1		4				1			9	9	27
36. Publications and presentation of results		3		1	3				1	3		9	7	27
37. Gender Involvement			2	1					2	4			1	10
38. Male Involvement			2	1	1	1			3					8
39. Youth Focus		3	3	1		4			6				1	18
40. Other Miscellaneous indicators			3											3
TOTAL	9	27	78	26	17	52	9	7	58	16	90	18	86	493

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Amendment of Solicitation/Modification of Contract: Amendment/Modification No. 17. January 13, 1998. Arlington, VA: SEATS II, John Snow, Incorporated.

AVSC International WORKPLAN, Fiscal 1997/98. March 31, 1997. New York: AVSC International.

Brechin, Sue. "JHPIEGO's response to Radloff request for Indicators/M&EFramework". Email message, 16 April 1998.

CARE Management of Reproductive Risk (CARE-MoRR) Project: A Proposal to the Office of Population, Agency for International Development. December 5, 1997. Atlanta, GA: CARE.

Columbia, Richard. "Re:ACTION REQUEST: Pathfinder Project Indicators". Email message, 27 April 1998.

Commercial and Private Sector Results Package. February 1998. CAPS, Commercial and Private Sector.

Doe, Brenda. "ACTION REQUEST: Project Indicators". Email message from the USAID/PHN Office of Population, 09 April1998.

Doe, Brenda. "Expanded SOW". Email message, 06 March 1998.

Ellis, Alison. "Project Indicators: FPMD". Email message, 24 April 1998.

The ENABLE Project: Enabling Change for Women's Reproductive Health. A Proposal to U.S. Agency for International Development. October 22, 1997. Washington, DC: The Centre for Development and Population Activities.

"Expanded and Linked Reproductive Health Services Project in Underserved Areas of Tanzania." Report of the Mid-Term Evaluation of UMATI, A Project Funded by Canadian International Development Agency. October 1997. London: The Vision 2000 Fund Management, International Planned Parenthood Federation.

Focus on Young Adults: Year Two Workplan. March 1997. Pathfinder International; The Futures Group International; and Tulane University School of Public Health.

Goldstein, Stephen M. PIP conclusions. Letter (facsimile), 04 May 1998.

The Government Performance and Results Act of 1993 (GPRA). United States Public Law 103-62.

Improving Reproductive Health Services Worldwide. 1996/1997 Annual Report. AVSC International.

IPPF Annual Report, 1994 – 1995. Regional Reports. London: International Planned Parenthood Federation. pp. 18-29.

Knauff, Lynn. "PRIME Project Indicators". Email message, 16 April 1998.

Lewis, Gary. "AID Indicators". Email message, 23 April 1998.

Mid-Term Evaluation of the Lentera Youth Project, Yogyakarta, Indonesia: An Independent Evaluation coordinated by the Vision 2000 Fund. Sept. 30 – Oct. 11, 1996. London: International Planned Parenthood Federation.

Pathfinder International Fiscal Year 1997 Annual Report. December 22, 1997. Watertown, MA: Pathfinder International.

Population and Family Planning Expansion Project. 1996 – 1997 Annual Report, 1997 – 1998 Work Plan. Atlanta, GA: CARE.

Program Description PVO/NGO Networks, Section IV. May 1997. USAID Global Bureau, Center for Population, Health and Nutrition. pp. 63-117.

Report of the Mid-Term Evaluation of "Small Family by Choice – Parivar Pragati Pariyojana", A Project of the Family Planning Association of India. April 1997. London: The Vision 2000 Fund Management, International Planned Parenthood Federation.

SEATS II Project Year Three Workplan: Family Planning Service Expansion and Technical Support. Feb. 1, 1997 – Jan. 31, 1998. Arlington, VA: John Snow, Incorporated.

SOMARC III: Social Marketing for Change. Workplan, July 1997 – September 1998. Washington, DC: SOMARC/The Futures Group International.

Appendix C: CA Indicator Proportions by Framework Class

These tables show, by framework class, the number and proportions of class-relevant codes (categories within the class) that each CA has assigned to the indicators that they report using. Global totals are presented in the final column.

C.1. Proportions of Indicator Codes in the Outcome Class

	Family Planning Services Division								Communication, Management and Training					Total
	ACCESS	FOCUS	FPS	P/FPE	PVSC	SEATS	SOMARC	VISION	CCP	FPMD	JHPIEGO	PIP	PRIME	
Total # of indicators reported	9	27	78	26	15	52	9	7	58	16	90	9	23	419
Total # of framework codes assigned by CA	9	27	78	26	17	52	9	7	58	16	90	18	86	493
# of Outcome codes assigned to CA indicators	0	0	0	1	0	0	0	0	0	0	0	0	0	1
% of Outcome codes	0	0	0	3.8	0	0	0	0	0	0	0	0	0	.2

Outcome indicators fit within framework category one: 1.Total Fertility Rate.

C.2. Proportions of Indicator Codes in the Effect Class

	Family Planning Services Division								Communication, Management and Training					Total
	ACCESS	FOCUS	FPS	P/FPE	PVSC	SEATS	SOMARC	VISION	CCP	FPMD	JHPIEGO	PIP	PRIME	
Total # of indicators reported	9	27	78	26	15	52	9	7	58	16	90	9	23	419
Total # of framework codes assigned by CA	9	27	78	26	17	52	9	7	58	16	90	18	86	493
# of Effect codes assigned to CA indicators	4	0	13	5	0	7	2	6	4	0	0	0	1	42
% of Effect codes	44.4	0	16.7	19.2	0	13.5	22.2	85.7	6.9	0	0	0	1.2	8.5

Effect indicators fit within framework categories two through seven: 2. Contraceptive Prevalence Rate (CPR); 3. Couple-years of Protection (CYP); 4. New Acceptors; 5. Continuation rates and continuing users; 6. Breastfeeding; and 7. Other Effect indicators.

C.3. Proportions of Indicator Codes in the Access Class

	Family Planning Services Division								Communication, Management and Training					Total
	ACCESS	FOCUS	FPS	P/FPE	PVSC	SEATS	SOMARC	VISION	CCP	FPMD	JHPIEGO	PIP	PRIME	
Total # of indicators reported	9	27	78	26	15	52	9	7	58	16	90	9	23	419
Total # of framework codes assigned by CA	9	27	78	26	17	52	9	7	58	16	90	18	86	493
# of Access codes assigned to CA indicators	0	0	9	2	3	5	3	1	3	0	0	0	10	36
% of Access codes	0	0	11.5	7.7	17.6	9.6	33.3	14.3	5.2	0	0	0	11.6	7.3

Access indicators fit within framework categories eight through twelve: 8. SDPs Number, locations, hours, types, proximity; 9. Appropriate contraceptive eligibility criteria used; 10. Development of new methods; 11. Introduction of new methods; and 12. Other Access indicators.

C.4. Proportions of Indicator Codes in the Quality Class

	Family Planning Services Division								Communication, Management and Training					Total
	ACCESS	FOCUS	FPS	P/FPE	PVSC	SEATS	SOMARC	VISION	CCP	FPMD	JHPIEGO	PIP	PRIME	
Total # of indicators reported	9	27	78	26	15	52	9	7	58	16	90	9	23	419
Total # of framework codes assigned by CA	9	27	78	26	17	52	9	7	58	16	90	18	86	493
# of Quality codes assigned to CA indicators	4	0	21	8	4	18	1	0	10	0	10	0	30	106
% of Quality codes	44.4	0	26.9	30.8	23.5	34.6	11.1	0	17.2	0	11.1	0	34.9	21.5

Quality indicators fit within framework categories thirteen through twenty-one: 13. Clients receive desired method; 14. Clients adequately counseled (informed choice and consent); 15. Client-provider interaction (CPI); 16. Client perception/satisfaction; 17. SDP indicators (physical aspects); 18. Methods available; 19. Method mix; 20. Protocols, guidelines, norms, standards; and 21. Other Quality indicators.

C.5. Proportions of Indicator Codes in the Sustainability Class

	Family Planning Services Division								Communication, Management and Training					Total
	ACCESS	FOCUS	FPS	P/FPE	PVSC	SEATS	SOMARC	VISION	CCP	FPMD	JHPIEGO	PIP	PRIME	
Total # of indicators reported	9	27	78	26	15	52	9	7	58	16	90	9	23	419
Total # of framework codes assigned by CA	9	27	78	26	17	52	9	7	58	16	90	18	86	493
# of Sustainability codes assigned to CA indicators	0	18	15	5	2	14	2	0	13	9	80	0	27	185
% of Sustainability codes	0	66.7	19.2	19.2	11.8	26.9	22.2	0	22.4	56.3	88.9	0	31.4	37.5

Sustainability indicators fit within framework categories twenty-two through twenty-nine: 22. Systems and institutional strengthening; 23. Training and staff development; 24. Financial resources; 25. Institutional linkages and partnerships (NGOs, business, government); 26. Policies; 27. Community empowerment, development, participation; 28. Technology and use of data; and 29. Other Sustainability indicators.

C.6. Proportions of Indicator Codes in the Demand Class

	Family Planning Services Division								Communication, Management and Training					Total
	ACCESS	FOCUS	FPS	P/FPE	PVSC	SEATS	SOMARC	VISION	CCP	FPMD	JHPIEGO	PIP	PRIME	
Total # of indicators reported	9	27	78	26	15	52	9	7	58	16	90	9	23	419
Total # of framework codes assigned by CA	9	27	78	26	17	52	9	7	58	16	90	18	86	493
# of Demand codes assigned to CA indicators	1	0	9	1	0	3	1	0	15	0	0	0	0	30
% of Demand codes	11.1	0	11.5	3.8	0	5.8	11.1	0	25.9	0	0	0	0	6.1

Demand indicators fit within framework categories thirty through thirty-four: 30. Desire to limit or space child-bearing; 31. Unmet need; 32. Knowledge of family planning; 33. Information, education, communication; and 34. Other Demand indicators.

C.7. Proportions of Indicators in the Miscellaneous Class

	Family Planning Services Division								Communication, Management and Training					Total
	ACCESS	FOCUS	FPS	P/FPE	PVSC	SEATS	SOMARC	VISION	CCP	FPMD	JHPIEGO	PIP	PRIME	
Total # of indicators reported	9	27	78	26	15	52	9	7	58	16	90	9	23	419
Total # of framework codes assigned by CA	9	27	78	26	17	52	9	7	58	16	90	18	86	493
# of Miscellaneous codes assigned to CA indicators	0	9	11	4	8	5	0	0	13	7	0	18	18	93
% of Miscellaneous codes	0	33.3	14.1	15.4	47.1	9.6	0	0	22.4	43.8	0	100	20.9	18.9

Miscellaneous indicators fall into framework categories thirty-five through forty: 35. Research and reports; 36. Publications and presentation of results; 37. Gender Involvement; 38. Male Involvement; 39. Youth Focus; and 40. Other Miscellaneous indicators.

Appendix D: CA Indicator Code Distributions by Framework Class and Category

These tables present, by framework class and for each project, the distributions of category codes as they have been assigned to indicators by each CA, across each of the individual categories internal to each class.

D.1. Indicator Coding Distributions across Outcome class categories

Categories in the Outcome class	Family Planning Services Division								Communication, Management and Training					Total by Cat. Code	% of Outcome class Total
	ACCESS	FOCUS	FPS	P/FPE	PVSC	SEATS	SOMARC	VISION	CCP	FPMD	JHPIEGO	PIP	PRIME		
Total Fertility Rate (1)				1										1	100%
Project Totals	0	0	0	1	0	0	0	0	0	0	0	0	0	1	100%

D.2. Indicator Coding Distributions across Effect class categories

Categories in the Effect class	Family Planning Services Division								Communication, Management and Training					Total by Cat. Code	% of Effect class Total
	ACCESS	FOCUS	FPS	P/FPE	PVSC	SEATS	SOMARC	VISION	CCP	FPMD	JHPIEGO	PIP	PRIME		
Contraceptive Prevalence Rate (2)	1		2	1		1			1					6	14.3%
Couple-years of Protection (3)	1			1		1	1	3						7	16.7%
New Acceptors (4)	1		4	1		1		1	1				1	10	23.8%
Continuation rates and continuing users (5)	1		2	1		1		1	1					7	16.7%
Breastfeeding (6)			1	1		1			1					4	9.5%
Other Effect indicators (7)			4			2	1	1						8	19.0%
Project Totals	4	0	13	5	0	7	2	6	4	0	0	0	1	42	100%

D.3. Indicator Coding Distributions across Access class categories

Categories in the Access class	Family Planning Services Division								Communication, Management and Training					Total by Cat. Code	% of Access class Total
	ACCESS	FOCUS	FPS	P/FPE	PVSC	SEATS	SOMARC	VISION	CCP	FPMD	JHPIEGO	PIP	PRIME		
SDPs number, locations, hours, types, proximity (8)			4	1		1	1	1	1				3	12	33.3%
Appropriate contraceptive eligibility criteria used (9)			1	1		1			2				5	10	27.8%
Development of new methods (10)														0	0%
Introduction of new methods (11)			2			3								5	13.9%
Other Access indicators (12)			2		3		2						2	9	25.0%
Project Totals	0	0	9	2	3	5	3	1	3	0	0	0	10	36	100%

D.4. Indicator Coding Distributions across Quality class categories

Categories in the Quality class	Family Planning Services Division								Communication, Management and Training					Total by Cat. Code	% of Quality class Total
	ACCESS	FOCUS	FPS	P/FPE	PVSC	SEATS	SOMARC	VISION	CCP	FPMD	JHPIEGO	PIP	PRIME		
Clients receive desired method (13)			1	1		2			1				2	7	6.6%
Clients adequately counseled (14)			5	1	1	5	1		1				2	16	15.1%
Client-provider interaction (15)			1	1		2			3				6	13	12.3%
Client perception/ Satisfaction (16)			4	1	1	1			2				4	13	12.3%
SDP indicators (17)			2	1		1			1					5	4.7%
Methods available (18)	1		3	1		2			1				4	12	11.3%
Method mix (19)	1		2	1		1			1				4	10	9.4%
Protocols, guidelines, norms, standards (20)			2	1	1	2					10		5	21	19.8%
Other Quality indicators (21)	2		1		1	2							3	9	8.5%
Project Totals	4	0	21	8	4	18	1	0	10	0	10	0	30	106	100%

D.5. Indicator Coding Distributions across Sustainability class categories

Categories in the Sustainability Class	Family Planning Services Division								Communication, Management and Training					Total by Cat. Code	% of Sust. class Total
	ACCESS	FOCUS	FPS	P/FPE	PVSC	SEATS	SOMARC	VISION	CCP	FPMD	JHPIEGO	PIP	PRIME		
Systems and institutional strengthening (22)		7	1	1		2			1	1			8	21	11.4%
Training and staff development (23)		1	5	1	1	2			4	3	80		8	105	56.8%
Financial resources (24)						5	1		1				1	8	4.3%
Institutional linkages and partnerships (25)		2	1	1			1		1	2			6	14	7.6%
Policies (26)		6	2	1		2			1				1	13	7.0%
Community empowerment, development, participation (27)		1	3	1		2			4				1	12	6.5%
Technology and use of data (28)		1	3			1			1					6	3.2%
Other Sustainability indicators (29)					1					3			2	6	3.2%
Project Totals	0	18	15	5	2	14	2	0	13	9	80	0	27	185	100%

D.6. Indicator Coding Distributions across Demand class categories

Categories in the Demand class	Family Planning Services Division								Communication, Management and Training					Total by Cat. Code	% of Demand class Total
	ACCESS	FOCUS	FPS	P/FPE	PVSC	SEATS	SOMARC	VISION	CCP	FPMD	JHPIEGO	PIP	PRIME		
Desire to limit or space child-bearing (30)			2						1					3	10.0%
Unmet need (31)			1						1					2	6.7%
Knowledge of family planning (32)	1		3			3			3					10	33.3%
Information, education, communica-tion (33)			3	1					9					13	43.3%
Other Demand indicators (34)							1		1					2	6.7%
Project Totals	1	0	9	1	0	3	1	0	15	0	0	0	0	30	100%

D.7. Indicator Coding Distributions across Miscellaneous class categories

Categories in the Miscellaneous Class	Family Planning Services Division								Communication, Management and Training					Total by Cat. Code	% of Misc. class Total
	ACCESS	FOCUS	FPS	P/FPE	PVSC	SEATS	SOMARC	VISION	CCP	FPMD	JHPIEGO	PIP	PRIME		
Research and reports (35)		3	1		4				1			9	9	27	29.0%
Publications and presentation of results (36)		3		1	3				1	3		9	7	27	29.0%
Gender Involvement (37)			2	1					2	4			1	10	10.8%
Male Involvement (38)			2	1	1	1			3					8	8.6%
Youth Focus (39)		3	3	1		4			6				1	18	19.4%
Other Miscellaneous indicators (40)			3											3	3.2%
Project Totals	0	9	11	4	8	5	0	0	13	7	0	18	18	93	100%