Indicators currently in use to monitor high impact practices in family planning: Private sector practices

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This brief is part of a series that presents and discusses indicators currently in use to monitor service delivery high impact practices (HIPs) in family planning (FP) in Mozambique, Nepal, and Uganda. It examines **private sector** HIPs, including drug shops and pharmacies, social marketing, and social franchising.

There is limited information on the types of indicators used to track implementation and scale-up of High Impact Practices (HIPs) for FP. The Research for Scalable Solutions (R4S) project conducted a stakeholder and indicator mapping exercise to generate a comprehensive inventory of indicators collected by ministries of health (MOHs) and implementing partner nongovernmental organizations (NGOs). In this series of briefs, we refer to both the MOH and NGO partners as implementers. Details on our objectives, procedures, and overall recommendations are discussed in our Overview brief.

This brief examines indicators to support monitoring and evaluation (M&E) of **private sector HIPs** implemented in Mozambique, Nepal, and Uganda. It provides insights into the types of indicators collected (see also the full indicator inventory), the level of reporting, and challenges associated with collection. Lessons learned and recommendations for improving M&E of private sector HIPs are included.

KEY FINDINGS AND RECOMMENDATIONS

- Few implementers monitor the process of FP service delivery in the private sector.

- Indicators are inconsistently reported. They are not often reported into any central database such as the HMIS.

- Standardized reporting tools for FP provision are lacking.

- Drug shops and pharmacies need a mechanism to connect them to the broader health information system to facilitate reporting.

- Social franchising indicators should reflect the quality assurance role of this practice.

- Social marketing programs should collect data on user characteristics and promotional campaigns.

Drug shops and pharmacies

Private sector drug shops and pharmacies offer FP information and are points-of-sale for short-acting FP commodities including condoms, oral contraceptives (including emergency contraception), standard days method, and, increasingly, injectables. Training and support for staff in these outlets to provide short-acting FP methods is considered a promising practice for increasing FP access and use. In Mozambique and Nepal, most NGOs work with pharmacies. In Uganda, recent initiatives have built support for drug shop operators. In total, two implementers reported indicators for drug shops and pharmacies in Mozambique, two in Nepal, and five in Uganda.

Table 1. Frequent Indicators for Drug Shops and Pharmacies*

Indicator	Example definitions
# of participating service delivery points	# of private clinics (shops) providing FP services # drug shops ever reporting FP services # of private outlets selling socially marketed FP products #/% of private SDPs actively offering self-injection services
# of sales of FP methods	# of drug shop clients who received an FP method distribution of clients by method received
# of FP commodity stockouts	#/% of private SDPs reporting stock out of DMPA-SC, DMPA-IM, or self-injection materials Stock-outs of FP commodities in drug shops # of commodities in stock

*refer to the indicator inventory for the full list of indicators and their variations

Indicators. There were several variations of the most commonly reported indicators for drug shops and pharmacies, as shown in Table 1. Overall, emphasis was on the flow of commodities. **Few private outlets or implementers were monitoring the process of FP service delivery, such as FP clients receiving counseling and referrals for long-acting methods.** However, there were more indicators in Uganda, where several NGO partners tracked the number of service delivery points receiving support, trainings for drug shop and pharmacy providers, and the number of clients per FP method. In Mozambique, the only indicator related to this practice was the number of stockouts at pharmacies that use the logistics management information system (LMIS).

Less frequently reported indicators include referrals made by drug shops or pharmacies and quality indicators. One NGO in Uganda and one in Nepal were collecting client satisfaction data and quality-of-care measures from periodic surveys. In Uganda, implementers have unique indicators focused on injectable FP given recent authorization of drug shops to provide self-injection.

Reporting. Across sites, **NGOs supporting drug shops rarely reported client-level FP indicators to the MOH or any other entity on a routine basis**. This may be due to most drug shops not having official client registers unless funded by a project that establishes an M&E system. Although there is an indicator for methods distributed at drug shops in the Uganda Health Management Information System (HMIS), client-level data was reported by only a few. All other implementers collected indicators from FP registers or stock cards and sometimes entered them into a separate digital database. Additionally, many independent drug shops and pharmacies sell FP products without the support of an NGO. These outlets may collect some of their own client data, but it is not reflected in any reporting system.

Challenges. Most challenges were linked to a **lack of standard reporting procedures**. In Uganda, some information, such as referrals, was difficult to track due to inconsistent documentation. In Nepal, lack of standard reporting procedures contributed to double-counting and inconsistent reporting. In Mozambique, updated pharmacy forms matching the logistics management software are needed.

Social franchising

In social franchising, a promising practice, a network of private clinics provides socially beneficial FP products and services under a common brand. The purpose is to improve quality and expand the range of FP choices available at franchise locations by providing technical assistance and quality assurance. Across countries and implementers, indicators reflect different approaches, such as client referrals to franchise facilities from a mobile application in Mozambique; provider training and supervision in Nepal; and monitoring client demographics and method mix by one NGO in Uganda. In total, two implementers reported indicators for social franchising in Mozambique, two in Nepal, and three in Uganda.

Table 2. Frequent Indicators for Social Franchising*

Indicator	Definitions
# of social franchise facilities	# of network sites supported/certified # of network sites reporting to the district # of network sites linked to the national reporting system # of active franchise clinics in the network
Training for franchise facilities	# of providers trained on FP # of franchise facilities trained # of FP social franchise training sessions held
# of contraceptive commodity stock outs	# of facilities reporting stock outs of FP commodities, by type of commodity

*refer to the indicator inventory for the full list of indicators and their variations

Indicators. **Those most frequently used across countries focused on support provided to clinics, such as trainings and supply chain monitoring** (Table 2). Other program indicators varied widely. Client-level data were collected by a few implementers, but not all. Some implementers in Mozambique and Uganda had more specific client-level indicators tracking the provision of FP services to young people and referrals to franchise clinics. Additionally, each country had unique or less common indicators. In Uganda, the number of satisfied clients is sometimes collected via interviews. In Mozambique, indicators included number of women continuing FP use and starting FP, clients accepting long-acting methods, and method mix. Nepal has a large social franchise network with a wide variety of indicators covering technical support delivered, clients receiving services, and measures of quality and performance of franchise clinics.

Reporting. The amount of **social franchising indicators reported to implementers and the national level varied across countries**. A few implementers are using custom mobile applications to report indicators into a program database, but data are not always shared beyond the implementing organization. One implementer in Mozambique maintains a client-facing mobile application that collects and stores client-level data and allows clients to find information and obtain referrals to health services at a franchise location. Regarding national reporting, only one implementer in Uganda submitted the indicator "social franchise locations linked to the HMIS," and one of two implementers in Mozambique indicated they report social franchise FP service data in the HMIS. Implementers in Nepal do not report social franchise data at the national level.

Challenges. Given the focus of social franchising on providing quality assurance, the lack of indicators related to quality is a barrier to assessing implementation. The main issue is **lack of standard reporting tools and procedures**. Without these, private facilities—especially those with no external support from implementing partners—are unlikely to consistently report to national systems, such as an HMIS. Uganda reported that high attrition makes it difficult to monitor the number of staff trained to provide each method.

Social marketing

Social marketing, a proven practice, promotes the sale of branded FP products by expanding the range of options available and encouraging behavior change. Socially marketed products may be provided in the public sector, such as by community health workers, but more often they are sold in the private sector, at drug shops, pharmacies, and social franchise facilities. In the three countries, social marketing indicators came from private sector outlets. Three implementing partners in Mozambique were reporting indicators for social marketing, one in Nepal, and three in Uganda.

Table 3. Frequent Indicators for Social Marketing*

Indicator	Definitions
# of outlets linked to distributors	# of retail pharmacies/clinics linked to distributor pharmacies
# of contraceptive commodity stock outs	# of facilities reporting stock outs of FP commodities, by type of commodity # of socially marketed products available in outlets
# of product sales	# of sales per product to and from distributors, by month # of reproductive health products distributed # health products sold by type
Training for providers on socially marketed commodities	# of providers trained on FP # of pharmacy personnel who received continuous medical education on SRH products

*refer to the indicator inventory for the full list of indicators and their variations

Indicators. Across the three countries, **indicators focused on the supply chain and sales of commodities** (Table 3). Although social marketing promotes branded FP products through foundational elements — product, place, price, promotion, and policy — indicators did not reflect many of these dimensions. The one exception was an NGO partner in Nepal that tracks the number of awareness campaigns on FP products, accessibility and availability of FP products and services in hard-to-reach areas, low-cost distribution of FP commodities through private sector engagement, and product orders placed and filled. Among less commonly reported indicators were the annual percentage growth in sales and continuous medical education on sexual and reproductive health products in Uganda, and the number of FP users reached with socially marketed products in Mozambique.

Reporting. How and to whom indicators were reported for social marketing varied. **Data on socially marketed products in national systems is limited to supply chain data reported through an LMIS.**

NGO program data on product sales at the client level are typically kept in program databases and rarely reported at the national level. Implementers in Uganda and one NGO in Mozambique used digital reporting tools.

Challenges. A few indicators on product sales are straightforward and consistently reported. However, the main challenge is **lack of indicators that measure key social marketing concepts** such as audience segmentation, supply- and demand-side components, and behavior change communication campaigns. For example, client characteristics necessary to assess whether the practice is reaching target audiences are not available.

Key Findings and Recommendations

Across private sector HIPs and countries, few implementers were monitoring the entire process of FP service delivery, including FP counseling, method provision, referrals, and whether clients were new or returning. Indicators were inconsistently reported, including to a central database—such as an HMIS—primarily due to a lack of standardized reporting tools and the challenges of requiring private sector facilities to adhere to reporting standards. We recommend developing standard, well-defined indicators to capture FP services delivered through private sector HIPs, whether these are captured in an HMIS or another database. This will allow countries to better understand the influence of private sector practices on the continuum of FP-related service delivery.

Drug shops and pharmacies need a mechanism to connect to the broader health system and facilitate reporting. Across countries, indicators reflected different models and stages of this practice. NGOs in Uganda indicated reporting in the HMIS was a priority issue; however, government officials described balancing this desire for data with the burden of supplying tools, training, and supervision to support routine reporting. We also found that referrals from drug shops to facilities were not often documented, suggesting a potential lack of connection to the broader health system. We recommend that implementers establish mechanisms for routine reporting of drug shop indicators, such as through regulation and/or accreditation.

Social franchising indicators should reflect the quality assurance role of this practice. Because social franchising is intended to promote quality of care, indicators should track support for quality assurance and/or service quality in addition to facilities locations and FP services provided. We recommend all implementers supporting social franchising track method mix, client services and demographics, and quality assurance activities.

Social marketing programs should collect data on user characteristics and promotional campaigns. NGOs that support social marketing do not track indicators related to the "marketing mix" for effective implementation of the practice and to support wide distribution of a range of FP products. We found that client-level data is often not available. Understanding who is buying as well as who is selling the products will help to better assess the scale and efficacy of the practice, which seeks to change behaviors related to FP use among target populations. To improve M&E for social marketing, implementers should track indicators related to product promotion, product availability and method mix, and routinely track uptake among target populations.

This is one of several briefs in a series focused on indicators currently in use to monitor HIPs. This suite of resources can help implementers to be aware of HIPs as distinct interventions within their broader FP programs, think critically about monitoring HIPs, and provide illustrative examples of indicators already in use that could be standardized and adopted for targeted tracking of these practices. Future consensus-building activities with country and global stakeholders may result in recommended measurement standards for HIP implementation and scale-up.