



Performance Monitoring Indicators for the Private Sector Program (PSP), with Explanatory Notes

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RESULT	INDICATOR	DATA SOURCE
<p>SO: Sustainable Provision and Use of Quality Private Sector RH/FP and other Health Information, Products and Services Increased</p>	<ul style="list-style-type: none"> • Percent of operational costs of PSP-supported service delivery points (SDPs) met by non-donor revenue (1) • Number or percent¹ of private SDPs that provide a specific RH/FP² service meeting the established quality standard (2) • Number or percent of target population who use a specific RH/FP product or service (3) • Number or percent of users of a specific RH/FP product or service who obtain it from a private sector source (4) • Number or percent of users of a specific RH/FP product or service brand (5) 	<p>Income statements, revenue or audit reports, other financial records, facility or project reports, MIS</p> <p>Direct observation, exit interviews, mystery client survey, facility audit, provider self-assessment</p> <p>National, regional or local population-based surveys³ or service delivery statistics</p> <p>National, regional or local population-based surveys or service delivery statistics</p> <p>National, regional or local population-based surveys or service delivery statistics</p>
<p>IR 1: Knowledge about and use of quality RH/FP and other health products and services from private sector providers increased</p>	<ul style="list-style-type: none"> • Percent of target population with a specific positive (or negative) attitude towards a product or service supplied by the private sector (6) • Percent of non-users in the target population who know a private sector source of a RH/FP product or service (7) • Percent of target population who recall hearing or seeing a specific message from a project communication campaign (8) • Number or percent of branded products or services utilizing a market segmentation strategy (9) (IR 1.1) • Number of financing mechanisms for RH/FP adopted or expanded (10) (IR 1.2) 	<p>National, regional or local population-based surveys</p> <p>National, regional or local population-based surveys</p> <p>National, regional or local population-based surveys</p> <p>Marketing plans, data showing product or service utilization by intended target population</p> <p>Project reports, government documents, employer records, insurance company records</p>

¹ Percentages based on clearly specified numerators and denominators are always preferable to numbers based on numerators. However, resource limitations may restrict projects from collecting data on denominators.

² While indicators in this plan are for FP/RH, they can be applied to other health products and services.

³ By population-based surveys we mean sample surveys that are representative of a specific population. These surveys are based on samples of respondents selected with known probabilities. For example, DHS surveys are representative of reproductive age women at the national level. Marketing surveys may be representative of a specific population of interest to a marketing campaign at the local, regional or national level. A number of PSP projects may not have the resources to implement their own surveys. Hence, reliance on standard indicators available through DHS will be necessary.

<p>IR 2: Supply of quality RH/FP and other health products and services through the private sector increased</p>	<ul style="list-style-type: none"> • Percent of target population residing within a specified distance of a private RH/FP SDP offering a specific product or service meeting the established quality standard (11) • Number of private sector interventions that increase the supply of quality RH/FP products or services to target populations established, expanded or strengthened (12) (IR 2.1) • Number or percent of private providers who comply with regulatory framework for addressing quality of services (13) (IR 2.2) • Number or percent of private providers who comply with evidence-based guidelines or treatment protocols (14) (IR 2.2) • Number or percent of private providers who show improved knowledge and skills in business management (15) (IR 2.3) 	<p>Use of GIS to map population distribution and SDP location, manual mapping using census data and facility location, survey self-reports, community informant reports</p> <p>Project reports, records of agreements with provider networks or corporations</p> <p>Project reports, professional association records, certificates</p> <p>Audit of patient records, observation</p> <p>Financial reports, facility records, business plans</p>
<p>IR 3: Conditions for private sector involvement in RH/FP and other health products and services delivery improved</p>	<ul style="list-style-type: none"> • Number of policy incentives created to increase private sector participation in RH/FP service delivery (16) • Number of countries that reach consensus on public, private sectors and donor roles in RH/FP service delivery (17) (IR 3.1) • Number of identified barriers to private sector participation in RH/FP policy development and/or service delivery removed (18) (IR 3.2) 	<p>Actual policy documents with evidence of government approval (or submission for approval)</p> <p>Actual document, meeting agendas, minutes and attendance lists</p> <p>Legal or regulatory reviews, actual policy documents with evidence of government approval</p>

EXPLANATORY NOTES

SO Indicators

1) The purpose of this indicator is to measure sustainability⁴ of service delivery points (SDPs) that receive PSP financial or technical assistance. Operational costs are defined as staffing costs, rent, utilities, and other running costs. Revenues are income or the equivalent from the sale of products, services and intangibles.

2) This indicator measures the extent to which private providers adhere to specific standards of service delivery. Standard practices in the provision of services to clients could include eliciting client history, conducting physical examination, providing treatment that follows standards and providing clients with essential information. Established quality standards should be based on international guidelines, although these may be adapted nationally.

The private health sector comprises all providers, suppliers, and ancillary and support services that lie outside of the public sector; i.e. are owned by individuals or corporations and are not public concerns. As such, the private sector includes private practitioners, clinics, and hospitals; NGOs; faith-based organizations/facilities; pharmacies; and pharmaceutical companies. The private health sector can be further characterized by the motivation of owners: whether the modus operandi is for-profit, non-profit, philanthropic, or other type of concern. Private sector entities may or may not receive subsidies. The commercial health sector is a subset of the private sector, including only the for-profit entities. While this sector is largely unsubsidized, an exception may be made to offer temporary subsidies to encourage commercial involvement in FP/RH efforts.

3) The purpose of this indicator is to measure the total market⁵ for a RH/FP product or service category. This takes into account all (public and private) sources of supply. Target population is defined as the intended population for an intervention. The target population will vary by intervention: reproductive age women may be the target population for a family planning program, adolescents may be the target population for youth friendly services, men at high-risk of contracting HIV through unprotected sex may be of interest to a condom promotion campaign. Similarly, certain interventions may specifically target rural populations.

4) The purpose of this indicator is to capture growth in the private sector market share for a specific RH/FP product or service category. It is important to assess growth of the

⁴ This document defines sustainability as “the ability of host country entities (private, public or community) to assume responsibility for programs and/or outcomes without adversely affecting the ability to maintain or continue program objectives or outcomes.”

⁵ PSP is expected to contribute to market growth for RH/FP product or service categories.

private sector market for a specific RH/FP product or service within the context of the total market for that product or service category because growth in the private sector market without growth of the total market may only indicate partial success of the project. Hence, changes in indicator #4 should be interpreted in light of changes in indicator #3, above.

5) The purpose of this indicator is to capture growth in the private sector market share for a specific RH/FP product or service brand. As in the case of indicator #4, growth of a private sector brand without growth in the product category that the brand belongs to may only indicate partial success. Hence, changes in indicator #5 should be interpreted in light of changes in indicator #3.

IR 1 Indicators

6) The purpose of this indicator is to measure consumer attitudes relevant to the utilization of a private sector product or service. An attitude is defined as a person's favorable or unfavorable assessment of a product or behavior. A specific attitude may be measured by asking a respondent how strongly they agree or disagree with a specific statement on a Likert-type scale.

7) The purpose of this indicator is to measure knowledge of a private sector RH/FP supply source among those in the potential market for a product or service. To "know" refers to being able to spontaneously name a private sector source of RH/FP product or service.

8) The purpose of this indicator is to measure the reach of a project communication campaign. Reaching the target population is an important first step in increasing levels of knowledge of products, practices or services in question and in addressing the specific beliefs and values that encourage or discourage the adoption of a particular product or behavior. Recall may include spontaneous mention and/or aided recall. Specific message refers to communication with some identifiable aspect that the respondent could not name unless they had been exposed to the communication (e.g. a specific phrase).

9) The purpose of this indicator is to measure the utilization of targeted market segmentation strategies. Market segments reflect the division of a population into subgroups that have similar characteristics, needs and likely responses to marketing or service delivery efforts.

10) This indicator measures the establishment or expansion of financial mechanisms to cover RH/FP service delivery. Financing mechanisms are designed to increase consumer ability to pay for RH/FP services. Examples of financing mechanisms include contracting out of services, employer based insurance and vouchers.

IR 2 Indicators

11) The purpose of this indicator is to measure physical access of the population to a specific private sector product or service at an established standard of quality. Researchers have usually relied on self-reports from survey respondents or from community informants to measure physical access, both of which tend to be unreliable. A reliable approach is to manually map location of primary health facilities in relation to census information on the population. Using GIS and LQAS sampling, a more efficient approach to mapping has been developed recently which measures access of products or services at an established standard of quality.

12) The purpose of this indicator is to measure the establishment or expansion of distribution networks or partnerships that increase the supply of quality RH/FP services by the private sector. A provider network such as a franchise is an example of a model that establishes or expands service delivery points offering RH/FP services at an established standard of quality. Partnerships with multinational corporations that have explicit links with local distribution networks can increase the supply of RH/FP products.

13) This indicator measures the extent to which private providers are willing to comply with established quality standards. Regulatory frameworks such as licensing, accreditation or continuing education programs encourage providers to comply with quality standards and clients' awareness of established quality standards.

14) The purpose of this indicator is to capture improvements in provision of quality of care by private providers. Measurement of performance is essential for improving provider compliance to quality standards. Completeness of patient/client records may be a limitation of this indicator. However, the collection of multiple measures from the same provider is likely to improve record-keeping.

15) The purpose of this indicator is to measure increases in business skills that will lead to greater viability of private provider businesses in the long term. Improvements in market analysis, financial tracking and record keeping skills are examples of business management skills that contribute to long terms business viability.

IR 3 Indicators

16) The purpose of this indicator is to measure the extent to which governments facilitate the private sector's involvement in providing RH/FP services. Tariff relief that exempts contraceptives from import duties is one of the most widely practiced policy incentive to private sector service delivery. Public vouchers may be used to reimburse private sector physicians for performing voluntary sterilizations and IUD insertions. Other examples of incentives include income tax credits given for employers who underwrite RH/FP services for workers or for private sector organizations that provider RH/FP services.

17) This indicator measures dialogue and collaboration between public and private sectors resulting in increased understanding and agreement on roles and responsibilities. Agreements include common goals and objectives, identification of each sector's comparative advantage in serving different population groups.

18) The purpose of this indicator is to measure the extent to which national governments expand private sector participation in developing policy and in providing RH/FP services for all sectors of the population. In the policy formulation arena, barriers may include restricting planning meetings to the public sector. In the service delivery arena, this may include undue licensing requirements for providers, client eligibility requirements (such as marital status or minimum age), advertising and promotion regulations or import policies. To measure change over time, only policy barriers that were identified at baseline in advance of project interventions should be counted. Care should be taken in ensuring that the incentives mentioned in indicator #15 are carefully distinguished from barriers mentioned in indicator #15. The reason indicator #15 and #17 are not combined is that incentives may be created in situations where there are no barriers as such. For example, employers may not normally consider providing family planning to their employees but may do so once there are incentives given for doing so through tax credits.

REFERENCES

Bertrand, J.T., Magnani, R.J. and Rutenberg, N. 1994. *Handbook of Indicators for Family Planning Program Evaluation*. MEASURE Evaluation Manual Series, No. 6.

Bertrand, J.T. and Escudero, G. 2002. *Compendium of Indicators for Evaluating Reproductive Health Programs, Volume One*. MEASURE Evaluation Manual Series, No. 6.

Bertrand, J.T. and Escudero, G. 2002. *Compendium of Indicators for Evaluating Reproductive Health Programs, Volume Two*. MEASURE Evaluation Manual Series, No. 6.

Knowles, J.C., Leighton, C., Stinson, W. 1997. *Measuring Results of Health Sector Reform for System Performance: A Handbook of Indicators*. Bethesda, MD.: Partnerships for Health Reform.

Office of Sustainable Development. Not dated. *Health and Family Planning Indicators: Measuring Sustainability, Volume II*. U.S. Agency for International Development: Bureau for Africa.

PSI Research Division. 2004. *Project MAP: Measuring Access and Performance*. Washington D.C.: Population Services International.