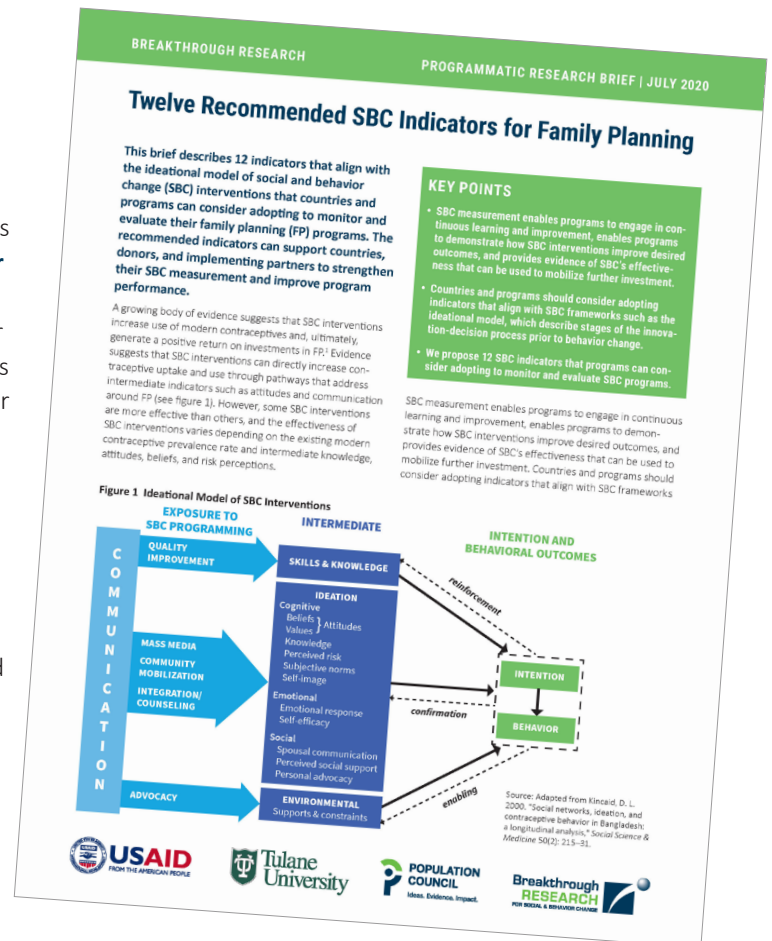# Twelve Recommended SBC Indicators for Family Planning:

Indicator Reference Sheets

This document provides 12 indicator reference sheets to accompany the "**Twelve Recommended SBC Indicators for Family Planning**" reference brief. Indicator reference sheets help program implementers define measurable indicators of their programs' successes and failures, ensure data quality, and help users correctly interpret data produced by an organization. These proposed reference sheets, for indicators adapted from the social and behavior change **(SBC) indicator bank for family planning (FP) and service delivery**, will help nations, donors, and implementing partners strengthen their measurement of SBC activities and programs—for continuous learning, improved programming, and increased advocacy for greater investment.

Prior to adopting these 12 indicators, program implementers can review existing data or conduct formative research to select the ideational components most relevant to their country and intervention contexts. These proposed 12 indicators are described with sufficient detail to facilitate standardized collection. These reference sheets are intended to guide implementation partners and ministries of health, facilitating their use within FP monitoring systems. A series of guiding questions are included to help implementation partners adapt these indicators.

Additional resources:

- **USAID Performance Indicator Reference Sheet (PIRS) Guidance & Template**

- Compass for SBC how-to guides: **How to develop indicators**

- **The Family Planning and Reproductive Health Indicators Database**. Measure Evaluation

- Croft, Trevor N. et al. 2018. **Guide to DHS Statistics**. Rockville, Maryland, USA: ICF.

INDICATOR 1: NUMBER OF DECISION-MAKERS REACHED WITH SBC FP ADVOCACY ACTIVITIES

Result measured	Exposure to SBC FP programming—Output
Purpose	Enables the project to understand the extent to which the target audience, specifically those in a position to make decisions about SBC programming in a defined community, country, or region, is exposed to specific SBC advocacy activities.
Precise definition(s)	Projects must decide: • **Who is a decision-maker and what criteria will be used for this determination during the project?** Decision-makers can include government officials who set policies, staff who authorize SBC program designs and implementation, or those who execute SBC policies. • **How does this project define advocacy activities?** Advocacy activities may include activities for building knowledge and communication skills (capacity-building) to advocate for FP programs, as well as activities related to relationship-building and coordination for FP programs among decision-makers.
Unit	Persons
Data type	Integer
Numerator	NA
Denominator	NA
Disaggregation	Region, type of decision-maker (community, government, religious, etc.), sex of decision-maker
Data collection frequency	Monthly or quarterly
Data source	Program monitoring systems
Method of measurement	Quarterly reports, activity logs
Known data limitation	Projects must assess what the limitations of the data used to construct this indicator are: • This indicator does not capture the extent nor quality of advocacy activities. • This indicator does not indicate how many people are further affected by decision-maker actions. • This indicator does not capture what decision-makers did or what decisions they made. • This indicator does not indicate how many opinions, intentions, or behaviors have changed due to decision-makers' actions.
Changes to the indicator	Projects should document (including the date) any means by which they adapt this indicator, which will allow better interpretation of routine data in the longer term by projects and their stakeholders.
Last updated on	

INDICATOR 2: PERCENT OF TARGET AUDIENCE THAT RECALLS HEARING OR SEEING A FP MESSAGE, CAMPAIGN, OR COMMUNICATION INITIATIVE

Result measured	Exposure to SBC FP programming—Output
Purpose	Enables the project to understand the extent to which a target audience likely exposed to FP SBC messages can recall this exposure.
Precise definition(s)	Projects must decide: • **Who is the target audience?** All (married or unmarried) men or women 15 to 49 years of age who could have heard FP messaging/s, campaign, or communication initiative. • **What FP message?** Will this indicator measure recall of a brand name, a chime, tag line, call to action, or key message of a campaign? • **What channels must be included?** Channels depend on the message (i.e., where was the message disseminated) and may include radio, TV, social media, print media, community events, interpersonal communication (IPC) with health care providers, etc. • **What recall timeframe is most informative and feasible for accountability and decision-making?** Timeframe may be within the preceding 1, 3, 6, or 12 months.
Unit	Persons
Data type	Percentage
Numerator	Total number of target audience who recall hearing or seeing a FP messaging, campaign, or communication initiative
Denominator	Total number of target audience surveyed
Disaggregation	Sex, age, region, channel
Data collection frequency	Annually, semi-annually, or quarterly
Data source	Household survey, phone survey, SMS survey, social media survey
Method of measurement	Repeated longitudinal or cross-sectional survey. Sample question: In the last month, have you seen, heard, or received any messages related to FP, from any source? Sample question: In the last month, have you seen, heard, or received any messages related to [insert name of a brand name, a chime, tag line, call to action, or key message of a campaign]?
Known data limitation	Projects must determine the limitations of the data used to construct this indicator: • This indicator does not capture comprehension of the FP message, campaign, or communication initiative. • For longer recall periods, beneficiaries may not accurately remember exposure to FP messages, campaigns, or initiatives. • Participants may report recalling a message even if they did not, due to social desirability biases. • Participants who are motivated (e.g., due to interest in FP) may be more likely to recall messages than those less interested or who are opposed to FP.
Changes to the indicator	Projects must document (including the date) any means by which they adapt this indicator, which will allow better interpretation of routine data in the longer term by projects and their stakeholders.
Last updated on	

INDICATOR 3: NUMBER OF SERVICE PROVIDERS TRAINED IN IPC FOR FP COUNSELING

Result measured	Exposure to SBC programming—Output
Purpose	Enables the project to understand the extent to which service providers are exposed to FP IPC training.
Precise definition(s)	Projects must define: • **Who is included as a service provider?** The service provider category may include people who provide preventative or curative health services in the public or private sector, in a facility or community-based, formally trained or not, on a remunerated or voluntary basis. • **What is IPC training?** IPC training may comprise sessions, in a group setting or individually, with the aim of improving providers' knowledge and skills for patient and client engagement. • **What timeframe is most informative and feasible for accountability and decision-making?** Timeframe can be within the preceding 3, 6, or 12 months. Projects must ensure that the indicator timeframe is aligned with the data collection frequency to avoid duplicative counts.
Unit	Persons
Data type	Integer
Numerator	NA
Denominator	NA
Disaggregation	Sex, region, facility type, provider type, health sector (public or private)
Data collection frequency	Annually, semi-annually, or quarterly
Data source	Program monitoring systems
Method of measurement	Program and training reports, training registries
Known data limitation	Projects must determine the limitations of the data used to construct this indicator: • This indicator does not capture the quantity (breadth, depth) or quality of IPC training activities, unless elements of these are incorporated within the definition of what constitutes the activity (i.e., an activity lasting X where providers attended a minimum of Y hours and successfully completed a post-training assessment). • This indicator does not capture the degree to which the training is subsequently integrated by providers within their IPC behaviors and practice. • This indicator does not capture impact of IPC training activities on beneficiary outcomes.
Changes to the indicator	Projects must document (including the date) any means by which they adapt this indicator, which will allow better interpretation of routine data in the longer term by projects and their stakeholders.
Last updated on	

INDICATOR 4: PERCENT OF TARGET AUDIENCE THAT KNOWS OF AT LEAST THREE MODERN FP METHODS

Result measured	FP knowledge—Intermediate SBC outcome
Purpose	Measuring knowledge of FP methods among the target audience will enable the project to measure knowledge-related factors contributing to behavioral outcomes, and this information may also help implementers prioritize intermediary factors for program course correction.
Precise definition(s)	Projects must decide: • **Who is the target audience?** For example, men and women 15 to 49 years of age. • **Modern methods include:** Lactational amenorrhea method (LAM), standard days method, condoms, diaphragm, emergency contraception, oral contraceptives (pill), injectables, implant, intrauterine device (IUD), tubal ligation and vasectomy. Individuals who identified brand names of modern methods of contraception, such as Sayana Press, will count as identification of a FP modern method.
Unit	Persons
Data type	Percentage
Numerator	Total number of target audience who know of at least 3 modern FP methods
Denominator	Total number of target audience surveyed
Disaggregation	Marital status, sex, region, age
Data collection frequency	Annually, semi-annually, or quarterly
Data source	Household survey, phone survey, SMS survey, social media survey
Method of measurement	Repeated longitudinal or cross-sectional survey. Sample question: What FP methods have you heard of?
Known data limitation	Projects must determine the limitations of the data used to construct this indicator: • This indicator does not capture correct knowledge of characteristics (e.g., efficacy, side effects, mechanism of action) or use of modern FP methods, but rather awareness of modern FP methods. • This indicator captures spontaneous recall but may not capture recognition of FP methods if prompted.
Changes to the indicator	Projects must document (including the date) any means by which they adapt this indicator, which will allow better interpretation of routine data in the longer term by projects and their stakeholders.
Last updated on	

INDICATOR 5: PERCENT OF TARGET AUDIENCE WITH FAVORABLE ATTITUDES OF MODERN FP METHODS

Result measured	FP attitudes—Intermediate SBC outcome
Purpose	Measuring individuals' attitudes, among key populations in the project area, towards FP will enable the project to measure the attitudinal factors contributing to behavioral outcomes, and this information may also help implementers prioritize intermediary factors for program course correction.
Precise definition(s)	Projects must decide: • **Who is the target audience?** An example maybe, men and women 15–49 years of age • **What constitutes a favorable attitude towards modern FP methods?** A favorable attitude is a positive assessment of FP brought about by beliefs, experiences or emotions. • **Modern methods include:** Lactational amenorrhea method (LAM), standard days method, condoms, diaphragm, emergency contraception, oral contraceptives (pill), injectables, implant, intrauterine device (IUD), tubal ligation and vasectomy. Individuals who identified brand names of modern methods of contraception, such as Sayana Press, will count as identification of a FP modern method.
Unit	Persons
Data type	Percentage
Numerator	Total number of target audience with a positive attitude towards FP and FP methods
Denominator	Total number of target audience surveyed
Disaggregation	Marital status, sex, region, age
Data collection frequency	Annually, semi-annually, or quarterly
Data source	Household survey, phone survey, SMS survey, social media survey
Method of measurement	Repeated longitudinal or cross-sectional survey Sample question: In your opinion, do you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statement: • It is acceptable for a couple to use methods such as condoms, the pill, or injectables to delay or avoid pregnancy. Note: Responding strongly agree or agree would be considered a favorable attitude.
Known data limitation	Projects must determine the limitations of the data used to construct this indicator: • In some instances, respondents may be motivated to reply to attitudinal questions in a socially desirable manner (i.e., social desirability bias).
Changes to the indicator	Projects must document (including the date) any means by which they adapt this indicator, which will allow better interpretation of routine data in the longer term by projects and their stakeholders.
Last updated on	

INDICATOR 6: PERCENT OF TARGET AUDIENCE THAT BELIEVES MOST PEOPLE IN THEIR COMMUNITY APPROVE OF PEOPLE LIKE THEM USING FP	
Result measured	FP social norms—Intermediate SBC outcomes
Purpose	Measuring individuals' perceptions of community norms about FP use enables the project to understand the normative factors contributing to behavioral outcomes; descriptive norms refer to perceptions of others' behaviors, or behaviors that are typical; injunctive norms refer to behaviors that others should or should not engage in. This information may also help implementers prioritize intermediary factors for program course correction.
Precise definition(s)	Projects must decide: • **Who is the target audience?** All (married or unmarried) men or women 15 to 49 years of age, youth. • **How is FP defined?** Does FP include both modern and traditional methods? • **What constitutes approval of modern FP methods?** Approval is a belief that something is good or acceptable.
Unit	Persons
Data type	Percentage
Numerator	Total number of target audience who believe people in their community approve of people using FP
Denominator	Total number of target audience surveyed
Disaggregation	Marital status, sex, region, age
Data collection frequency	Annually, semi-annually, or quarterly
Data source	Household survey, phone survey, SMS survey, social media survey
Method of measurement	Repeated longitudinal or cross-sectional survey Sample question: Please tell me whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statement: • Most people in your community approve of people like you using FP methods. • Most people in your community believe using FP methods is safe. • Most people in your community believe FP methods are effective for preventing unintended pregnancies.
Known data limitation	Projects must determine the limitations of the data used to construct this indicator: • Social norms are often intangible and difficult to measure, and measurement is incomplete without consideration of the rewards and consequences for following or not following social norms. Measures comprised of discrete survey questions are limited in capturing social norms. For more information, refer to: **Learning Collaborative to Advance Normative Change. 2019. "Resources for measuring social norms: A practical guide for program implementers." Washington, DC: Institute for Reproductive Health, Georgetown University.**
Changes to the indicator	Projects must document (including the date) any means by which they adapt this indicator, which will allow better interpretation of routine data in the longer term by projects and their stakeholders.
Last updated on	

INDICATOR 7: PERCENT OF TARGET AUDIENCE CONFIDENT IN ITS ABILITY TO USE FP

Result measured	Perceived behavioral control or FP efficacy—Intermediate SBC outcome
Purpose	Measuring individuals' perceptions of behavioral control for FP use will enable the project to understand individuals' perceptions of self-efficacy and how those factors contribute to behavioral outcomes, along with measuring how these perceptions change over time within communities, and may help implementers prioritize intermediary factors for program course correction.
Precise definition(s)	Projects must decide: • **Who is the target audience?** All (married or unmarried) men or women 15 to 49 years of age, youth. • **How is FP defined?** Does FP include both modern and traditional methods? If modern methods only, modern methods include: Lactational amenorrhea method (LAM), standard days method, condoms, diaphragm, emergency contraception, oral contraceptives (pill), injectables, implant, intrauterine device (IUD), tubal ligation and vasectomy. Individuals who identified brand names of modern methods of contraception, such as Sayana Press, will count as identification of a FP modern method.
Unit	Persons
Data type	Percentage
Numerator	Total number of target audience who reported confidence in their ability to use FP
Denominator	Total number of target audience surveyed
Disaggregation	Marital status, sex, region, age
Data collection frequency	Annually, semi-annually, or quarterly
Data source	Household survey, phone survey, SMS survey, social media survey
Method of measurement	Repeated longitudinal or cross-sectional survey. Sample question: How confident are you that you could use a modern FP method for birth spacing or limiting, if you chose to do so? Highly confident, moderately confident, slightly confident, not confident?
Known data limitation	Projects must determine the limitations of the data used to construct this indicator: • Indicator is based on self-assessment of ability that may or may not come with experience. This indicator does not capture respondents' actual abilities or correct use of FP methods. • Self-efficacy may be influenced by skills and motivation.
Changes to the indicator	Projects must document (including the date) any means by which they adapt this indicator, which will allow better interpretation of routine data in the longer term by projects and their stakeholders.
Last updated on	

INDICATOR 8: PERCENT OF TARGET AUDIENCE THAT DISCUSSED FP WITH SPOUSE OR PARTNER

Result measured	Spousal FP communication—Intermediate SBC outcome
Purpose	Measuring spousal FP communication and FP use will enable the project to understand intermediary behaviors that lead to FP behavioral outcomes and how those intermediary behaviors change over time within a target area. This information may also help implementers prioritize intermediary factors for program course correction.
Precise definition(s)	Projects must decide: • **Who is the target audience?** For example: All (married or unmarried) men or women 15 to 49 years of age. • **How is FP defined?** Does FP include both modern and traditional methods? • **Discussing FP** with a sexual or household partner may result from a planned or spontaneous conversation about FP methods or FP use, at least one occurrence, regardless of conversation length or outcome. • **What timeframe is most informative and feasible for monitoring trends and decision-making?** Timeframe may be modified to preceding 3, 6, or 12 months.
Unit	Persons
Data type	Percentage
Numerator	Total number of target audience who discussed FP with a spouse or partner during the 12 months preceding the survey
Denominator	Total number of target audience surveyed
Disaggregation	Marital status, sex, region, age
Data collection frequency	Annually, semi-annually, or quarterly
Data source	Household survey, phone survey, SMS survey, social media survey
Method of measurement	Repeated longitudinal or cross-sectional survey. Sample question: Have you discussed FP with your spouse or partner in the last 12 months?
Known data limitation	Projects must determine the limitations of the data used to construct this indicator: • The longer the timeframe established, the more likely respondents will be subject to recall bias. • People who already use FP or have favorable attitudes towards FP may recall conversations more than those who are not current users. • The indicator does not capture the depth nor breadth of the communication about FP, or whether attitudes and beliefs expressed by either party were positive or negative.
Changes to the indicator	Projects must document (including the date) any means by which they adapt this indicator, which will allow better interpretation of routine data in the longer term by projects and their stakeholders.
Last updated on	

INDICATOR 9: PERCENT OF NON-USERS INTENDING TO ADOPT A MODERN FP METHOD IN THE FUTURE

Result measured	Behavioral intention—Intermediate SBC outcome
Purpose	Measuring intention to change FP behavior in relation to modern FP use and how intentions change over time within communities.
Precise definition(s)	• **Non-users**: Individuals not using any FP or are using a traditional FP method at the time of the survey. • **Intend to adopt modern FP**: Individuals who believe they will use a modern FP method in the future. • **Modern methods include:** Lactational amenorrhea method (LAM), standard days method, condoms, diaphragm, emergency contraception, oral contraceptives (pill), injectables, implant, intrauterine device (IUD), tubal ligation and vasectomy. Individuals who identified brand names of modern methods of contraception, such as Sayana Press, will count as identification of a FP modern method.
Unit	Persons
Data type	Percentage
Numerator	Total number of target population not currently using a modern FP method but who intend to adopt a method in the future
Denominator	Total number of target audience surveyed
Disaggregation	Marital status, sex, region, age
Data collection frequency	Annually, semi-annually, or quarterly
Data source	Household survey, phone survey, SMS survey, social media survey
Method of measurement	Repeated longitudinal or cross-sectional survey. Sample questions: • Do you think you or your partner will use a contraceptive method to delay or avoid pregnancy at any time in the future?
Known data limitation	Projects must determine the limitations of the data used to construct this indicator: • Intention to use does not directly translate to future use. • Interview questions related to intent may be subject to social desirability bias.
Changes to the indicator	Projects must document (including the date) any means by which they adapt this indicator, which will allow better interpretation of routine data in the longer term by projects and their stakeholders.
Last updated on	

INDICATOR 10: PERCENT OF TARGET AUDIENCE CURRENTLY USING A MODERN FP METHOD

Result measured	Behavioral outcome
Purpose	Measuring FP use behavior change within communities.
Precise definition(s)	Projects must decide: • **Who is the target audience?** All (married or unmarried) men or women 15 to 49 years of age, youth. • **Modern methods include:** Lactational amenorrhea method (LAM), standard days method, condoms, diaphragm, emergency contraception, oral contraceptives (pill), injectables, implant, intrauterine device (IUD), tubal ligation and vasectomy. Individuals who identified brand names of modern methods of contraception, such as Sayana Press, will count as identification of a FP modern method.
Unit	Persons
Data type	Percentage
Numerator	Total number of target audience currently using a modern FP method
Denominator	Total number of target audience surveyed
Disaggregation	Marital status, sex, region, age
Data collection frequency	Annually, semi-annually, or quarterly
Data source	Household survey, phone survey, SMS survey, social media survey
Method of measurement	Repeated longitudinal or cross-sectional survey. Sample question: • Are you or your partner currently doing something or using any method to delay or avoid getting pregnant? • Which method of FP are you currently using?
Known data limitation	Projects must determine the limitations of the data used to construct this indicator: • Current use may be under-reported if a woman is hiding FP use from her partner.
Changes to the indicator	Projects must document (including the date) any means by which they adapt this indicator, which will allow better interpretation of routine data in the longer term by projects and their stakeholders.
Last updated on	

INDICATOR 11: PERCENT OF MODERN FP USERS INTENDING MODERN FP METHOD CONTINUATION

Result measured	Behavioral intention—Outcome
Purpose	Measuring intention to continue modern FP use, although not necessarily continuity of method, and how intention changes over time within defined communities of users.
Precise definition(s)	Projects must decide: • **Who is the target audience?**: For example, men and women 15 to 49 years of age who are currently using any modern FP, or their partner is currently using a method, and report that they intend to continue using a method. • **Modern methods include:** Lactational amenorrhea method (LAM), standard days method, condoms, diaphragm, emergency contraception, oral contraceptives (pill), injectables, implant, intrauterine device (IUD), tubal ligation and vasectomy. Individuals who identified brand names of modern methods of contraception, such as Sayana Press, will count as identification of a FP modern method. • **Specified period of time?** In the upcoming 1, 3, 6, or 12 months.
Unit	Persons
Data type	Percentage
Numerator	Total number of target audience currently using a modern FP method and intend to continue to use a modern FP method
Denominator	Total number of target audience currently using an FP method who were surveyed.
Disaggregation	Marital status, sex, region, age
Data collection frequency	Annually, semi-annually, or quarterly
Data source	Household survey, phone survey, SMS survey, social media survey
Method of measurement	Repeated longitudinal or cross-sectional survey. Sample question: Do you think you will continue to use your current FP method to delay or avoid pregnancy? Sample question: Do you think you will continue to use any modern FP method to delay or avoid pregnancy? Sample question: Do you think you will continue to use [currently used method] to delay or avoid pregnancy?
Known data limitation	Projects must determine the limitations of the data used to construct this indicator: • Intention to use does not directly translate into future use. • Interview questions related to intent may be subject to social desirability bias.
Changes to the indicator	Projects must document (including the date) any means by which they adapt this indicator, which will allow better interpretation of routine data in the longer term by projects and their stakeholders.
Last updated on	

INDICATOR 12: COST PER PERSON REACHED BY SBC ACTIVITIES

Result measured	Cost
Purpose	Measuring the costs associated with SBC activities to inform program replication and scale up.
Precise definition(s)	Projects must decide: • **How is reach defined and measured?** There are slight variations in defining reach by SBC activity and can be implemented by: Mass media or community activity–Cost per person *exposed*, which can be assessed based on recall or calculations based on media consumption or estimated crowd sizes; IPC–Cost per person *participating*, such as attending a counseling session; and Text messages–Cost per person *contacted*. • **What constitutes an SBC approach?** SBC approaches may include community engagement, local, mass or social media campaigns, IPC approaches, provider behavior change, stakeholder advocacy, and others. Costs associated with delivery of health services will not be included. • **Financial costs** include costs associated with the design, planning, and implementation of SBC activities. • **Economic costs** include estimated costs of any donated labor, goods, services, and opportunity costs. • **Total cost** includes both financial and economic costs. More details are available in the **SBC Costing Guidelines**
Unit	USD
Data type	Decimal
Numerator	Total cost of SBC program activities
Denominator	Total number of target audience reached by SBC activities
Disaggregation	Region, SBC activity (type)
Data collection frequency	Annual
Data source	Financial records, accounting systems, and interviews with beneficiaries
Method of measurement	Allocation of cost data by time, activity, and cost category
Known data limitation	Projects must determine the limitations of the data used to construct this indicator: • Financial systems may not always allow for disaggregation by type of SBC approach or activity. • Assumptions may be needed for proper cost allocation. • Definitions of reach, in relation to social media, are not yet universal.
Changes to the indicator	Projects must document (including the date) any means by which they adapt this indicator, which will allow better interpretation of routine data in the longer term by projects and their stakeholders.
Last updated on	

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Breakthrough RESEARCH catalyzes social and behavior change (SBC) by conducting state-of-the-art research and evaluation and promoting evidence-based solutions to improve health and development programs around the world. Breakthrough RESEARCH is a consortium led by the Population Council in partnership with Avenir Health, ideas42, Institute for Reproductive Health at Georgetown University, Population Reference Bureau, and Tulane University.