

EU Results Framework Indicator Methodology Note

1. Indicator name
Number of women of reproductive age using modern contraceptive methods with EU support
2. Associated EU Results Framework statement and primary SDG
SDG 3 - Good health and well-being EURF statement - Universal access to quality and affordable comprehensive sexual and reproductive health information and services, including for access to family planning
3. Technical Definition
Number of women of reproductive age (aged 15-49 years) currently using, or whose sexual partner is using a modern contraceptive method with EU support. For analytical purposes, contraceptive methods are often classified as either modern or traditional. Modern methods of contraception include female and male sterilization, oral hormonal pills, intra-uterine devices (IUD), male condoms, injectables, implants (including Norplant), vaginal barrier methods, female condoms and emergency contraception. Traditional methods of contraception include the rhythm (periodic abstinence), withdrawal, lactational amenorrhea method (LAM) and folk methods. Traditional methods are not counted under this indicator.
4. Rationale (including policy priorities and links to this indicator)
This indicator is usually expressed as a percentage, e.g. contraceptive prevalence rate which uses number of women of reproductive age (15-49 years) at risk of pregnancy in the denominator. Contraceptive prevalence rate is an indicator of health, population, development and women's empowerment. The measure indicates the extent of people's conscious efforts to control their fertility. Increased contraceptive prevalence is, in general, the single most important proximate determinant of inter-country differences in fertility and of ongoing fertility declines in developing countries. It also serves as a proxy measure of access to reproductive health services that are essential for meeting many of the Sustainable Development Goals, especially those related to child mortality, maternal health, HIV/AIDS, and gender equality. When disaggregated by wealth quintile, the number of people using modern contraceptive methods reflects the capacity of the health system to reach all clients in need of health services. The indicator is consistent with the New Consensus for Development which refers to the promotion, protection and fulfilment of the right of every individual to have full control over, and decide freely and responsibly on matters related to their sexuality, sexual and reproductive health. The EU aid provided in support of increasing contraceptive prevalence rate is delivered via global interventions - especially through UNFPA Supplies - and through bilateral health sector support.
5. Level of disaggregation and other reporting requirements
Disaggregate by age group (with special emphasis measuring contraceptive use amongst adolescents)

15-19 years of age), place of residence (urban/rural) and by wealth quintile.

6. Data Sources (including issues on different definitions by source and level of availability of the data)

Household surveys: Contraceptive prevalence is generally estimated from nationally representative sample survey data. Household surveys that can generate data for this indicator include Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), Fertility and Family Surveys (FFS), Reproductive Health Surveys (RHS) and other surveys based on similar methodologies. Frequency of such surveys varies, but is approximately of 3-5 years.

Health facilities reporting systems: Service/facility records could be used to calculate achievements against this indicator but quality of data from Health Information Systems (HIS) varies considerably from country to country. Moreover, routine HIS data are often limited to the public sector in countries with less advanced HIS, while private sector/non-state actors might provide a substantial proportion of family planning services.

When possible, routine reporting through HIS complemented by reporting systems used by private sector/non state actors is the preferred source of data for this indicator as this would enable monitoring of achievements on a regular basis. Household surveys complement the data and will give an indication about the quality of routine monitoring. However, discrepancies are likely to occur between figures collected through surveys at the household level and those collated through routine reporting systems at health facility level.

Data sets are frequently limited to married women, and those in stable union and do not always include all sexually active women (irrespective of marital status).

In countries where the EU support is provided through general budget support, health sector budget support or substantial intervention funding, national level data should be used for reporting purposes. Any additional data from specific EU funded interventions will need to be obtained from implementing partners' reporting (annual reports, surveys, evaluations etc.) only if these data are not already included in national statistics.

7. Data calculation (including any assumptions made)

Number of women of reproductive age who are currently using, or whose sexual partner is using, a modern method of contraception with EU support.

Attention must be paid to avoid double counting between figures reported by interventions managed by EUDs and those reported by centrally-managed support to global interventions (UNFPA Supplies). Correction of this double counting will be done at HQ level.

8. Worked examples

In the targeted region of Bangladesh where an EU intervention is supporting improving modern contraception access for ongoing and new users, the use of modern contraception was 83% of women in 2017. The calculation of the final value of number of women reached is calculated based on the total number of women of reproductive age (988 259) in the target region multiplied by the coverage achieved. Consequently, the final value reported for 2017 was 820 255 (988 259 x 83%) women using

modern contraception (new users/ongoing users)
9. Is it used by another organisation or in the framework of international initiatives, conventions, etc? If so, which?
<p>Related indicators include:</p> <ul style="list-style-type: none"> • The "Contraceptive prevalence rate" which is one of the indicators included in the WHO global reference list of 100 core health indicators. • The "percentage of women of reproductive age (aged 15-49) who have their need for family planning satisfied with modern methods" which is part of the SDG global indicators framework (SDG 3.7.1), while the indicator "demand satisfied with modern methods" is also part of the composite SDG indicator - Universal Health Coverage index (SDG 3.8.1)- measuring coverage of 16 tracer interventions.
10. Other issues
<p>Data on contraceptive prevalence rate are available for 179 countries and areas, and for 155 countries and areas there are at least two available data points.</p> <p>The global dataset is updated annually by the United Nations Population Division.</p>