

## Global Europe Results Framework Indicator Methodology Note

1. Indicator name
<p><b>GERF 2.34: Number of women of reproductive age using modern contraception methods with EU support</b></p>
2. Technical details
<p><i>Please use the information provided in OPSYS or the SWD.</i></p> <p><u>Results Dashboard code(s)</u>: 65250.</p> <p><u>Unit of measure</u>: Number of (#).</p> <p><u>Type of indicator</u>: Quantitative (not Qualitative) – Numeric (not Percentage); Actual ex-post (not estimated or ex-ante); Cumulative (not annual); Direct (not indirect).</p> <p><u>Level of measurement</u>: Specific Objective – Outcome; Direct Output; Output.</p> <p><u>Disaggregations</u>: Age group - Results framework for Food Insecurity and Contraception (0-4; 5-14; 15-19; 20+).</p> <p><u>DAC sector codes</u>: 13020 – Reproductive health care.</p> <p><u>Main associated SDG</u>: 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.</p> <p><u>Other associated SDGs</u>: 3.1 maternal mortality; 3.2 death of newborns and small children; 3.3 communicable diseases; 5.5 women participation and leadership; 5.6 sexual and reproductive health and reproductive rights; 8.6 youth not in employment or education.</p> <p><u>Associated GERF Level 1 indicator</u>: 1.26 Adolescent birth rate per 1,000 adolescents aged 15-19 years (SDG 3.7.2).</p> <p><u>Associated GERF Level 3 indicators</u>:</p> <p>3.10 Amount and share of EU-funded external assistance directed towards supporting social inclusion and human development</p> <p>3.13 Number and share of EU- external interventions promoting gender equality and women's empowerment</p> <p>3.14 Number and share of EU-funded external interventions promoting disability inclusion</p> <p>3.16 Amount and share of EU-funded external assistance qualifying as ODA</p>
3. Policy context and Rationale
<p>The 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</p>

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.

#### 4. Logframe inclusion

**If an intervention generates the result measured by this indicator, then it must be reported in OPSYS.** Corporate targets have been set for the indicators used to monitor the Strategic Plan and the Multiannual Financial Framework (see Section 9). Progress towards these targets is reported annually in the Annual Activity Plan (for the Strategic Plan) and the Programme Performance Statements (for the Multiannual Financial Framework). These values are calculated by aggregating the results reported in OPSYS. These reports ultimately contribute to the Annual Management Performance Report submitted by the European Commission to the Council and Parliament during the annual budgetary discharge procedure. If targets are not met, explanations must be provided. Therefore, it is crucial that all results are recorded in OPSYS.

**There are two ways of doing this:**

1. Include the indicator directly in the logframe (recommended approach);
2. Match the indicator to the closest logframe indicator (only if the indicator was not originally included in the logframe and modification is not possible).

Why? The matching functionality in OPSYS only accommodates reporting current values and does not yet support encoding baselines and targets. This is a significant drawback because targets are a valuable piece of information, especially at the beginning of a Multiannual Financial Framework. Indeed, results take time to materialise as they are the last step in the chain, appearing only after programming, commitments, contracting, and spending have occurred. Targets allow to see what results are expected long before they materialise, which is reassuring to the different stakeholders concerned with accountability. **Therefore, include all corporate indicators directly in the logframe whenever possible, and reserve the matching functionality only for cases when this is not feasible.**

#### 5. Values to report

The following values must be determined in line with the definitions provided in Section 6.

**Baseline value:** the value measured for the indicator in the baseline year. The baseline value is the value against which progress will be assessed.

**Current value:**

- **For logframe indicators:** the most recent value for the indicator at the time of reporting. The current value includes the baseline value which is reported separately for logframe indicators in OPSYS.

- **For matched indicators:** the most recent value for the results achieved at the time of reporting since the start of implementation of the intervention. This value is obtained by taking the most recent value for the indicator at the time of reporting and subtracting off the baseline value which is not reported separately for matched indicators in OPSYS.

Current values will be collected at least once a year and reported cumulatively throughout the implementation period.

**Final target value:** the expected value for the indicator in the target year.

**Intermediate target values** (milestones). A tool has been developed in OPSYS to generate intermediate targets automatically<sup>1</sup>.

- **For outputs:** the intermediate targets are generated using a linear interpolation between the baseline and target values because it is assumed that outputs materialise sooner and more progressively over implementation (than outcomes).
- **For outcomes:** the expected progression over the course of implementation will vary across interventions. During the creation of a logframe, the expected outcome profile must be selected (OPSYS offers four options<sup>2</sup>) and this selection triggers the generation of intermediate targets for all 30 June and 31 December dates between the baseline and target dates for all output and outcome quantitative indicators. All automatically generated intermediate targets values and dates can be subsequently modified by the Operational Manager or the Implementing Partner with the approval of the Operational Manager.

## 6. Calculation of values

*Specify all assumptions made, list definitions for all technical terms, provide any relevant guidance on (double) counting, and include checklist for quality control.*

The value for this indicator is calculated by counting the number of women of reproductive age (15-49 years old) currently using, or whose sexual partner is currently using, a modern contraception method with EU support, using the technical definitions

<sup>1</sup> This has been done in the context of the Primary Intervention Questionnaire (PIQ) for the EAMR. Three new KPIs provide an overall assessment of ongoing interventions (current performance and future performance) and completed interventions (final performance). Scores will be calculated for all INTPA and NEAR interventions participating in the annual results data collection exercise.

- *KPI 10* reflects the relevance, efficiency and effectiveness of ongoing interventions. The information on relevance is provided by the Operational Manager's response to a question in a survey. The information on efficiency and effectiveness is provided either by the logframe data, if sufficient data is available, or the response to a question in a survey, if not.
- *KPI 11* reflects expectations regarding the most probable levels of relevance, efficiency, effectiveness and sustainability that can be achieved by ongoing interventions in the future. In this case, all the information is provided by the Operational Manager's responses to questions in a survey.
- *KPI 12* reflects the relevance, efficiency and effectiveness of completed interventions. The information on relevance is provided by the Operational Manager's response to a question in a survey. The information on efficiency and effectiveness is provided by the logframe data if sufficient data is available, or the response to a question in a survey, if not.

<sup>2</sup> a. *steady progress*: The outcomes are achieved continuously throughout implementation; b. *accelerating progress*: The outcomes are achieved towards the end of implementation; c. *no progress until end*: The outcomes are mostly achieved at the end of implementation; d. *none of the above*.

and counting guidance provided below. Please double check your calculations using the quality control checklist below.

### **Technical Definitions**

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.

The EU aid provided in support of increasing the contraceptive prevalence rate is delivered via global interventions - especially through UNFPA Supplies - and through bilateral health sector support.

### **Counting Guidance**

1. Since some of the modern contraception methods must be implemented by men, the sexual partners of the women of reproductive age who were supported to use modern contraception methods should also be counted.
2. The Gender Action Plan III (GAP III) requires the reporting of gender-diasgregated values if possible and sex-disaggregated values if not. Use intervention data to provide the disaggregation.
3. Double-counting is not allowed: a person can be counted only once in the same reporting period. This means that if the same person benefits from one or more forms of support over one or more years in the same reporting period, from the same intervention or different interventions, this person should be counted only once. To avoid the double counting of people over time, two approaches are possible. If it is possible to reliably estimate the number of people supported in the first year, and the number of new people supported in the following years (i.e. not yet supported during the reporting period in question), these numbers can be added up without the risk of double counting. However, if this information is not available, the maximum result of the reporting period should be used instead. Record the calculations in the calculation method field to facilitate quality control of the values reported. Report the geographic location of the people in the comment field to facilitate quality control of double counting.
4. There is a risk of double counting between values reported by interventions managed by EU Delegations and those reported by centrally managed support to global interventions (e.g. UNFPA Supplies). Quality Managers will implement any corrections needed for this type of double counting.
5. However, there are exceptions to the double-counting rule: people counted under GERF 2.34 can also be counted under the following GERF indicators if the relevant conditions are met:
  - GERF 2.20 *Number of migrants, refugees, and internally displaced people or individuals from host communities protected or assisted with EU support;*
  - GERF 2.39 *Number of people directly benefiting from EU supported interventions that aim to reduce social and economic inequality.*

6. There is a risk of over reporting results relating to the EU contribution to UNFPA Supplies. Historically, the contribution approach to results reporting has been favoured over the more elusive attribution approach. Conceptually, the partnership model combined with EU additionality justified such an approach and practically, it did not seem to make much of a difference. However, in the case of EU contributions to global initiatives, the results reported using a contribution approach are much larger than the results that would be reported using any type of attribution approach. Consequently, results must be scaled to maintain data integrity. The share of the EU contribution in the total budget will be used as the scaling factor because this information is both available and sufficiently meaningful. To ensure coherence, this scaling will be applied to all results generated by interventions for which the EU contribution is less than 50% of the total budget (except for blending and guarantee operations and budget support). Nothing changes for the results to be encoded in OPSYS by the Implementing Partner and approved by the Operational Manager; the total results must continue to be encoded for all interventions. The scaling will be implemented by Quality Managers for the purpose of corporate reporting.

#### **Quality Control Checklist**

1. Has the indicator been included directly in the logframe? Reserve the OPSYS matching functionality only for cases when this is not feasible.
2. If the indicator has been included directly in the logframe, does the current value *include* the baseline value? If the indicator has been matched to a logframe indicator, does the current value *exclude* the baseline value?
3. Are the contraception methods supported modern? Good! Traditional methods are not counted under this indicator.
4. Is the GERF value a whole number? The number of people cannot be a decimal number
5. Did you count the sexual partners of the women of reproductive age who were supported to use modern contraception methods? Good! Some of the modern contraception methods must be implemented by men.
6. Have gender (or sex) disaggregated values been reported? Gender (or sex) disaggregation is mandatory.
7. Does the intervention focus on migration? If so, this result should also be reported under GERF 2.20 *Number of migrants, refugees, and internally displaced people or individuals from host communities protected or assisted with EU support*, if all conditions are verified. Double counting with GERF 2.20 is allowed.
8. Does the intervention focus on inequalities? If so, this result should also be reported under GERF 2.39 *Number of people directly benefiting from EU supported interventions that aim to reduce social and economic inequality*, if all conditions are verified. Double counting with GERF 2.39 is allowed.
9. Has any other double counting been avoided? People should be counted only once, except for the cases mentioned above.
10. Have all calculations been recorded in the calculation method field? Has all relevant information, including the geographic location of results, been reported in the comment field?

#### **7. Examples of calculations**

In the targeted region of Bangladesh where an EU intervention is supporting improving access to modern contraception 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 (83%). Consequently, the final value reported for 2017 was  $988\,259 \times 83\% = 820\,255$  women using modern contraception (new and ongoing users)

#### 8. Data sources and issues

*Please use the data source categories specified in OPSYS.*

EU intervention monitoring and reporting systems: *Progress and final reports for the EU-funded intervention; EU-funded feasibility or appraisal reports; Baseline and endline surveys conducted and budgeted by the EU-funded intervention.*

Public sector reports: *National statistical report; Demographic and Health Surveys (DHS), <https://www.dhsprogram.com/>; Fertility and Family Surveys (FFS); Reproductive Health Surveys (RHS), <http://ghdx.healthdata.org/series/reproductive-health-survey-rhs>.*

International organisation data portals and reports: *UNICEF Multiple Indicator Cluster Survey (MICS).*

*Include any issues relating to the availability and quality of the data.*

#### 9. Reporting process & Corporate reporting

The data collected on this indicator will be reported in OPSYS by the Implementing Partner. The values encoded in OPSYS will be verified, possibly modified and ultimately validated by the Operational Manager. Once a year the results reported will be frozen for corporate reporting. The methodological services in HQ that are responsible for GERF corporate reporting will perform quality control on the frozen data and aggregate as needed to meet the different corporate reporting requirements.

This indicator is used for corporate reporting in the following contexts:

- *NDICI via the Annual Report*
- *NDICI via the Programme Statements*
- *INTPA Strategic Plan via the Annual Activity Report*
- *NEAR Strategic Plan via the Annual Activity Report*
- *FPI Strategic Plan*

This indicator has been included in the following other Results Measurement Frameworks:

- *EFSD+*
- *GAP III*
- *IPA III*
- *TEI-MORE*

#### 10. Other uses

GERF 2.34 can be found in the following thematic results chains:

- [Sustainable cities](#)

GERF 2.34 can be found in the following groups of EU predefined indicators available in OPSYS, along with other related indicators:

- Digitalisation

External bodies using the same or similar indicator:

At the global level, the total number of women, aged 15 to 49 years, who are currently using any modern method of contraception is one of the Family Planning 2020 indicators and is estimated using the Track20's Family Planning Estimation Tool (FPET) and data from the United Nations Population Division which includes national surveys. The estimation involves multiplying the modern contraceptive prevalence rate (mCPR) in a given year by the estimated number of women of reproductive age in the same year. Values are regularly reported for the UNFPA Supplies partnership countries.

Related indicators include:

- 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);
- The "demand satisfied with modern methods" which is part of the composite SDG indicator Universal Health Coverage index (SDG 3.8.1).

## 11. Other issues

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.

The global dataset is updated annually by the United Nations Population Division.