Family Planning through the lens of global strategies, measurement and human rights

Family Planning Indicators
Session 3

An Online Evidence-based Course 2021

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research for impact
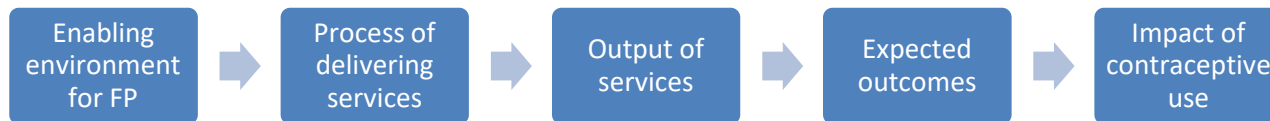UNDP·UNFPA·UNICEF·WHO·THE WORLD BANK

Health indicators

❑ Term "indicator" derived from the Latin "indicare", meaning to announce, point out or indicate.

❑ Health indicators are quantifiable characteristics of a population used as supporting evidence for describing the health of a population[1]

❑ Ideal health indicators:

  – Valid: It must measure what it is supposed to measure

  – Reliable: Same result if measured by different people

  – Sensitive: They should show variations in different situations

  – Specific: Changes must occur only in the situation concerned

  – Practical/feasible: Data for the indicator readily available

1 Health indicator. Wikipedia, 2021.
https://en.wikipedia.org/wiki/Health_indicator#:~:text=Health%20indicators%20are%20quantifiable%20characteristics%20of%20a%20population,evidence%20for%20describing%20the%20health%20of%20a%20population.
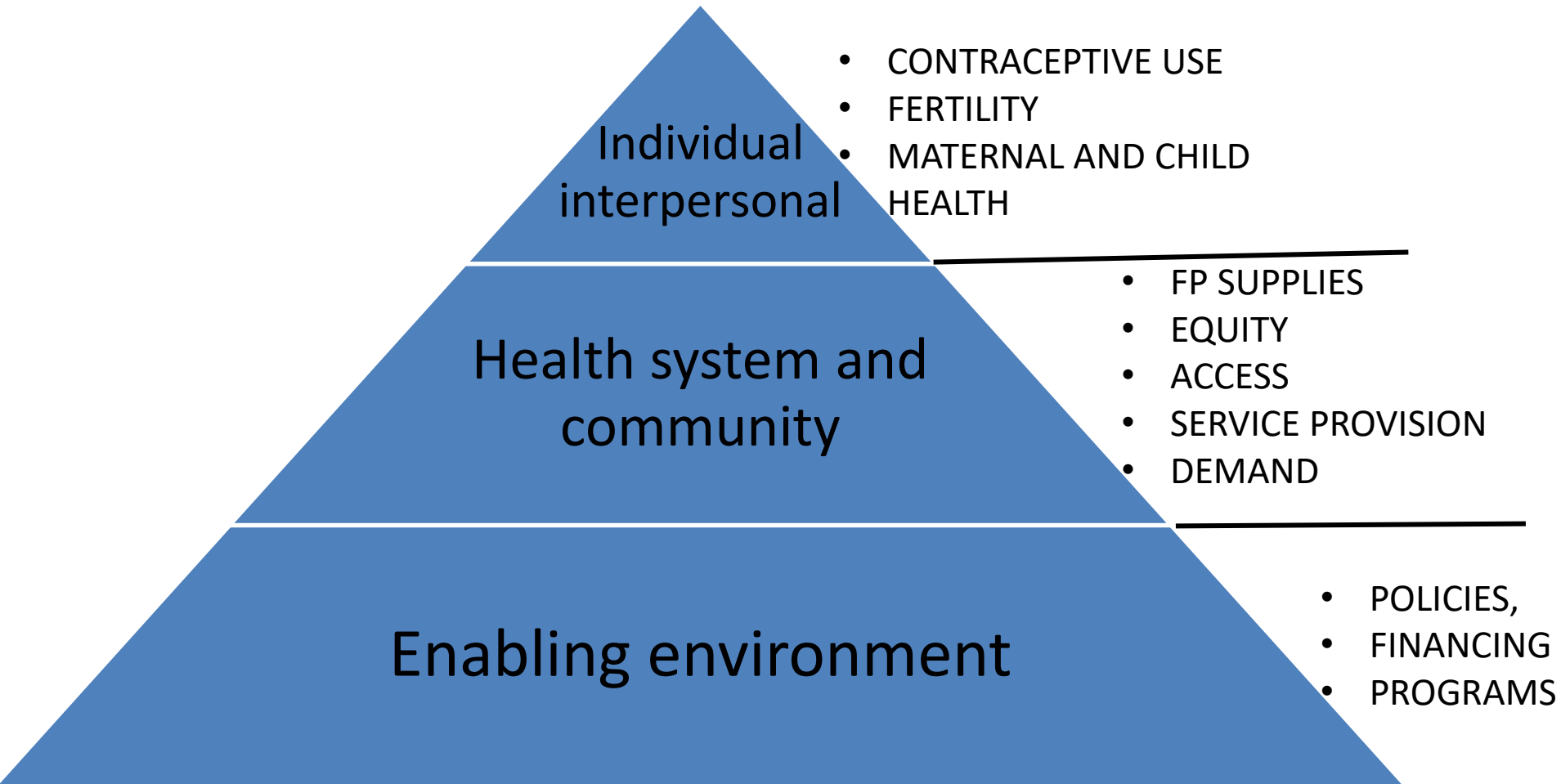
Family planning indicators

❑ The family Planning Reproductive Health Data base lists 90 indicators including covering different aspects such as source of supply, method type, integration with other services, counseling and information, continuation and discontinuation, fertility, pregnancy spacing and timing[1]

❑ FP included in 3 SDG indicators
   – Indicator 3.7.1: Demand satisfied with modern methods
   – Indicator 5.6.2: Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education
   – Indicator 5.6.1: Women's ability to make their own informed decisions about their sexual and reproductive health

❑ FP2020's 18 Core Indicators based on a results chain measuring

Enabling environment for FP	→	Process of delivering services	→	Output of services	→	Expected outcomes	→	Impact of contraceptive use

1 Measure Evaluation: Family Planning and Reproductive Health Indicators Database.
https://www.data4impactproject.org/prh-family-planning-and-reproductive-health-indicators-database/

At what level do family planning indicators measure

Individual interpersonal
- CONTRACEPTIVE USE
- FERTILITY
- MATERNAL AND CHILD HEALTH

Health system and community
- FP SUPPLIES
- EQUITY
- ACCESS
- SERVICE PROVISION
- DEMAND

Enabling environment
- POLICIES,
- FINANCING
- PROGRAMS

Common enabling environment indicators

❑ Domestic government family planning expenditures

❑ Donor expenditures on family planning

❑ Laws and regulations that guarantee full access to family planning services

❑ Evidence that preservice and/or in service curricula includes postpartum postpartum family planning

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Common health system / community indicators

- Stock outs: Percentage of facilities stocked out, by method offered, on the day of assessment.

- Method availability: Percentage of primary SDPs that have at least 3 modern methods of contraception available on day of assessment.

- CYP: Couple-Years of Protection.

- Method Information index: An index measuring the extent to which women were given specific information when they received family planning services.

- Unmet need: Percentage of women with an unmet need for modern methods of contraception.

- Number or percent of service delivery points which offer a range of appropriate contraceptive options for postpartum women.

- Percent of postpartum women with unmet need for contraception.

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Common individual level indicators

- ❑ mCPR: Modern contraceptive prevalence rate Percentage of women using a modern method of contraception.

- ❑ Demand Satisfied: Percentage of women whose demand is satisfied with a modern method of contraception.

- ❑ Discontinuation & Method Switching: 12-month contraceptive discontinuation and switching rate.

- ❑ Method Mix: Percentage of women using each modern method of contraception.

- ❑ Unintended Pregnancies: Number of unintended pregnancies.

- ❑ Number or percent of maternal and child health services clients who received counseling about LAM.

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Sources of data

❑ Population surveys such as the Demographic Health survey (DHS), PMA2020 surveys, Reproductive Health Survey (RHS), Multiple Indicator Cluster Surveys (MICS) and other nationally representative surveys

❑ Service Provision Assessment (SPA) Surveys

❑ Service statistics

❑ Logistic reports

❑ Financial tracking such as the WHO Commission on Information and Accountability and the UNFPA-NIDI FP resource flows survey

Understanding specific FP indicators

- ❑ CPR

- ❑ Demand Satisfied

- ❑ Unmet need

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Contraceptive prevalence rate

❑ The percentage of women who are using (or whose partner is using) a contraceptive method at a particular point in time.

❑ Numerator can include:

– All methods

– Modern methods

❑ The denominator used can be:

– All reproductive age (15-49 years) women

– All women in union (married)

❑ Can be disaggregated by wealth quintile, age, urban/rural, ethnicity

Unmet need

❑ The percentage of fecund women of reproductive age who want no more children or to postpone having the next child but are not using a contraceptive method.

❑ Women using a traditional method are assumed to have an unmet need for modern contraception.

❑ Women who are pregnant or less than six months postpartum who did not intend to become pregnant at the time they conceived and were not using a contraceptive method are assumed to have an unmet need for modern contraception.

❑ Though the concept seems straightforward, the calculation is extraordinarily complex. In DHS, its calculation is based on answers to 15 questions

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Demand satisfied

The percentage of fecund women of reproductive age who want no more children or to postpone having the next child, and are currently using a contraceptive method

Related to CPR and Unmet need

Understanding demand satisfied

Out of 100 married or in-union women in...

Niger

15 — Are using modern contraception (mCPR)

20 — Have an **unmet need** for modern contraception

65 — Have no need for modern contraception

mCPR

$$\frac{15}{15 + 20} = 43\%$$ **DEMAND SATISFIED**

mCPR   unmet need

Djibouti

23 — Are using modern contraception (mCPR)

31 — Have an **unmet need** for modern contraception

46 — Have no need for modern contraception

mCPR

$$\frac{23}{23 + 31} = 43\%$$ **DEMAND SATISFIED**

mCPR   unmet need

Note: Due to rounding, the numbers in this graphic do not exactly match mCPR, unmet need, and demand satisfied figures (married or in-union women) for Niger and Djibouti.

Using FP indicators in decision making

❑ The S Curve

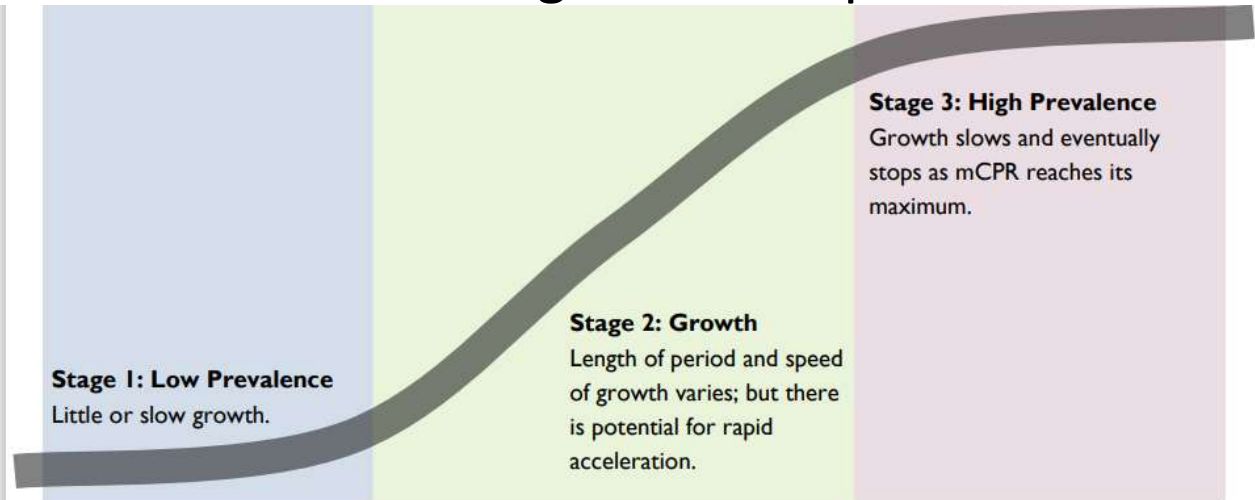❑ Contraceptive prevalence and fertility

❑ The demand curve

The S Curve

Historical data shows us that modern contraceptive prevalence (mCPR) grows in an S-shaped pattern. Understanding this concept can assist in:

Identifying program priorities

Setting realistic targets for growth and contraceptive prevalence goals

Maximizing the potential of obtaining the demographic dividend

Stage 3: High Prevalence
Growth slows and eventually stops as mCPR reaches its maximum.

Stage 2: Growth
Length of period and speed of growth varies; but there is potential for rapid acceleration.

Stage 1: Low Prevalence
Little or slow growth.

What it means for program priorities

During this stage efforts are needed to change social norms around family planning, stimulate demand, and establish the infrastructure and providers to deliver quality family planning services.

During this stage it is important to make sure there are no barriers to services by ensuring contraceptive availability, high-quality services, and continued demand generation. It is also during this stage that countries want to achieve and maintain rapid growth to maximize their ability to transform their population and benefit from the demographic dividend.

During this stage efforts should prioritize equity in mCPR among different sub-groups to ensure that no women are being left behind. Programs at this stage need to focus on long-term sustainability, continued improvements in service quality, and expanding the range of methods available.

What it means for goal setting

Since mCPR will not have much change annually, focus should be on precursor indicators that looks at changes in demand for FP and increased access through system expansion.
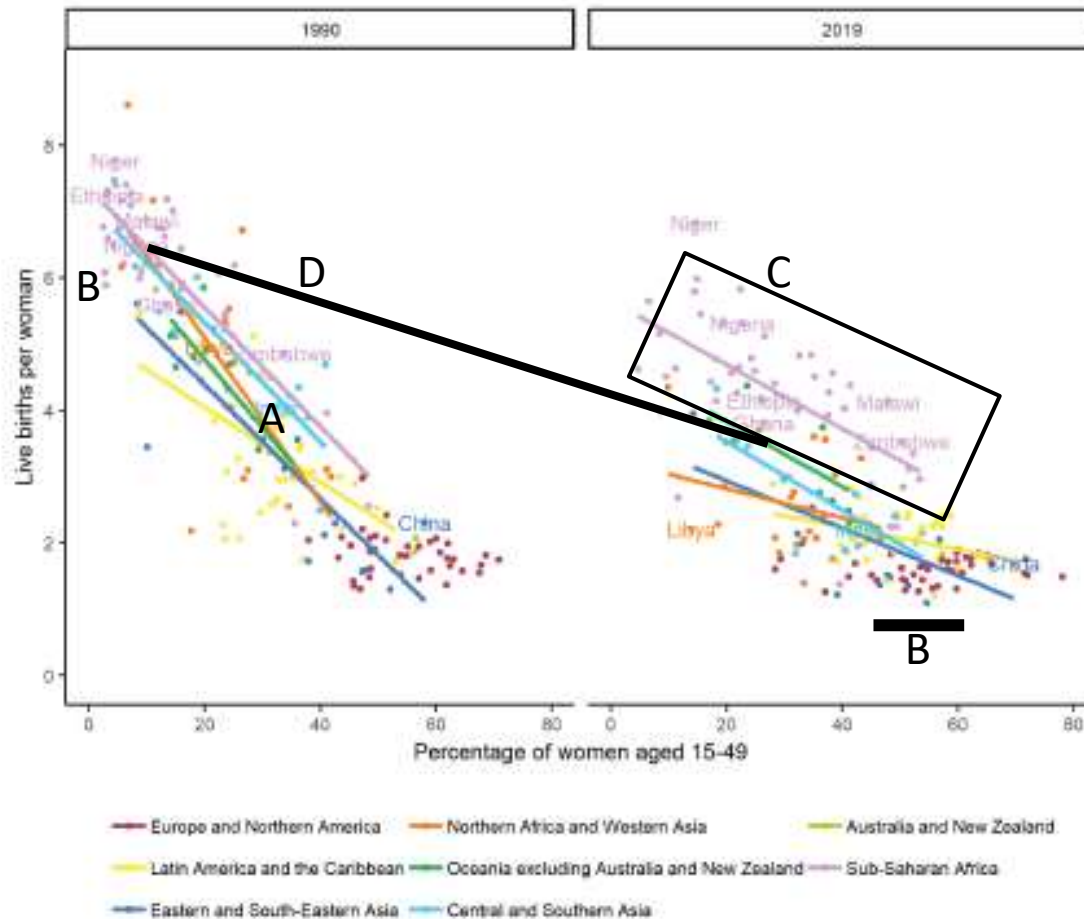
At this stage realistic, but ambitious mCPR goals should be established.

At this stage, rather than focusing on further growth, goals and objectives should be focused on equity indicators and government financial commitments.

For more information visit www.track20.org

TRACK 20
FP2020

Contraceptive prevalence and fertility

Figure 10

Total fertility rate compared to prevalence of contraceptive use among women aged 15–49, 185 countries or areas by region, 1990 and 2019
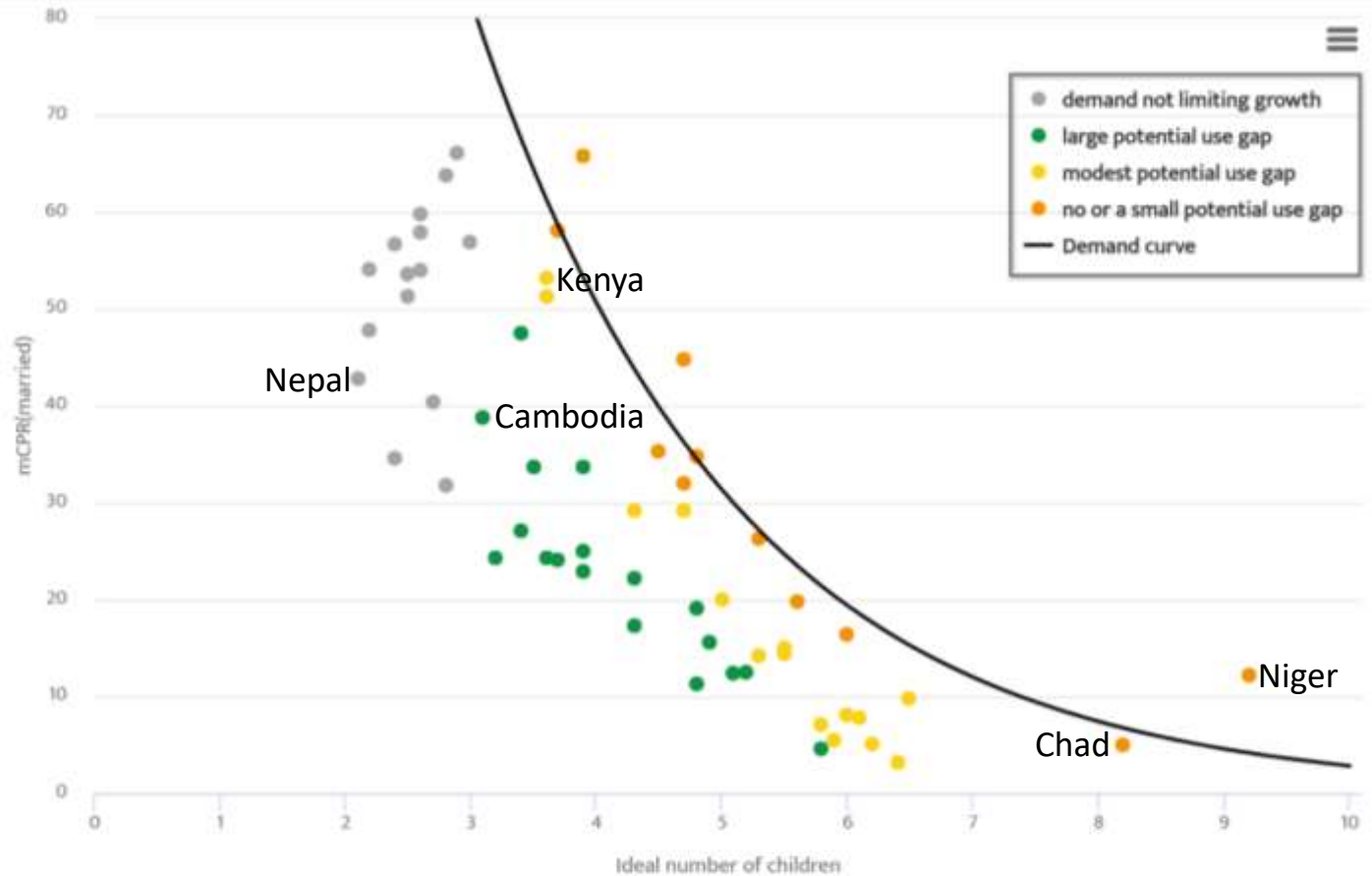
Sources: United Nations Department of Economic and Social Affairs, Population Division (2019b). *Estimates and Projections of Family Planning*

A Inverse relationship between contraceptive use and fertility rates

B Relationship not direct

C high-fertility in sub-Saharan Africa with low fertility in Europe and North America

D Increasing contraceptive use important predictor for reducing fertility

The demand curve

Source: Analysis by Track20

- The curve represents the likely maximum mCPR that could be reached in a country given their level of demand.
- Where gap is small or modest (orange or yellow dot), growth in mCPR may be limited without further changes in demand. Need to prioritize interventions that address underlying social norms orset realistic expectations about future growth.
- Where the gap is large (green dot), likely room for further mCPR growth from investments to improve and expand family planning service delivery. Demand less likely to be a constraint.
- Concept is not applicable where mean ideal number of children is low (grey dot).

Conclusions

❑ Family planning indicators are important health indicators

❑ The indicators vary widely globally and even within countries

❑ Measurement of FP indicators is complex and uses various data sources

❑ FP indicators have important applications for policy and management planning

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Readings and videos

❑ Read the Family Planning and the 2030 Agenda for Sustainable Development Data Booklet
https://www.un.org/en/development/desa/population/publications/pdf/family/familyPlanning_DataBooklet_2019.pdf

❑ Listen to the FP2030 Data Webinar: Advancing the Family Planning Measurement Agenda from 11.30 minutes to 30.20 minutes.
https://www.youtube.com/watch?v=TSuRyETYB_c

❑ If you have questions discuss with your coach and submit any that you would like discussed in the webinar.

Thank you

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