*Note: This PIRS reflects an Accelerator Behavior indicator for which data are readily available through The Demographic and Health Surveys (DHS) Program. The Accelerator Behavior that can be measured using this indicator is shown in the "Name of Result Measured" field below, and can be updated as needed. Data for this indicator are displayed for maternal and child survival priority countries at* [*acceleratorbehaviors.usaid.gov*](https://acceleratorbehaviors.org/index)*. Should a USAID Mission wish to adopt this indicator for its performance monitoring plan, this PIRS should be updated according to the needs of each Mission*.

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| **USAID Performance Indicator Reference Sheet** |
| **Name of Indicator*:*** Current use of any modern method of contraception (sexually active unmarried women) |
| **Name of Result Measured (DO, IR, sub-IR, Project Purpose, Project Outcome, Project Output, etc.):**Sexually active adolescents use a modern contraceptive method to delay first birth until after age 19 |
| **Is This a Performance Plan and Report Indicator?** No [x]  Yes [ ]  for Reporting Year(s)\_\_\_\_\_\_**If yes, link to Foreign Assistance Framework:**  |
| **DESCRIPTION** |
| **Precise Definition(s):** Percentage of sexually active unmarried women age 15-19 currently using any modern method of contraceptionCalculated:* Numerator: Number of sexually active unmarried adolescents age 15-19 currently using any modern method of contraception
* Denominator: Total number of sexually active unmarried women age 15-19
 |
| **Unit of Measure:** Percentage of women |
| **Data Type:** Percentage |
| **Disaggregated by:**  |
| **Rationale for Indicator** *(optional):*This indicator represents a key behavior known to accelerate reduction of maternal and child mortality (<https://acceleratorbehaviors.org/adolescent_first_birth>). Use of a modern method of family planning to delay a woman’s first birth until after the age of 19 can prevent up to 15% of newborn deaths (<https://academic.oup.com/ije/article/36/2/368/718213>). This is a preventive behavior that can be successfully carried out using a number of different modern contraceptive methods. |
| **PLAN FOR DATA COLLECTION BY USAID** |
| **Data Source:** Demographic and Health Survey Program (DHS), indicator ID: FP\_CUSU\_W\_MOD. Data are readily available through the DHS Stat Compiler website: <https://www.statcompiler.com/en/>. Secondary source: UNICEF Multiple Indicator Cluster Survey (MICS). |
| **Method of Data Collection and Construction:** DHS Household survey, Woman’s Questionnaire. Available here: <https://dhsprogram.com/publications/publication-dhsq7-dhs-questionnaires-and-manuals.cfm> |
| **Reporting Frequency:** Approximately every 5 years |
| **Individual(s) Responsible Data at USAID:**  |
| **TARGETS AND BASELINES** |
| **Baseline Timeframe:** |
| **Rationale for Targets** *(optional):* |
| **DATA QUALITY ISSUES** |
| **Date of Data Quality Assessments and Name(s) of Reviewer(s):**  |
| **Date of Future Data Quality Assessments** *(optional)****:***  |
| **Known Data Limitations:** Validity: This indicator does not capture contraception use of married adolescents between ages 15-19 and therefore misses an important at-risk segment of the population. Timeliness: DHS survey timing may not align with program cycles and may be too infrequent for planning. However, data from MICS and DHS surveys combined may sufficiently bridge data gaps, as their timing alternates to provide more consistent data. USAID Missions may also wish to incorporate the same DHS questions and methodology into their own population-based surveys to ensure timeliness, though results may not be fully comparable to DHS and MICS. |
| **CHANGES TO INDICATOR** |
| **Changes to Indicator:** |
| **Other Notes** *(optional)***:**  |
| **This Sheet Last Updated On:** December 22, 2017 |