STANDARD SECTOR INDICATOR CODE: HE-037	**Individuals Who Report Using a Modern Contraceptive Method:** Number of sexually active individuals reporting that they are using a modern contraceptive method	
HEALTH SECTOR	**Sector Schematic Alignment** • **Project Area:** Life Skills for Healthy Behaviors • **Project Activity Area/Training Package:** Youth Sexual and Reproductive Health	
Type: Intermediate-term Outcome	**Unit of Measure**: Sexually Active Individuals	**Disaggregation:** **Sex:** Male, Female **Age:** 10-14 years, 15-17 years, 18-24 years, 25+ years **Privacy:** Anonymous

To be counted for this indicator the following criteria must be met:

- The individual was not using a modern contraceptive method when initially assessed by the PCV
- The individual must have consistently participated in a in a PCV or partner group that encouraged the use of modern contraceptive methods for at least 3 months
- The individual must report that they and/or their partner has consistently practiced one of the following behaviors during the past year, **and** that on last sex they were protected from getting pregnant by using: female sterilization; male sterilization; the pill; the IUD; injections (such as Depo-Provera); implants (such as Norplant); the female condom; the male condom; the diaphragm or cervical cap

Definitions:

Use of a modern method contraceptive is defined as the individual or their partner reporting they used a modern contraceptive method

Modern contraceptive methods include: female sterilization, male sterilization, the pill, the IUD, injections (such as Depo-Provera), implants (such as Norplant), the female condom, the male condom, the diaphragm or cervical cap. Non-modern contraceptive methods include foam or jelly when used alone, rhythm method, withdrawal, lactational amenorrhea, and abstinence.

Rationale: Improving reproductive health is central to achieving the Millennium Development Goals on improving maternal health, reducing maternal and infant mortality and promoting family planning, so that women can avoid unwanted pregnancy. Premarital exposure to pregnancy risk has increased, with a widening gap between sexual debut and age of marriage, and increased sexual activity prior to marriage, placing young women at increased risk of pregnancy when they are most socially and economically vulnerable. Increasing modern contraceptive decreases unwanted pregnancies and STI in youth.

Measurement Notes:

1. **Sample Tools and/or Possible Methods (for Peace Corps staff use):** Volunteers should use data collection tools to measure progress against project indicators. A data collection tool to measure this indicator could be based on one of the following methods—survey or interview—though there may be other data collection methods that are appropriate. Please check PCLive for data collection tools. Once a tool has been developed, post staff should have a few Volunteers and their partners pilot it, and then distribute and train Volunteers on its use.

2. **General Data Collection for Volunteer Activities:** All Volunteer activities should be conducted with the intention of achieving outcomes – knowledge change (short-term), skills demonstration (intermediate-term), and

behavioral changes (intermediate to long term) as defined by the progression of indicators within the objectives of a project framework. The progression of measurement for all Volunteer activities should begin with baseline data being conducted prior to the implementation of an activity (or set of activities), followed by documenting any outputs of the activities and then later at the appropriate time, measurements of specific outcomes (see the bullet on "frequency of measurement").

3. **Activity-Level Baseline Data Collection:** Activity-level baseline data should be collected by Volunteers/partners before or at the start of their activities with an individual or group of individuals. It provides a basis for planning and/or assessing subsequent progress or impact with these same people. Volunteers should take a baseline measurement regarding the outcome(s) defined in this data sheet. Volunteers should collect baseline information early in their work with youth, and may use their judgment to determine timing because the information will be more accurate if the Volunteer has built some trust with the target population first. The information for the baseline measurement will be the same or very similar to the information that will be collected in the follow-on measurement (see the bullet on "frequency of measurement") after the Volunteer has conducted his/her activities and it is usually collected using the same data collection tool to allow for easy management of the data over time.

   Because Volunteers are expected to implement relevant and focused activities that will promote specific changes within a target population (see the "unit of measure" above), taking a baseline measurement helps Volunteers to develop a more realistic snapshot of where individuals within the target population are in their process of change instead of assuming that they are starting at "0." It also sets up Volunteers to be able to see in concrete terms what influence their work is having on the individuals they work with during their service. Please note that data collection is a sensitive process and so Volunteers will not want to take a baseline measurement until they have been able to do some relationship and trust-building with the person/people the Volunteer is working with, and developed an understanding of cultural norms and gender dynamics.

4. **Frequency of Measurement:** For reporting accurately on this outcome indicator, Volunteers must take a minimum of two measurements with members of the target population reached with their activities. After taking the baseline measurement (described above), Volunteers should take at least one follow-on measurement with the same individual(s), typically after completing one or more activities focused on achieving the outcome in this indicator and once they have determined that the timing is appropriate to expect that the outcome has been achieved. Please note that successful documentation of a behavior change or new practice may not be immediately apparent following the completion of activities and may need to be planned for at a later time. Once Volunteers have measured that at least one individual has achieved the indicator, they should report on it in their next VRF.

   Volunteers may determine to take more than one baseline and one follow-on measurement with the same individual (or group of individuals) for the following valid reasons:

   - Volunteers may want to measure whether or not any additional individuals initially reached with activities have now achieved the outcome in the indicator, particularly for any activities that are on-going in nature (no clear end date);
   - Volunteers may want to enhance their own learning and the implementation of their activities by using the data collected as an effective monitoring tool and feedback mechanism for the need to improve or increase their activities;
   - A Peace Corps project in a particular country may choose to increase the frequency of measurement of the indicator and Volunteers assigned to that project will be required to follow in-country guidance.

In all cases, any additional data collection above the minimum expectation should be based on the time, resources, accessibility to the target population, and the value to be gained versus the burden of collecting the data. Following any additional measurements taken, Volunteers should report on any new individuals achieving the outcome in their next VRF.

5. **Definition of Change:** The minimum change to report against this indicator is a sexually active youth reported that they are using a modern contraceptive as compared to what was measured initially at baseline. In the case of this indicator, if the person the Volunteer/partner works with already uses modern contraception before beginning to work with the Volunteer/partner, then the Volunteer would not be able to count him/her for this activity because the Volunteer's work did not actually lead to the desired change. However, if as a result of working with the Volunteer/partner, the individual decided to start using modern contraception that would count because the Volunteer's work influenced adding value to an existing product.

6. **General Reporting in the VRF**: The "number achieved" (or numerator) that Volunteers will report against for this indicator in their VRFs is the number of sexually active youth reporting that they are using a modern contraceptive after working with the Volunteer/partner. The "total number" (or denominator) that Volunteers will report on for this indicator in their VRFs is the total number of individuals who participated in the activities designed to meet this indicator.

7. **Reporting on Disaggregated Data in the VRF:** This indicator is disaggregated by "Sex" and "Age" but can also be reported anonymously. When reporting in the VRF, a Volunteer should disaggregate the individuals who achieved the outcome based on male and female in the following age groups: 10-14 years, 15-17 years, 18-24 years, and 25+ years. If the individuals prefer to report the information anonymously, try and collect the individual's sex and age. This can be done, for example, by breaking up participants into appropriate age-groups first.

Data Quality Assessments (DQA): DQA are needed for each indicator selected to align with the project objectives. DQAs review the validity, integrity, precision, reliability, and timeliness of each indicator. For more information, consult the Peace Corps MRE Toolkit.

Alignment with Summary Indicator: No Link