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Partners in Population and Development Africa Regional Office (PPD ARO)

1st March, 2011

Partners in Population and Development is deeply committed to reducing poverty and improving the lives and health of our people and communities. We welcome the establishment of the Commission on Information and Accountability for Women and Children's Health, and the Working Group on Results.

One of your first tasks is one of utmost importance – to develop a core set of indicators to measure the progress towards improving the health and well being of women and children. We welcome the proposal to reduce the reporting burden on countries, and to make use of indicators already in use in existing reporting frameworks such as those for the Millennium Development Goals (MDGs) and Countdown 2015. We are very supportive of your focus on MDG5, particularly the target 5b – Universal Access to Reproductive Health (RH).

We urge you to ensure that **access to family planning is tracked through the accountability framework. Contraceptive Prevalence Rate and/or unmet need for family planning** are high level indicators which should be included as indicators for the GSWACH Accountability Framework. These are indicators for MDG5b and are critical to measuring progress towards MDG5b – universal access to RH.

Giving women access to the family planning commodities and services they want and need is a cornerstone of good reproductive, maternal and child health. Research by the Guttmacher Institute indicates that in Africa only 17% of married women are using a method of contraception, and about 60% of women who wanted to avoid a pregnancy were not using a modern method of contraception. 39% of pregnancies in the region are unintended. Meeting the family planning needs of women in Africa would reduce unintended pregnancies by 77%, and there would be a 69% reduction in maternal mortality, and a 57% decline in newborn deaths. The health impact for women and children of meeting unmet need for family planning is far reaching. Tracking **progress towards access for family planning by measuring unmet need for family planning or the Contraceptive Prevalence Rate** should be a cornerstone of a framework to measure improvements to the health of women and children.

We applaud the Commission's commitment to human rights and equity. The current MDG targets are aggregate and do not capture inequalities between, and within countries. We call on you to **disaggregate indicators by age, wealth quintile, marital status and geographical location**. Disaggregating the data in this way will tell us if we are reaching the poorest and most vulnerable women, especially young women, and enabling them to exercise their right to limit and space their pregnancies, and achieve universal access to RH.

We call on the Working Group on Accountability for Results to champion the right of all women, and young women, particularly the poorest and most vulnerable in society to access RH services. A **disaggregated indicator for meeting unmet need for family planning** will go a long way in supporting

this and ensuring that those women who choose to limit and space births are able to do so in safety and without experiencing stigma.

Sincerely,

A handwritten signature in blue ink, appearing to be 'J. Musinguzi', with a stylized, wavy line extending from the end.

Jotham Musinguzi, MD, MPH
Regional Director