

Age-Disaggregated Data

Improves Family Planning Policies and Programming



Policymakers rely on a variety of data sources to make decisions about health programs. Programming is most effective when based on data that accurately reflect differences in health outcomes by age. In Zambia, health information systems currently lack data disaggregated by age, so policymakers miss out on understanding key aspects of adolescents' health and well-being. Fortunately, Zambian policymakers are committed to addressing gaps in adolescent data availability within the health information systems (see box at right).

Family Planning 2020 Revitalized Commitment

In 2017, Zambia committed to a two-pronged approach to addressing barriers in adequate access to sexual and reproductive health services for adolescents and youth:

1. Foster collaboration among the Ministries of Health, Higher Education, General Education, Community Development and Social Welfare, and Youth, Sport, and Child Development.
2. Improve the collection and analysis of age-disaggregated data in its national information systems.

Source: Family Planning 2020 (FP2020), *Family Planning 2020 Commitment Government of Zambia* (Washington, DC: FP2020, 2017).

Why Does Age Disaggregation Matter?



Research shows that age strongly impacts health outcomes, particularly during adolescence, when health patterns are established and can have long-lasting impacts into adulthood. Data in health information systems can be disaggregated by age to **increase understanding** of when adolescents and youth start having sex, using contraceptives, and giving birth (see figure on next page).



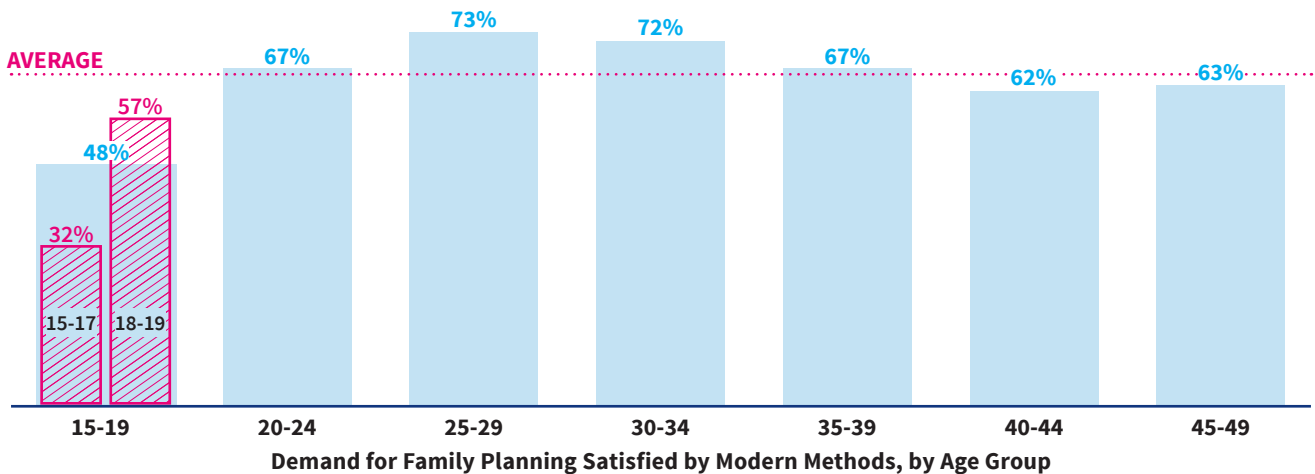
In 2019, Zambia recorded 480,000 additional users of modern contraception since the start of the Family Planning 2020 (FP2020) initiative in 2012. In the absence of disaggregated data, it is unknown how many of these new users are adolescents and youth. Disaggregated data will help policymakers target investments to address inequities within adolescent and youth populations and be used to **inform policy design and program implementation, particularly at the sub-national level.**



Routine collection of age-disaggregated data will allow decisionmakers to be more responsive in targeting sexual and reproductive health (SRH) services and **improve their ability to track progress** in reaching adolescents and youth. With 34 percent of Zambia's current population between the ages of 10 and 24, routine data collection will be helpful for future decisionmaking.

When Data Are Disaggregated by Age, Inequities Are Revealed

Adolescents are **less likely** to have their demand for family planning met by modern contraceptives.



Source: Central Statistical Office of Zambia (CSO), Ministry of Health of Zambia (MOH), and ICF International, Zambia Demographic and Health Survey (Rockville, MD: CSO, MOH, and ICF, 2019).

Zambia Is Missing Opportunities to Disaggregate National Data

Health facilities identify the sex and age of each patient in their records, but the data are aggregated and summarized before being entered into the national health information system. As a result, the summary data decisionmakers see often do not account for differences by age or sex. To overcome this absence, decisionmakers often rely on sources such as the Demographic and Health Surveys for disaggregated information. Although surveys have a wealth of information, they are published infrequently and so are not optimal sources for annual programming.

A Path Forward

Disaggregate National Family Planning Data by Age

Zambia has made progress towards sex and age disaggregation of health data but needs to invest more in evidence-driven policies and programmes for adolescent and youth family planning. The use of disaggregated data will lead to more effective programmes, saving costs and increasing impact.

To meet FP2020 commitments and improve health outcomes for all Zambians, the Ministry of Health should:

Review and revise indicators to support disaggregation of raw data in registers and summary reports at the facility level.

Increase integration and collaboration between ministries to ensure evidence-based SRH programming.

Advocate for increased disaggregation within the health information system during future revisions of tools to better capture data in the post-FP2020 agenda.

REFERENCES

Brittany S. Iskarpatyoti and Abby Cannon, *Barriers to and Facilitators of Sex- and Age-Disaggregated Data: Zambia* (Chapel Hill, NC: MEASURE Evaluation, 2017).

Susan M. Sawyer et al., "Adolescence: A Foundation for Future Health," *The Lancet* 379, no. 9826 (2012): 1561-1676.

The Track20 Project, *FP2020 Core Indicator Summary Sheet: 2017-2018 Annual Progress Report*, 2019.

UNICEF, *Collecting and Reporting of Sex- and Age-Disaggregated Data on Adolescents at the Sub-National Level* (New York: UNICEF, 2016).

United Nations (UN), Department of Economic and Social Affairs, Population Division, *World Population Prospects 2019: Volume II: Demographic Profiles* (New York: UN, 2019).

MARIE STOPES ZAMBIA

Plot 120 Kudu Road,
Kabulonga
P.O Box 33739
Lusaka
Zambia 10101

Email: info@mariestopes.org.zm

Phone: 5600 (toll free on all networks)

MARIE STOPES ZAMBIA
Children by choice. not chance.

PRB

INFORM
EMPOWER
ADVANCE