



# Additionality Terminology

## 1. Commonly collected routine service statistics data

- **Client visits:** The number of times clients interacted with a provider for contraceptive services. In most cases, the same client is counted multiple times because they come for multiple visits (e.g. four injections over a year). Most HMIS count client visits.
- **Clients served:** The number of clients who received contraceptive services in a given time period, often one year. This is often counted using client-based data systems. This metric is not very common as few systems have a means to track a uniquely identified client across multiple visits (usually an electronic-based system).
- **Commodities distributed / services provided:** This counts the number of contraceptive commodities or products distributed, or services provided to clients (e.g. number of pill cycles, number of IUDs, number of male sterilization services). In some cases, this may be captured at the client level (e.g. counted when products/services are provided to clients), while in other cases they might be counted further back in the supply chain (e.g. counted when products are distributed to a clinic). These counts are often aggregated into couple-years of protection (CYPs).

## 2. Family Planning Client characteristics: captured routinely or via client surveys

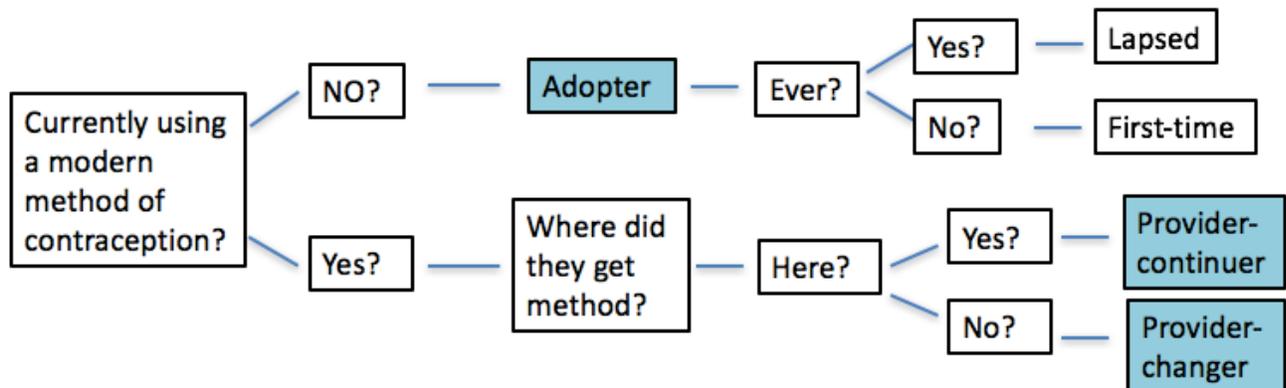
- **First-time user:** A person who starts using modern contraception for the first time in her life.
- **Lapsed user:** A person who has used modern contraception at any time in the past, but is not currently using modern contraception.

*The following three terms are mutually exclusive groups, all clients served fall into one of these three categories. These three terms are collectively referred to as the “client-use profile”.*

- **Adopter:** A client who was not using a modern contraceptive method at the time of her visit, but left the visit with a modern method. This includes *first-time users* and *lapsed users* (see above). The definition of “time of her visit” can vary, such as, today, last month, or last three months.
- **Provider-continuer:** A client who, at the time of her visit, was already using a modern contraceptive method that she received from the same service provider (or same network), and comes back to the same service provider (or network) for another FP service. This individual may choose to resupply their current family planning method or to change methods, and is counted the same regardless of their choice to continue or change methods. The definition of “time of her visit” can vary, such as today, last month, or last three months.

- **Provider-changer:** A client who, at the time of her visit, was already using modern contraception and comes for another family planning service, but who had previously received her family planning from a *different* service provider. This individual may choose to resupply their current family planning method or to choose a new method, and is counted the same regardless of their choice to continue or change methods. The definition of “time of her visit” can vary, such as today, last month, or last three months.

### Client-use profile



### 3. Population-level data (not directly captured in routine data)

- **User:** A person who is currently using contraception, regardless of when the method was received. This is not directly comparable to the number of clients served in a year, because it includes women still using LAPM methods received previously (e.g. a woman who received an IUD service in 2015 may still be an IUD user in 2018). The number of users can be estimated through population-based surveys (e.g. Demographic and Health Surveys, PMA2020, Multiple Indicator Cluster Surveys or national/cross-national surveys), or through modelled estimates of mCPR and WRA (e.g. Family Planning Estimation Tool and UN Population Division estimates) or modelling from service provision data (e.g. Impact 2 – which can estimate users who received services during the current year and LAPM users who received the service in previous years, as well as all users on a regional/national basis).
- **Users served in year X:** Similar to *user* (see above), but only counts those who received their FP method in the specified year. This excludes women still using an LAPM they received in previous years, but may include short-term method users from previous years returning for resupply.
- **Additional user:** This concept does not apply to an individual, but refers to the net number of current contraception users above a specified baseline. In the case of FP2020, the baseline is the number of current contraception users in 2012 in the world’s 69 poorest countries.



Some terms used in the global community to describe additional users add confusion, rather than clarity, to the discussion. The Metrics Working Group recommends that the following terms should no longer be used:

- **New user:** A term that has multiple definitions. It has been used to mean “first time user”, but it has also been defined as new to the provider (e.g. provider-changer), new to the method (e.g. method switcher), not recently using (e.g. lapsed user), and even an additional user. Because of the ambiguity in the term “new user”, and because the concepts are captured in other unambiguous terms, we suggest the term “new user” is no longer used.
- **Acceptor:** A term that has multiple definitions. It has been used to mean “first time user”, but it has also been defined as new to the provider (e.g. provider-changer), new to the method (e.g. method switcher), not recently using (e.g. lapsed user), using after an abortion or birth, and even an additional user. Because of the ambiguity in the term “acceptor”, and because the concepts are captured in other unambiguous terms, we suggest the term “acceptor” is no longer used.