Department for International Development

Single Departmental Plan - Results Achieved by Sector in 2015-2017

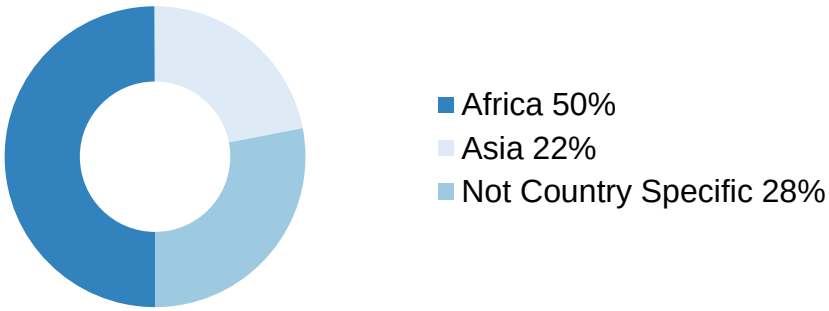
Family Planning

Number of additional women and girls using modern methods of family planning through DFID support

1. Results[1]:

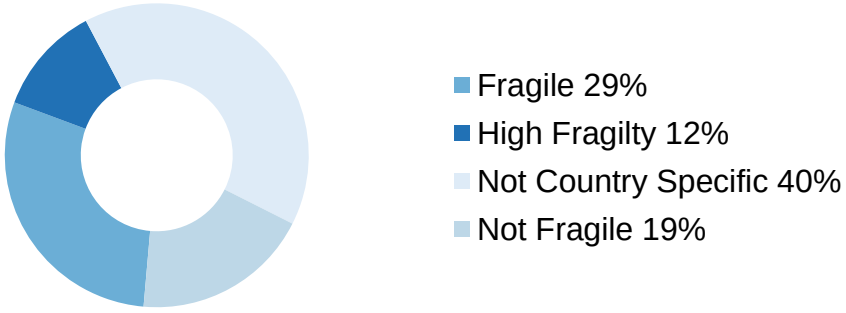
In 2012-2017 DFID reached **8.5 million** of *additional* women using modern methods of family planning through DFID support.

Figure 1: DFID's family planning results by region



From 2012 to 2017, Africa was the largest beneficiary of DFID's family planning programs, with 4.3 million additional women supported. DFID supported 1.8 million additional women in Asia. DFID supported 2.4 million additional women in the word by supporting bilateral programs through multilateral organisations.

Figure 2: Family planning results by fragility level



States are conidered fragile by DFID if they are:

- Fragile states defined based on objective data on state stability from United Nations and the World Bank.

1 Note that all the figures are rounded down to the next 100,000. Rounding may mean that the total figure do not correspond exactly to the sum of the country/department results quoted in the text. For more detailed figures please refer to the 'Results by DFID office and Indicator' dataset.

- Neighbouring countries of fragile states and/or part of the three designated regions: Middle East, North Sahara and South Sahara.

DFID produces an internal listing of fragile state[2] which is used to monitor the UK commitment to focus resources in fragile states. At least 3.5 million additonal women supported by DFID live in fragile states, including 1 million women living in states with a high level of fragility. A further 3.4 million additional women were reached by DFID's region-specific programmes[3], and by supporting bilateral programs through multilateral organisations.

2. Context

Family planning, according to the World Health Organization, allows people to attain their desired number of children and determine the spacing of pregnancies, and is achieved via the use of contraceptive methods.

There is evidence that shows that voluntary family planning saves lives and has the power to boost the development of entire countries[4]. It enables women and girls to complete their education, take up better economic opportunities and to make their own choices about their lives. There are 214 million women in developing countries that want to time, space or prevent a pregnancy but are not using modern methods of family planning[5]. The 2012 London Summit on Family Planning built on existing initiatives to put family planning higher on the global agenda and established the Family Planning 2020 partnership[6]. The UK is a major funder of this partnership.

The Department for International Development, UK (DFID) delivers family planning programmes in support of this movement in developing countries. Results are tracked using the indicator "number of additional women and girls using modern methods of family planning". Additional users are defined as the difference in total family planning users between years. Therefore, this indicator tracks DFID's support to expanding access to family planning in developing countries.

2 According to the Full list of Fragile States and Region in 2017 published by DFID.

3 Results from regional programmes were not included in the fragility disaggregation, since they benefit multiple countries with various level of fragility.

4 https://www.guttmacher.org/report/adding-it-costs-and-benefits-investing-sexual-and-reproductive-health-2014

5 https://www.guttmacher.org/news-release/2017/greater-investments-needed-meet-womens-sexual-and-reproductive-health-needs

6 http://www.familyplanning2020.org/

3. Methodology summary

The following methodology is used to calculate additional users supported by DFID's programmes[7]:

Step 1 - Calculate total family planning users nationally:
Women of Reproductive Age X Modern Contraceptive Prevalence Rate (mCPR)

Step 2 – Calculate additional users nationally:
Net difference in total family planning users between years

Step 3 – Calculate DFID Attributable Fraction: This is typically calculated on the basis of spend as follows:
DFID Attributable Share = (DFID spend)/(National + DFID spend)

Step 4 – Calculate DFID results:
(DFID Attributable Share) X (Net Additional users)
i.e. (Step 3) X (Step2)

Using this methodology, we calculate total number of (cumulative) additional users reached over time. However, in countries where population data are unavailable or unreliable, the funding share is unknown, or the main DFID financing modality is direct funding to service delivery programs, results may be estimated from program data or management information.

Family planning results are reported from all forms of DFID's funding including bilateral, regional, multilateral and civil society programmes. When aggregating the results from different forms of funding, double counting in countries receiving more than one aid modality is avoided by discounting an appropriate proportion of the multilateral, bilateral, regional and/or civil society results. This is captured in table 1, row 178 of the dataset.

There have been no changes to the methodology since the previous release.

Please refer to the detailed methodology for more information.

4. Data sources

- mCPR is available from household surveys, such as the Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys and contraceptive prevalence surveys.
- Modelled estimates of CPR for years between survey rounds are available from United Nations (UN) Population Division and/or Track 20.
- Population data can be obtained from official national statistics or United Nations (UN) Population Division.
- Information on DFID funding allocation is available from approved business cases.

7 Modern contraceptive prevalence (mCPR) is the percentage of women who are currently using, or whose sexual partner is currently using, at least one modern method of contraception. It is usually reported for women aged 15 to 49. Typically, modern methods of contraception include: the pill; female and male sterilization; IUD; injectables; implants; male and female condoms; diaphragms; emergency contraception etc.

- Information on the total government health budget is available from the annual progress report of the health sector or directly from the ministry of health.

Please refer to the ‘Results by DFID office and Indicator’ dataset for more information.

5. **Data quality notes**

Given the range of data sources used, the accuracy of the results data varies and is subject to the quality of the underlying data source. In many cases DFID uses data collected by others (e.g. partner country governments, international organisations) and therefore DFID has limited control over the quality of the data. Statistics Advisers in DFID under take quality assurance of the results data and attempt to minimise the source of any errors although there is a risk that errors may still exist. Reported results for 2016/2017 may change following provision of more up to date information.