Department for International Development

Single Departmental Plan - Results Achieved by Sector in 2012-2019

Family Planning

Number of women and girls using modern methods of family planning through DFID support (Total Users)

Number of *additional* women and girls using modern methods of family planning through DFID support (Additional Users)

1. Results[1]

Between April 2015 and March 2019, DFID reached an <u>average of 23.4 million</u> *total* women and girls with modern methods of family planning per year[2].

Between April 2018 and March 2019 alone, at least 23.5 million total women and girls were reached, preventing 7.3 million unintended pregnancies, 2 million unsafe abortions, saving 8,300 women's lives and preventing the trauma of 89,900 stillbirths and 52,900 new-born deaths[i].

Between July 2012 and March 2019 DFID reached 13.2 million *additional* women and girls with modern methods of family planning.

Between April 2012 and March 2017, DFID spent an average of £184m (approx.) on Family Planning every year ii. Estimates for spending beyond March 2017 will be available in Autumn 2019[3].

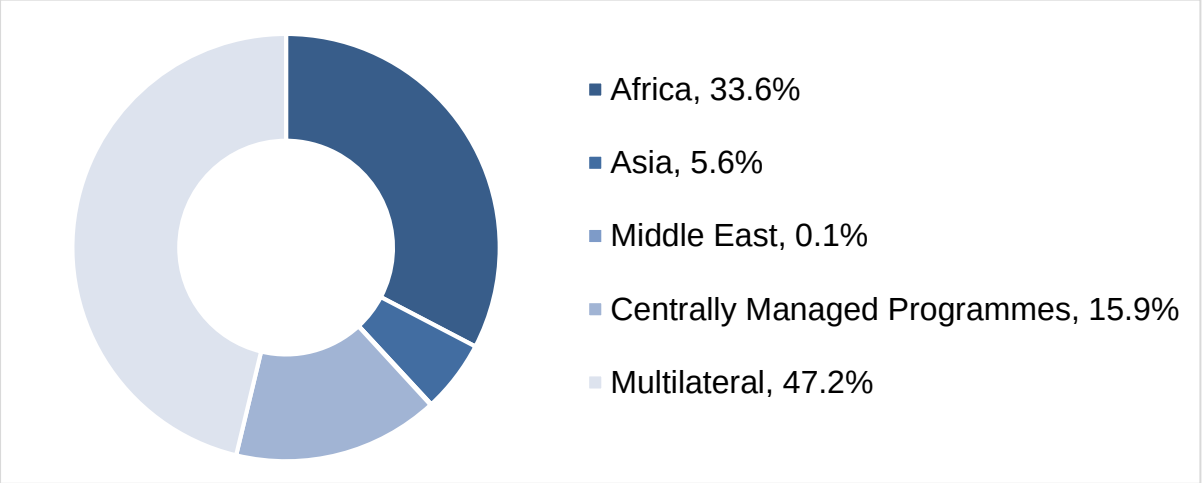
[1] Note that all the figures are rounded down to the next 100,000. Rounding may mean that the total figure do not correspond exactly to the sum of the country/department results quoted in the text. For more detailed figures please refer to the 'Results by DFID office and Indicator' dataset.

[2] Note, with the data that is currently held, DFID is able to estimate total user estimates since 2015 and additional user estimates since 2012.

[3] Spending data from April 2012 to March 2017 was sourced from Statistics on International Development: UK Gross Public Expenditure (GPEX) publication and calculated based on internationally agreed methodology. Statistics on International Development 2017 to 2018: GPEX estimates will be available in Autumn 2019.

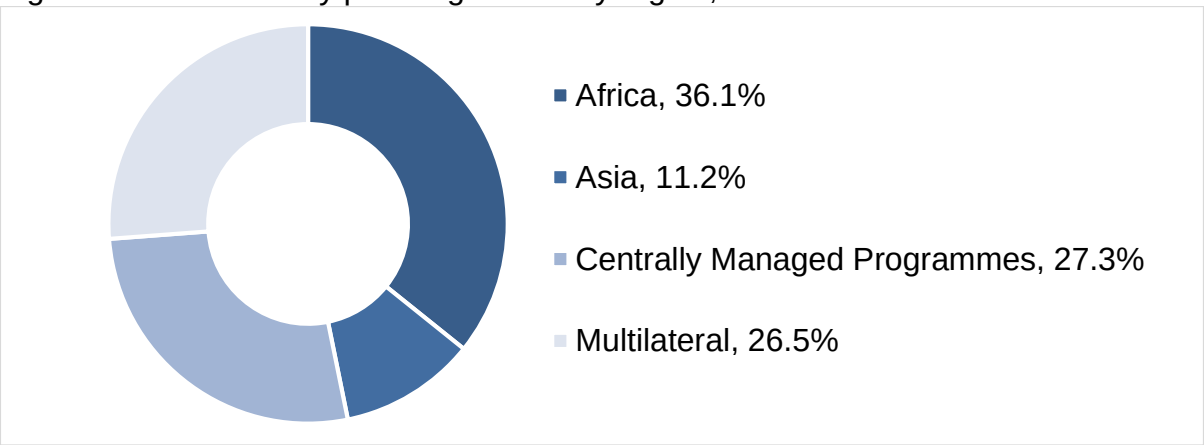
a. Results by Region

Figure 1: DFID's Family planning results by region, Total Users[4]



Between March 2015 and April 2019, an average of 7.8 million & 1.3 million total women were supported by DFID each year in Africa and Asia respectively. DFID also supported an average of 11.0 million total women and girls each year across the developing world by supporting bilateral programming through multilateral organisations (i.e. the UNFPA Supplies Programme that supplies contraceptive commodities to developing countries) and a further average of 3.7 million total women and girls each year via the centrally managed programmes Preventing Maternal Deaths (PMD) and Preventing Maternal Deaths in Eastern and Southern Africa (PREMDESA)

Figure 2: DFID's Family planning results by region, Additional Users



[4] The breakdowns of the total results figure for the total user indicator are presented before correcting for double counting.

From July 2012 to March 2019, Africa was the largest beneficiary of DFID's family planning programs, with 4.7 million additional women and girls supported. DFID supported 1.4 million additional women in Asia. DFID also supported 3.4 million additional women and girls in developing countries to use voluntary family planning by supporting bilateral programming through multilateral organisations i.e. the UNFPA Supplies Programme, and 3.6 million via centrally managed programmes e.g. PMD & PREMDESA

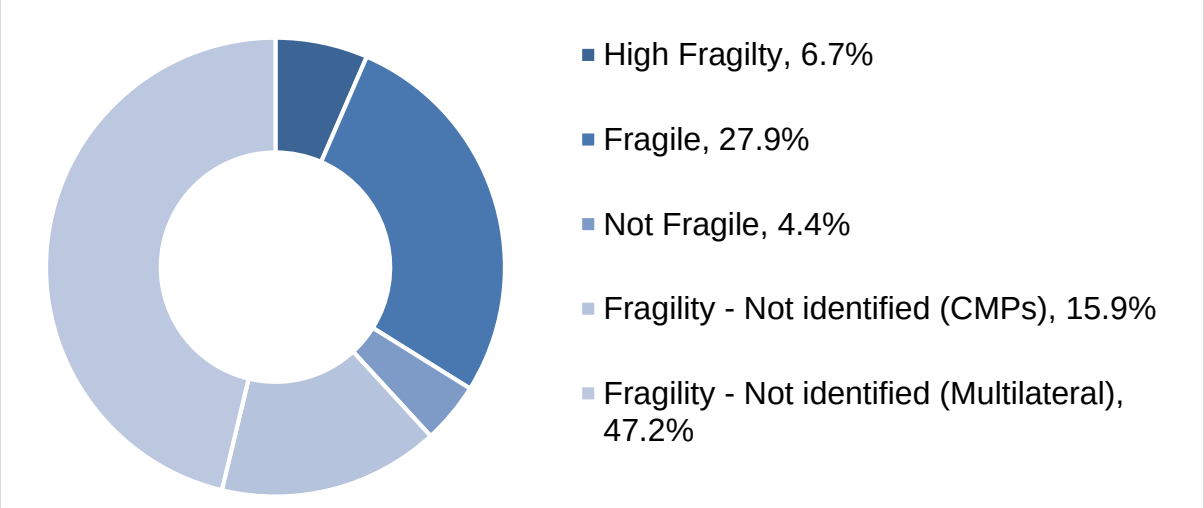
b. Results by fragility level

States are considered fragile by DFID if they are:

- Fragile states defined based on objective data on state stability from United Nations and the World Bank.
- 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 states[ii] which is used to monitor the UK commitment to focus resources in fragile states.

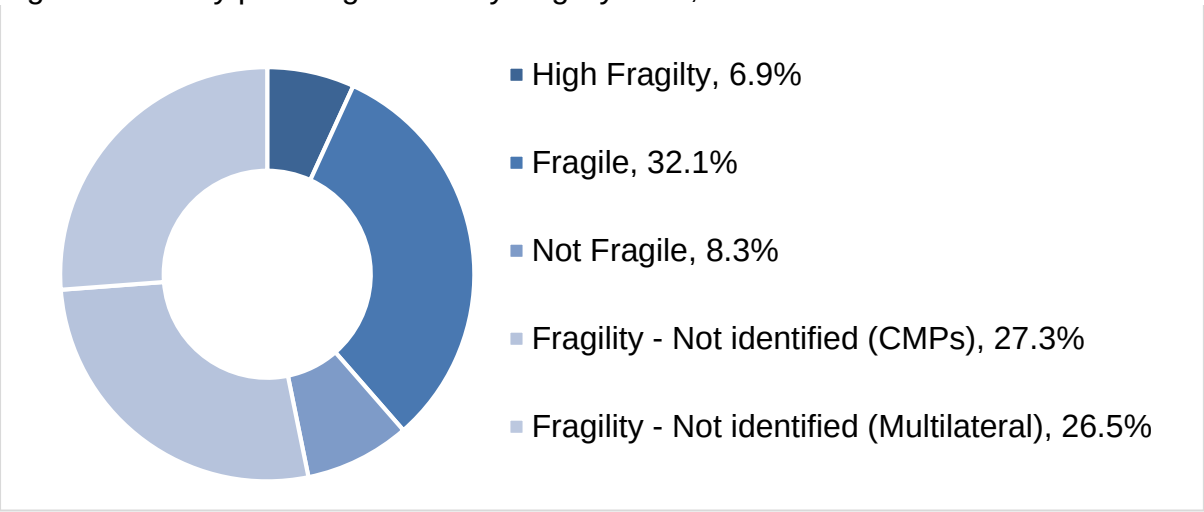
Figure 3: Family planning results by fragility level, 2018/19 Total Users[5]



Between April 2018 and March 2019 alone, At least 34.6% total users by DFID live in fragile states, including 6.7% women living in states with a high level of fragility.
DFID also supported 11.0 million total woman and girls by supporting bilateral programming through multilateral organisations i.e. the UNFPA Supplies Programme and 3.7 million total women and girls via the centrally managed programmes PMD and PReMDESA. These programmes cover a range of developing countries, including some fragile states.

[5] The breakdowns of the total results figure for the total user indicator are presented before correcting for double counting.

Figure 4: Family planning results by fragility level, Additional Users



Between July 2012 to March 2019, At least 5.1 million additional women and girls supported by DFID lived in fragile states, including 0.9 million additional women living in states with a high level of fragility. 3.4 million additional women and girls were supported via the UNFPA Supplies programme, and 3.6 million additional women and girls were supported via Centrally Managed Programmes (eg. PMD & PREMDESA

2. Context

Family planning is a major pillar of DFIDs support to comprehensive Sexual and Reproductive Health and Rights. Family planning information, services and supplies enable women and girls to decide whether to have children, when and how many and to determine the spacing of pregnancies and is achieved via the use of modern contraceptive methods[iii]. This is fundamental to women and girl's empowerment, enabling them to have control over their lives helping to avoid early, multiple and frequently dangerous pregnancies and births, and instead complete their education, take up economic opportunities and fulfil their potential. There are an estimated 214 million women and girls in developing countries who want to time, space or prevent a pregnancy but are not using modern methods of family planning[iv].

Family Planning is one of the best investments in development. The Copenhagen Consensus estimated that every $1 invested in meeting the unmet need for contraceptives yields in the long-term $120 in accrued annual benefits (based on reduced infant and maternal mortality and long-term benefits from economic growth)[v].

The 2012 London Summit on Family Planning, hosted by the UK and the Bill and Melinda Gates Foundation, built on existing initiatives to put family planning higher on the global agenda, set international goals to enable women and girls to choose to use modern contraceptives and established the Family Planning 2020 (FP2020) partnership[vi]. The UK is a core convenor of this partnership, the second largest global bilateral donor on family planning, and co-funds the FP2020 Secretariat.[vii] In

2017, the UK co-hosted a follow-up Family Planning Summit with the Bill and Melinda Gates Foundation and UNFPA. The summit focused on innovation and tackling the barriers to progress. Over 50 countries, as well as civil society organisations, private sector partners and foundations made commitments to accelerate progress[viii]. At this Summit, the UK increased and extended its existing commitment, committing to spend an average of £225m every year between Apr 2017 and March 2022[ix].

The Department for International Development, UK (DFID) delivers family planning programmes in support of accelerating progress on voluntary family planning in developing countries and the UK's spend commitment. DFID funds a wide range of programmes in this area. Many support an integrated package of services for reproductive, maternal, newborn and child health through government facilities and the private sector. Some programmes provide contraceptives and other key commodities and others include strong aspects of community work to increase demand and change the social norms around accessing family planning. Results are tracked across all these different types of programmes using two indicators:

- **Total Users**: This indicator is defined as the number of women & girls who are currently using, or whose sexual partner is currently using at least one method of modern contraception through DFID's support. This indicator not only takes into account DFID's support to maintaining existing users of family planning and but also DFID's work to reach to new users of contraception in developing countries[x].

- **Additional Users**: 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.

3. Methodology summary

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

Step 1 - Calculate total family planning users nationally:
Number of Women of Reproductive Age (15-49yrs) X Modern Contraceptive Prevalence Rate (mCPR)

Step 2 – Calculate additional family planning 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:
Total users = (DFID Attributable Share) X (National Total users)
i.e. (Step 3) X (Step1)

Additional users = (DFID Attributable Share) X (National Additional users)
i.e. (Step 3) X (Step2)

Using this methodology, we calculate number of total and additional users reached by DFID. 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 programme 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.

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

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.
- 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 and reporting lags

Timeliness: DFID publishes results estimates up to March 2019 using available information. However, individual programme reporting cycles do not necessarily follow DFID's annual report publication cycle, resulting in data gaps; data from some countries for January to March 2019, for example, may not be available until later in the year. Therefore, a comprehensive result update for the year ending 31 March 2019 will be available in 2020.

Data Quality: 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 in 2018/19 may change following provision of more up to date information.

Revision of Previously Reported Results: DFID continually reviews and improves upon data quality and assurance procedures. As a result of this previously reported figures may be subject to revision

Between 2011 and 2015, DFID had a target to reach 10 million additional users of family planning. In DFID's annual report for 2015/16 (published in July 2016), an estimate of 9.9m additional users was published for this period. It was indicated at the time that further information would become available, which would allow DFID to provide a final estimate of additional users for this period.

Since Spring 2017, a number of improvements have been made to DFID's additional user methodology. The application of these improvements was focused on DFID programmes in the period after 2015/16. It has not been possible to retrospectively apply these improvements to the period before 2015/16 and to the data that came in 2017 on the 9.9 million additional user estimates. This is because many of the programmes had completed delivery. Therefore, DFID retains its estimate of 9.9 million additional users for the period of 2011 – 2015. This is the best possible estimate, given the information available

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[i] These figures are estimated using the Guttmacher 2017 publication, Adding it up: Investing in contraception and maternal and newborn health which estimates the reduction in unintended pregnancies, unsafe abortions, maternal deaths & traumas of still births & newborn deaths if unmet needs for modern contraceptive services are fulfilled in developing countries. For example, Guttmacher estimates that if the 214 million women currently facing an unmet need for contraception in developing countries are provided with services, this would reduce unintended pregnancies from 89 million to 22 million (i.e. by 67million). Thus the proportionate reduction in unintended pregnancies compared to unmet need is 31% (i.e. 67million / 214million). Multiplying this proportion by DFID's total user result for 2017 of 14 million gives 4.4 million unintended pregnancies averted due to DFID's support.

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

[iii] http://www.who.int/mediacentre/factsheets/fs351/en/

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

[v] http://www.familyplanning2020.org/sites/default/files/Data-Hub/ROI/FP2020_ROI_OnePager_FINAL.pdf

[vi] www.familyplanning2020.org

[vii] http://www.track20.org/pages/resources/FP2020_annual_reports.php

[viii] http://summit2017.familyplanning2020.org/

[ix] https://www.gov.uk/government/publications/family-planning-summit-summary-of-uk-commitments

[x] This term refers to first-time users of contraception and/or users not recently using a method (eg. a lapsed user)

[xi] 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.