**Department
for International
Development**

Single Departmental Plan - Results Achieved by Sector in 2012-2018

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 2018, DFID reached an <u>average of 16.9 million</u> *total* women and girls with modern methods of family planning per year[2].

Between April 2017 and March 2018 alone, at least 14 million total women and girls were reached [with further results to come], preventing 4.4 million unintended pregnancies, 1.2 million unsafe abortions, saving 4,900 women's lives and preventing the trauma of 53,500 stillbirths and 31,400 new-born deaths[i].

Between July 2012 and March 2018 DFID reached 12.5 million *additional* women and girls with modern methods of family planning.
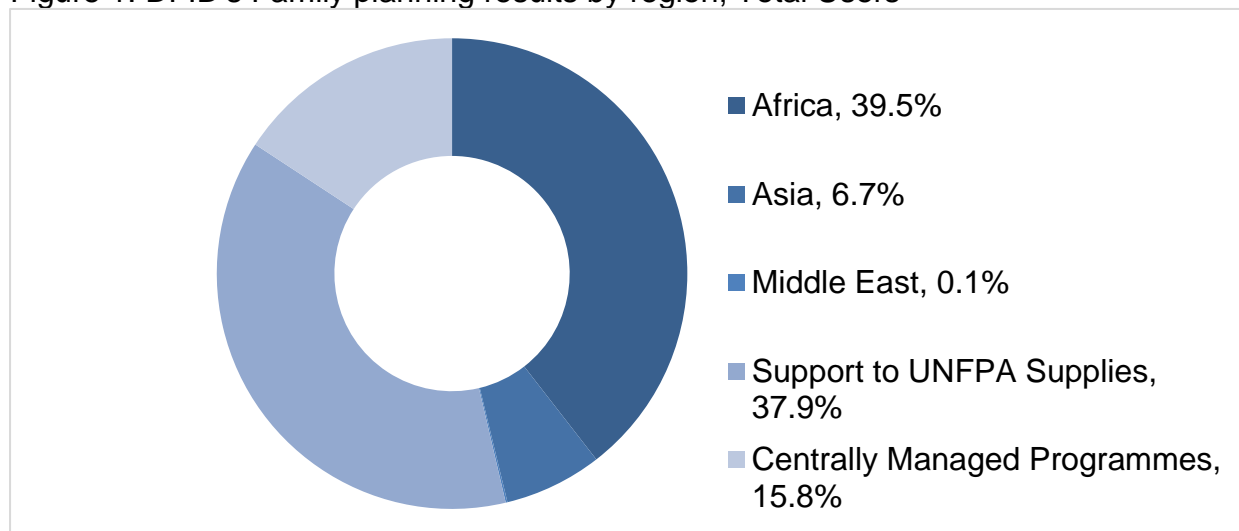
Between April 2012 and March 2017, DFID spent an average of £184m (approx.) on Family Planning every year[ii]. Estimates for spending beyond March 2017 will be available in 2019

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[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.
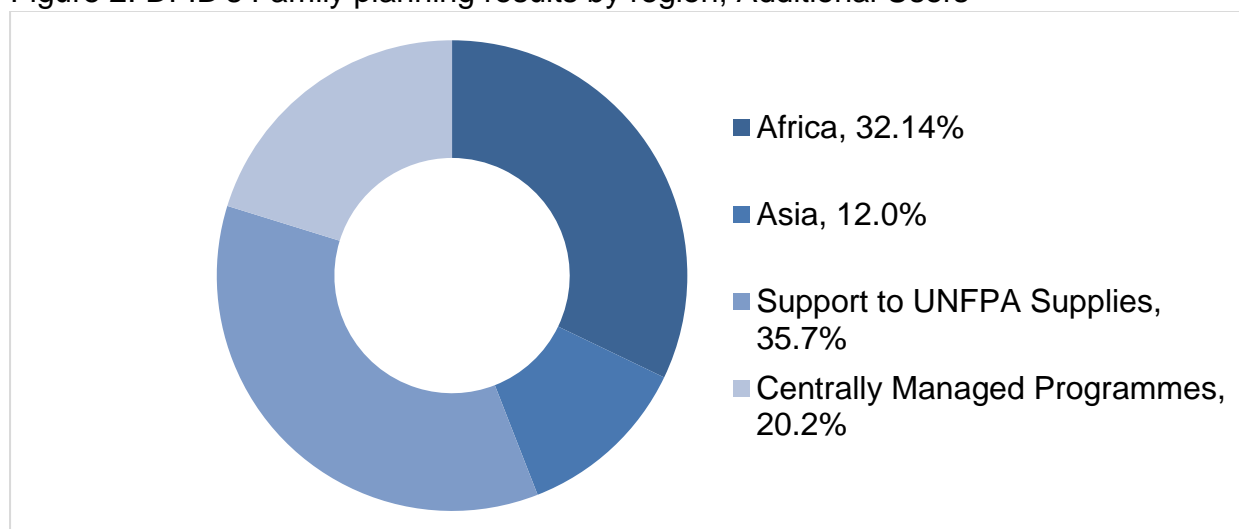
a. Results by Region

Figure 1: DFID's Family planning results by region, Total Users[3]

Between March 2015 and April 2018, an average of 6.8 million & 1.1 million total women were supported by DFID each year in Africa and Asia respectively. DFID also supported an average of 6.6 million total women and girls each year in the rest of the 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 2.7 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

From July 2012 to March 2018, Africa was the largest beneficiary of DFID's family planning programs, with 4 million additional women and girls supported. DFID

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

supported 1.5 million additional women in Asia. DFID also supported 4.5 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 2.5 million via centrally managed programmes e.g. PMD & PREMDESA
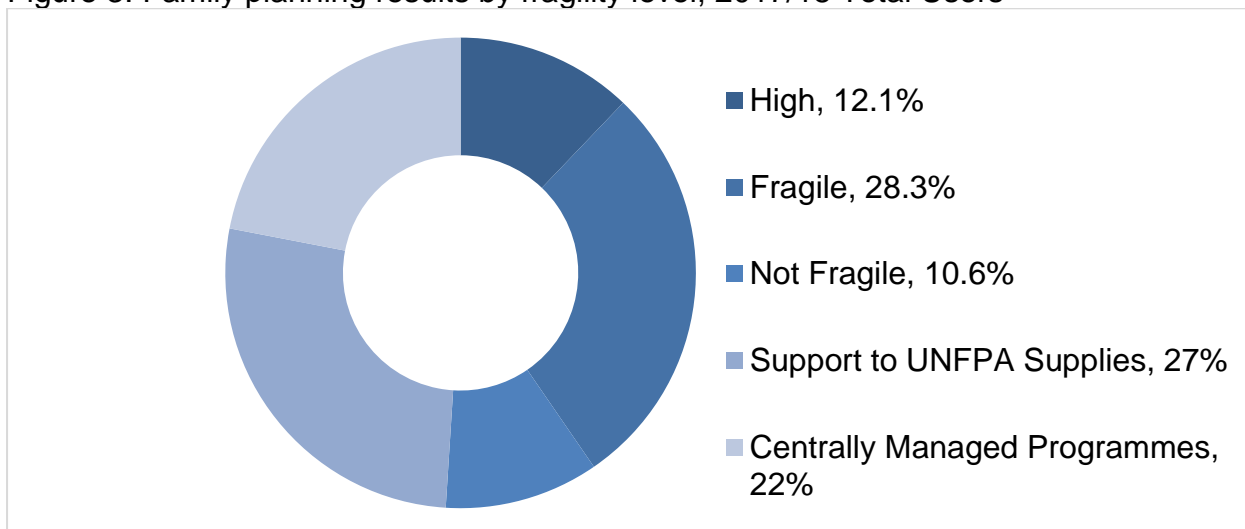
b. Results by fragility level

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[iii] which is used to monitor the UK commitment to focus resources in fragile states.
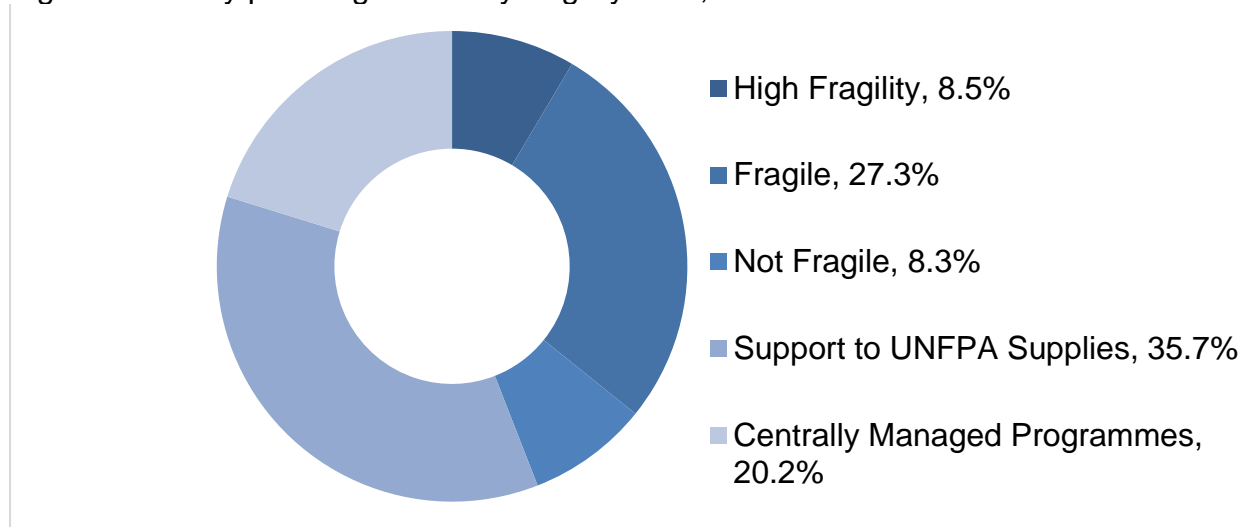
Figure 3: Family planning results by fragility level, 2017/18 Total Users[4]

High, 12.1%

Fragile, 28.3%

Not Fragile, 10.6%

Support to UNFPA Supplies, 27%

Centrally Managed Programmes, 22%

Between April 2017 and March 2018 alone, At least 40.4% total users by DFID live in fragile states, including 12.1% women living in states with a high level of fragility. DFID also supported 3.9 million of total woman and girls by supporting bilateral programming through multilateral organisations i.e. the UNFPA Supplies Programme and 3.2 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.

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[4] 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

- High Fragility, 8.5%
- Fragile, 27.3%
- Not Fragile, 8.3%
- Support to UNFPA Supplies, 35.7%
- Centrally Managed Programmes, 20.2%

Between July 2012 to March 2018, At least 4.5 million additional women and girls supported by DFID lived in fragile states, including 1 million additional women living in states with a high level of fragility. 4.5 million additional women and girls were supported via the UNFPA Supplies programme, and 2.5 million additional women and girls were supported via Centrally Managed Programmes (e.g. PMD & PREMDESA

2. Context

Family planning allows people to attain their desired number of children and determine the spacing of pregnancies, and is achieved via the use of contraceptive methods[iv]. There is evidence that shows that voluntary family planning saves lives and has the power to boost the development of entire countries[v]. 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 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[vi].

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[vii]. The UK is a core convenor of this partnership, the second largest global bilateral donor on family planning, and co-funds the FP2020 Secretariat.[viii] 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[ix]. 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[x].

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[xi].

- **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[xii]:

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. This is captured in table 11 and table 12 in the dataset.

Since the previous release, [the methodology note](#) has been updated to reflect clearer calculations for total users, as previously the note mainly focused on calculations for additional users.

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 2018 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 2018, for example, may not be available until later in the year. Therefore, a comprehensive result update for the year ending 31 March 2018 will be available in 2019.

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 2017/18 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. For example, in 2017/18, Government of Pakistan made available more accurate estimates on budget allocations for family planning for the period covering 2013/14 - 2016/17. These estimates have now been incorporated by DFID Pakistan into calculations for additional user results from 2015/16 onwards and revised estimates have been published

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 Source: FP2020 annual reports: http://www.track20.org/pages/resources/FP2020_annual_reports .php

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

iv http://www.who.int/mediacentre/factsheets/fs351/en/

v https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017

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

viiwww.familyplanning2020.org

viii http://www.track20.org/pages/resources/FP2020_annual_reports.php

ix http://summit2017.familyplanning2020.org/

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

xi This term refers to first-time users of contraception and/or users not recently using a method (e.g. a lapsed user)

xii 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.