

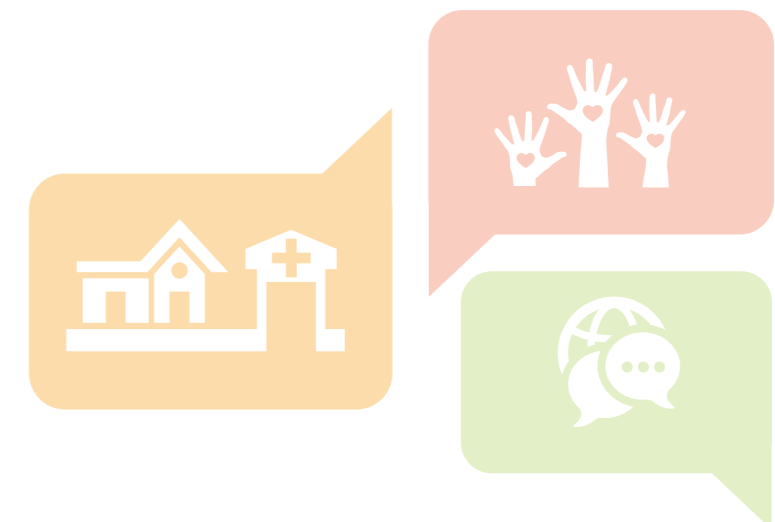


DEVELOPMENT EFFECTIVENESS FRAMEWORK

2021

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SECTION 1: OUR WORK

PURPOSE

The Family Planning NSW Development Effectiveness Framework informs the development goals of our organisation and guides the monitoring and evaluation of our international projects.

The document provides a rationale for how we approach project monitoring and evaluation, the context for our reporting, and as a practical tool to assist in developing effectiveness frameworks for individual projects.

It is critical that Family Planning NSW monitor and review our projects to ensure we:

- make sure our projects are effective, relevant and appropriate
- assess and communicate our contribution to the community
- demonstrate that we are legitimate and effective partners
- learn how to improve our projects
- provide accountability over how we are spending donor funds
- influence best practice in the development sector
- ensure projects are inclusive and representative of those who are vulnerable

Having a Development Effectiveness Framework helps to ensure that data collected in a project forms a useful part of a process of reflection, learning and ongoing improvement. To this end, the Family Planning NSW Development Effectiveness Framework assists to articulate the 'why' and 'how' Family Planning NSW's work uses evidence-based development approaches to contribute to improved family planning and health outcomes, inclusion and gender equality.

Our monitoring and evaluation addresses how our projects are:

- achieving their aims and objectives
- contributing to national in-country priorities and development agenda
- reporting against Family Planning NSW's organisational strategy
- impacting global frameworks such as the Sustainable Development Goals (SDG)

In developing this document, care has been taken to ensure that it will be relevant and useful to implementation of projects 'on the ground'. It is expected that the Development Effectiveness Framework will be updated over time in order to ensure it continues providing a sound basis for conducting monitoring and evaluation.



ABOUT FAMILY PLANNING NSW

Family Planning NSW is the leading provider of reproductive and sexual health services in New South Wales (NSW). Our mission is to enhance the reproductive and sexual health and rights of our communities by supporting all people to have control over and decide freely on all matters related to their reproductive and sexual health throughout their life. Family Planning NSW works in:

INTEGRATED HEALTH SERVICES

We are experts in contraception, pregnancy options, sexually transmissible infections (STIs), common gynaecological problems including menstrual disorders, cervical cancer screening, breast awareness, abortion and women's and men's sexuality and sexual function. We maintain accreditation under national quality standards for health managed by the Commonwealth and NSW governments as well as peak bodies.

EDUCATION SERVICES

We provide education and training activities for clinicians, disability workers, teachers, parents and carers, and other health education and welfare professionals. Our education services build the capacity of health, education and community professionals to address the reproductive and sexual health needs of their communities and region. We are a Registered Training Provider.

THE RESEARCH CENTRE

The Research Centre leads research and evaluation activities, and partners with universities and other research organisations to grow the body of knowledge about reproductive and sexual health. We focus on translating research findings into clinical practice and teaching and providing guidance on best practice reproductive and sexual health programs and services. We are compliant with standards under the National Health and Medical Research Centre.

INTERNATIONAL PROGRAM

Family Planning NSW works to assist poor and disadvantaged people through improving access to comprehensive family planning and reproductive and sexual health information and services. We collaborate with other family planning and health organisations in-country and promote a rights-based approach for all people to achieve reproductive and sexual health and wellbeing. We work closely with governments in the region, to support the development and implementation of policy in the area of sexual and reproductive health.

We are fully accredited with DFAT, including all components of the compliance requirements for service integrity, development effectiveness and financial management. We are a signatory to the Australian Council for International Development (ACFID) Code of Conduct, adherence to which is monitored by an independent Code of Conduct Committee elected from the NGO community. Our voluntary adherence to the Code of Conduct demonstrates our commitment to ethical practice and public accountability.



OUR PRINCIPLES

- focusing on the whole person throughout their lifespan
- working in collaboration and through partnerships to strengthen our services and programs
- being advocates for the community
- developing and using best practice and evidence-based approaches
- designing and delivering optimal services for the community
- promoting freedom of choice which reflects individual differences and preferences
- building the capacity of our organisation, and the skills of other professionals and the community
- promoting professionalism and continuous improvement in our ways of working
- fostering innovation and creativity in our work

GUIDING PRINCIPLES

Family Planning NSW develops and implements our international projects using a foundation of thorough needs analysis, sound planning, evidence-based practice, benchmarking to inform target setting, best practice in service provision, and strong and effective partnerships. Our projects are developed based on international best practice principles and aligned with priorities defined at a country, regional and international level.

ORGANISATIONAL STRATEGIES

Family Planning NSW is guided by a number of internal policies, strategies, and plans.

AID EFFECTIVENESS

Family Planning NSW is committed to the aid effectiveness principles, as set out in the *Organisation for Economic Cooperation and Development (OECD) Guidelines, the Paris Declaration on Aid Effectiveness (2005), and Accra Agenda for Action (2008), and the Busan Partnership for Effective Development Cooperation Declaration (2011)*.

INTERNATIONAL CONFERENCES AND CONVENTIONS

Family Planning NSW supports and ensures our projects are developed to align with relevant international conventions and meetings including the International Conference on Population and Development (1994) and the Beijing Platform for Action (1995).

SUSTAINABLE DEVELOPMENT GOALS

Family Planning NSW works in partnership with governments, and non-government organisations to implement programs that support the achievement of the 2030 Agenda for Sustainable Development including the Sustainable Development Goals.

INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF)

Family Planning NSW aligns with the IPPF declaration on sexual rights which include seven guiding principles and ten sexual rights including on freedom, equality, privacy, autonomy, integrity and dignity of all people.

DEPARTMENT OF FOREIGN AFFAIRS AND TRADE

Family Planning NSW's international projects align with the Australian Government's development policy, *Australian aid: promoting prosperity, reducing poverty, enhancing stability*, and the performance framework, *Making Performance Count: enhancing the accountability and effectiveness of Australian aid*.

Our work aligns with many of the Australian aid programme's key priority areas, including effective governance, education, health and gender equality as well as the Australian Government's performance framework with ten key targets:

1. promoting prosperity
2. engaging the private sector
3. reducing poverty
4. empowering women and girls
5. focusing on the Indo-Pacific region
6. delivering on commitments
7. working with the most effective partners
8. ensuring value-for-money
9. increasing consolidation
10. combatting corruption



DFAT Family Planning Guidelines

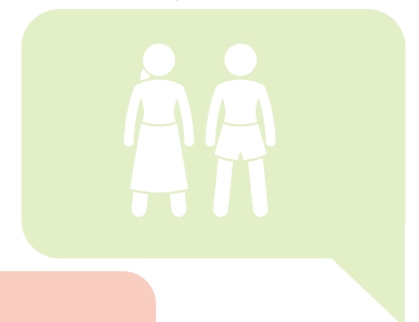
All of our projects funded by Department of Foreign Affairs and Trade (DFAT) are developed in accordance with the DFAT Family Planning and the Aid Program: Guiding Principles. The guidelines state that Australia's assistance should actively work towards improving the quality of care in family planning and reproductive health programs by (but not limited to):

- providing the same range of reproductive health and family planning services for women in developing countries as are supported for women in Australia, subject to the national laws of the relevant nation concerned
- involving communities in planning programs appropriate to their needs
- increasing the choice of family planning methods available
- improving the skills and competence of family planning service providers
- providing accurate information and confidential counselling for clients
- providing follow-up advice and services to clients
- ensuring affordable, acceptable and accessible services
- making the prevention of unwanted pregnancies the highest priority, with every attempt being made to minimise the need for abortion

As per the Guidelines, we recognise family planning and reproductive health services in Australia to include:

- provision of accurate information and confidential counselling for clients
- access to safe and effective contraceptives

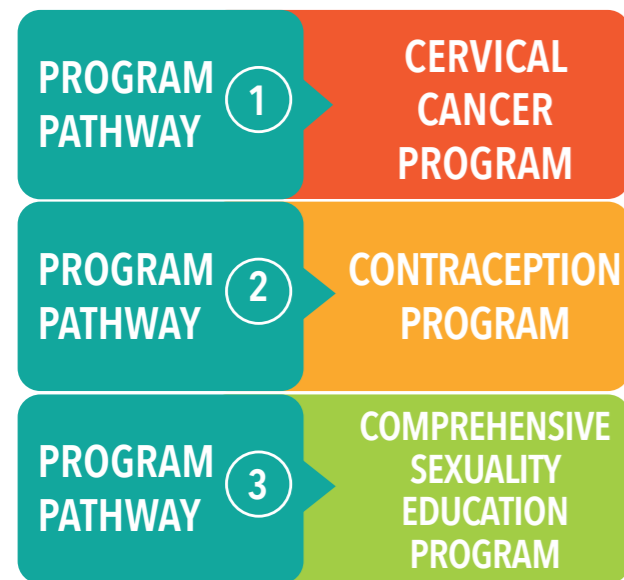
- postnatal checks and contraception
- pregnancy tests and information regarding pregnancy options
- safer sex information
- assessment, testing and treatment of sexually transmissible infections
- assessment and management of vaginal infections and vulval problems
- menopause information and treatment
- assessment and management of menstruation and bleeding problems
- cervical cancer screening and breast awareness information
- safe and professional abortion services (both medical and surgical)



PROGRAM LOGIC

The International Program Logic is a tool used to articulate the results of Family Planning NSW's programs through a health and development lens on domestic, regional and international levels. It is focused on ensuring that it supports everyone in the Pacific to have control over and decide freely on all matters related to their sexual and reproductive health and rights throughout their life.

The International Program has three ongoing programs:



These three program pathways explain how Family Planning NSW works with partner countries through a unified approach to progress development outcomes. A more detailed breakdown of program specific outcomes can be found in their theories of change. The programs support partner countries to develop their capacity to deliver effective and inclusive sexual and reproductive health programs and services with a focus on gender equality and social inclusion.

The International Program is supported by a unified approach to programing that addresses the approach taken in all projects, underpinned by the organisational values.

GOAL	To support all people in the Pacific to have control over and decide freely on all matters related to their sexual and reproductive health and rights throughout their life								OUR VALUES
OBJECTIVE	Support the Sustainable Development Goals, and Australia's national and regional development goals through strengthening and developing the capacity of sexual and reproductive health and education systems in the Pacific, and supporting inclusive development with a focus on gender equality and disability inclusion								
DEPARTMENT OUTCOMES	In partnership with local organisations we seek to increase contraceptive prevalence, decrease cervical cancer deaths, and empower the sexual and reproductive health and rights of all people in the Pacific, especially women and people with disability								
PROGRAMS AND INTERMEDIATE OUTCOMES	Cervical Cancer Program Supports the eradication of cervical cancer in the Pacific		Contraception Program Strengthens family planning services in the Pacific		Comprehensive Sexuality Education Program Increases access to education and knowledge in the Pacific				
	Implement cervical cancer screening and treatment programs	Reduced rates of cervical cancer incidence and mortality	Improve access to family planning services for all	Deliver clinical training on contraceptive methods	Develop in and out of school CSE materials	Deliver equitable access to CSE programs and materials			
			Improve data collection	Increase contraceptive prevalence	Advocate for the importance of CSE				
UNIFIED APPROACH	DISABILITY INCLUSION GENDER TRANSFORMATIVE BUILD PARTNERSHIPS CAPACITY BUILDING EVIDENCE BASED COMPREHENSIVE HEALTH PROMOTION								
SDG TARGETS	1 No Poverty	3 Good Health	4 Quality Education	5 Gender Equality	8 Good Jobs and Economic Growth	10 Reduced Inequalities	13 Climate Action	16 Peace and Justice	17 Partnerships for the goals

SECTION TWO: OUR APPROACH

PROJECT FOCUS

Family Planning NSW only works with projects that reflect our capability and expertise in family planning and reproductive and sexual health through technical assistance, capacity building, training, advocacy and mentoring. Projects must support the delivery of optimal reproductive and sexual health services customised for the local context. Family Planning NSW allocates funds based on the following criteria:

Sexual and reproductive health needs –

countries and regions where progress against Sustainable Development Goals (SDGs) and other sexual and reproductive health indicators are poor

Geographical focus –

focusing on developing countries in the Pacific region

Effectiveness and capacity of Family Planning NSW to make a real difference –

where Family Planning NSW has recognised experience, expertise and a good working relationship with local partners

Alignment –

projects will be aligned with key national and international strategies

Harmonisation –

projects will be focused in areas of service gaps, avoiding duplication with other service providers

Sustainability –

projects will focus on delivering long-term sustainable development outcomes affecting lasting change for communities, including vulnerable and marginalised populations

Inclusion and representation –

of those who are vulnerable and those who are affected by the intersecting drivers of marginalisation and exclusion, including not restricted to race, religion, ethnicity, indigeneity, disability, age, displacement, caste, gender, gender identity, sexuality, sexual orientation, poverty, class and socio-economic status

Working with effective partners –

focusing on working in partnership with NGOs and governments who have the capacity to deliver the project and impact long term change

Ensuring value-for-money –

focusing on efficient and cost-effective projects that make a difference

Size –

ensuring Family Planning NSW has the resources and capacity to deliver the project and that the project presents opportunities for scalability at a national or regional level



PROJECT MONITORING AND EVALUATION

Project monitoring is an important aspect in all of our international projects. This Framework provides a guideline to support analysis and learning in relation to development effectiveness at the program and project levels. Monitoring is used to ensure the project is 'on track', to refine as required, and to identify changes in project performance over time. A data collection framework and set of questions has been developed for these areas to guide various assessment and reflection processes in project monitoring and evaluation.

The Development Effectiveness Framework supports assessment and learning of programs and projects at baseline, midline and endline levels. Projects will have their own locally developed monitoring and evaluation plans and will capture evidence through monitoring, research and case studies, mid-term reviews, and evaluations. While the focus of enquiry will be tailored to the learning and information needs of specific project, the following data collection principles and common set of high-level questions can be drawn on in the design of assessment processes such as reviews and evaluations.

Evidence-based –

Our practices maintain an understanding of how data results are obtained and have evidence to support this

Attributable to funding –

It is a priority that data collection meets funding requirements and offers value for money

Consistent –

A consistent approach is taken year on year to avoid double counting and reflect accuracy in results

Disaggregated by sex, age and ability –

Where data collection is reporting on number of persons, this data is disaggregated by sex, age and ability, as defined in the development effectiveness framework

Consistent with intention of indicator –

Data collected should reflect the clear intention of indicators

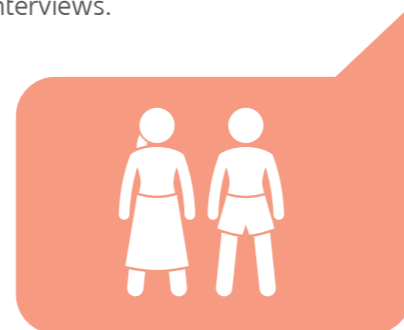
Variety of data –

Quantitative data is required for monitoring projects and programs; qualitative data is also requested for additional insight and may be used for research and marketing

Ethics –

Data used for publications goes through ethics approval, this process ensures that our work is evidence based and working within ethical and legal parameters of Family Planning NSW

Family Planning NSW provides data collection templates to implementing partners, data collection is conducted by in-country partners and submitted monthly and quarterly. This data includes quantitative data related to program and project specific indicators as well as qualitative data in the form of impact stories, imagery, and project exit interviews.



The following high level questions are applied to each project and programs assessment and reflection process.

Area of focus	Evaluation questions
Relevance	To what extent was the program in line with local needs and priorities?
Acceptability	To what extent is the project/process judged as suitable and appropriate by stakeholders and beneficiaries?
Effectiveness	To what extent was the project/process successfully delivered to intended participants? Were the stated goal and objectives of the program achieved? What were the main enabling and contributing factors to any program achievements? What were the main challenges or limitations during program implementation?
Efficiency	To what extent was the project/process carried out with intended participants using existing means, resources, and circumstances? What resources were required to implement? What outputs were achieved as a result of the inputs?
Impact	What was the impact (expected/unexpected, positive/negative) of the program for partners, clinicians, community members, and other program beneficiaries?
Integration / sustainability	To what extent can the project/process be integrated within an existing system? To what extent will the program and related activities, and any achievements or change, be continued after program cessation? To what extent can the project/process be expanded?
Shared learning	How have we learned from the program and shared this learning?

Monitoring and evaluation activities also provide an important opportunity for building the capacity of our partner organisations in this area, and Family Planning NSW uses a participatory approach where possible for all projects.



Figure 1: Monitoring and evaluation cycle



SHARED LEARNING

An important area of our International Program is shared learning, for government and donor reporting, advocacy and fundraising efforts, as well as for the benefit of our partners, stakeholders and the broader sector in which we work. We use a range of methods (examples listed below) to generate and exchange knowledge and reflect on good practice and lessons learned.

Learning

- monitoring and evaluation
- observation of project activities
- seeking partner and/or stakeholder feedback
- professional development workshops and courses
- staff meetings
- translation of project outcomes into organisational practice
- development and/or update of relevant policies
- project outcomes informing future grant submissions

Sharing

- e-newsletters
- Family Planning NSW website
- social media – Facebook, Instagram, LinkedIn and Twitter
- project reports
- project summaries
- journal publications
- Family Planning NSW professional development workshops and courses
- presentations to partners and key stakeholders



SECTION THREE: OUR PERFORMANCE

INDICATORS

Family Planning NSW has developed the indicators below to help guide our monitoring and evaluation practice. Data should always be disaggregated where possible into sex and age, and ability, indigenous status, and location. Each Family Planning NSW indicator is coded and where it aligned with the DFAT ANCP indicators these have also been referenced.

Categories	Indicator code	ANCP Indicator	Family Planning NSW indicators
1. Contraception			
Contraceptive prevalence	C.01	H.06	% / number of people of reproductive age (aged 15-44 years) using (or partner is using) a modern method of contraception
	C.02	H.06	% / number of women of reproductive age using a LARC
	C.03	H.04	% / number of family planning users under 25 years of age
	C.04	H.04	% / number of family planning new adopters (number of people receiving a family planning service who have never used a method of family planning)
	C.05	H.04	% / number of family planning recent adopters (number of people receiving a family planning service who have not used any method of family planning in the last three months)
	C.06		Number of couple-years of protection generated
Couple-Years of Protection	C.07		Number of high-impact couple-years of protection generated
	C.08		% / number of people who can correctly identify two modern methods of contraception
Knowledge of contraception	C.09	H.05	% / number of people who know of at least one reliable source to obtain male or female condoms
	C.10	H.05	% / number of people who know of at least one reliable source to obtain a modern method of contraception
	C.11		% / number of people who share in decision-making for reproductive and sexual health issues with their spouse or sexual partner
Decision-making	C.12		% / number of sexually active people who used a condom at first sex

Categories	Indicator code	ANCP Indicator	Family Planning NSW indicators
Condom use	C.13		% / number of sexually active people who used a condom at most recent sex
	C.14		% / number of sexually active people who sometimes use a condom during sexual activity
	C.15		% / number of sexually active people who always use a condom during sexual activity
	C.16		% / number of people who had high-risk sex in the preceding year and who used a condom on that occasion(s)
	C.17		% / number of people who had high-risk sex in the preceding year and who used a condom on that occasion(s)
2. Sexually transmissible infections (STIs)			
Notification rates	STI.01	H.05	% / number of people ever diagnosed and treated for a STI
Knowledge of STIs and STI prevention	STI.0		% / number of people who can define STI, and correctly describe transmission, treatment, prevention
	STI.03		% / number of people who reject major misconceptions about STIs
	STI.04		% / number of people who reject major misconceptions about STIs
3. Cervical cancer			
Vaccination	CC.01		% / number of girls who receive full course of HPV vaccine
	CC.02		% / number of women who are aware that screening exists for cervical cancer
Knowledge of screening	CC.03		% / number people who are reached with information about cervical screening through community awareness activities
	CC.04		% / number of women years who have been screened with a cervical screening test at least once
	CC.05		% / number of women years who have been screened for the first time in the last 12 months
Participation in screening	CC.06		% / number of women undertaking screening
	CC.07		% / number of screen-positive women aged 30-49 years with a positive result
Screening test results	CC.08		% / number of cytology tests reported as unsatisfactory
	CC.09		% / number of screen-positive women who have received appropriate treatment

Categories	Indicator code	ANCP Indicator	Family Planning NSW indicators
Participation in treatment	CC.10		% / number of VIA screen-positive women with lesions eligible for cryotherapy / thermal ablation treated during the same visit
	CC.11		% / number of VIA screen-positive women with lesions not eligible for cryotherapy / thermal ablation referred and who complete appropriate treatment
	CC.12		% / number of women with suspected invasive cancer on a cervical screening test who complete appropriate treatment or appropriate follow-up
4. Comprehensive sexuality education			
Reproductive and sexual health information and services	CSE.01	H.04	% / number of people who accessed a reproductive and sexual health service in the last 12 months
	CSE.02	H.05	% / number of students who received comprehensive reproductive and sexual health education in school
	CSE.03	H.04	% / number of people with increased access to essential medicines and health commodities
	CSE.04	H.05	% / number of people provided with voluntary HIV/AIDS, STI testing and counselling, and other care services provided
	CSE.05	H.05	% / number of people provided with prevention services (excluding HIV/AIDS and STI)
	CSE.06	H.04	Number of family planning services provided
Health facilities	CSE.07		Number of health facilities upgraded
	CSE.08		Number of health facilities upgraded in accordance to accessible design guidelines for Australia's aid program*
	CSE.09		Number of people deemed competent in one or more core reproductive and sexual health competencies
	CSE.10		Number of information, education and communication (IEC) materials developed and distributed
	CSE.11		Number of people trained as trainers in reproductive and sexual health



Categories	Indicator code	ANCP Indicator	Family Planning NSW indicators
5. Gender inclusive development			
Gender-based violence	G.01		% / number of women who have experienced physical and/or sexual violence in the last 12 months
	G.02	G.03	% / number of women survivors of violence receiving services such as counselling
	G.03		% / number of people who believe family violence is unacceptable
	G.04	G.05	Number of civil society organisations supported to engage in activities to reduce violence against women
Gender equality	G.05	G.02	Number of people reached by programs / projects that include examining gender and related cultural norms
	G.06	H.08	Number of boys and men targeted with messaging about gender equality
	G.07	G.05	Number of civil society organisations supported to achieve gender equality goals or provide specific services to women, including women with a disability
	G.08	G.04	Number of women assuming leadership roles or engaging collectively at local, national and/or regional level
	G.09		Number of gender audits conducted with or by partner organisations
Gender audit	G.10	G.02	Number of people exposed to violence against women sessions/activities in communities
	G.11	G.02	Number of people provided with training on gender issues and women's equal rights
		G.02	Number of people provided with training on gender issues and women's equal rights
6. Disability inclusive development			
Inclusivity	DID.01		Number of people with a disability consulted regarding the development of reproductive and sexual health policies, programs and/or services
	DID.02	H.05	Number of people with a disability who are provided with information on reproductive and sexual health rights
	DID.03	H.05/G.06	Number of students with a disability who have received education on reproductive and sexual health rights
Disability audit	DID.04		Number of disability audits conducted with or by partner organisations
	DID.05	G.08	Number of teachers trained in 'disability inclusion'
	DID.06	G.07	Number of in-country Disabled Persons Organisations (DPOs) receiving capacity building
	DID.07	G.07	Number of local in-country partners that collect disability disaggregated data
		G.08	Number of people provided with training on disability inclusion and rights

Categories	Indicator code	ANCP Indicator	Family Planning NSW indicators
7. Safeguarding (children and vulnerable populations)			
Recruitment and personnel practices	S.01		% / number of personnel working with or in contact with children and vulnerable people, recruited using child/vulnerable people-safe recruitment practices
	S.02	CP.01	% / number of personnel signed and applying child protection and prevention of sexual exploitation, abuse and harassment policies and codes of conduct (e.g. demonstrate knowledge of their role/responsibilities; effectively manage disclosures/reports and/or breaches)
	S.03		Number of reports made, or issues raised and documented, in relation to child protection and sexual exploitation, abuse and harassment by staff, volunteers, children, community members and/or other personnel
Reporting	S.04		Number of reports made, or issues raised and documented, in relation to child protection and sexual exploitation, abuse and harassment by staff, volunteers, children, community members and/or other personnel
	S.05	CP.01	Number of people participating in preventive and awareness raising activities related to child protection
	S.06	CP.01	% / number of staff working with or in contact with children / vulnerable populations who have participated in child protection or prevention of sexual exploitation, abuse and harassment training
	S.07	CP.01	% / number of research personnel who participate in child protection training/briefing
	8. Advocacy		
Advocacy	A.01		Number of advocacy strategies implemented
	A.02		Number of meetings held between Family Planning NSW and national or international governments around policy development and/or
Policy change	A.03	G.05/G.07	implementation
	A.04	G.05/G.07	Number of policy changes that have been implemented with the support of Family Planning NSW Number of policy changes that have been implemented with the support of Family Planning NSW



Categories	Indicator code	ANCP Indicator	Family Planning NSW indicators
9. Capacity building			
Organisational	CB.01	G.05/G.07	Number of local in-country partners participating in ANCP funded projects/programs
	CB.02		Number of local in-country partners reporting an increased organisational and project implementation capacity as a result of participating in ANCP funded projects/programs
	CB.04		Number of people provided with awareness of the importance of education
Training and education sessions	CB.05		Number of education and training programs developed based on assessment of needs
	CB.06	H.03	Number of health workers trained
	CB.07		Number of sessions delivered on a given topic
	CB.08	E.03	Number of teachers trained on a given topic
	CB.09	E.03	Number of teachers who received training in-service on a given topic
Competency achieved	CB.10		Number of people who complete a training session on a given topic
	CB.11		Number of people who are formally assessed as competent Number of people who increase their knowledge, skills and confidence upon completion of training



THEORY OF CHANGE

For each program a theory of change has been developed. A theory of change helps organisations to explore and articulate the dynamics of change in a specific context. It aims to explain how change occurs by creating an overall vision that captures the complexity of change in a way that takes into account the relationships and interdependences between different elements of a program. It also takes into account assumptions, existing change processes and any external and internal factors that might be affecting the delivery of a program.

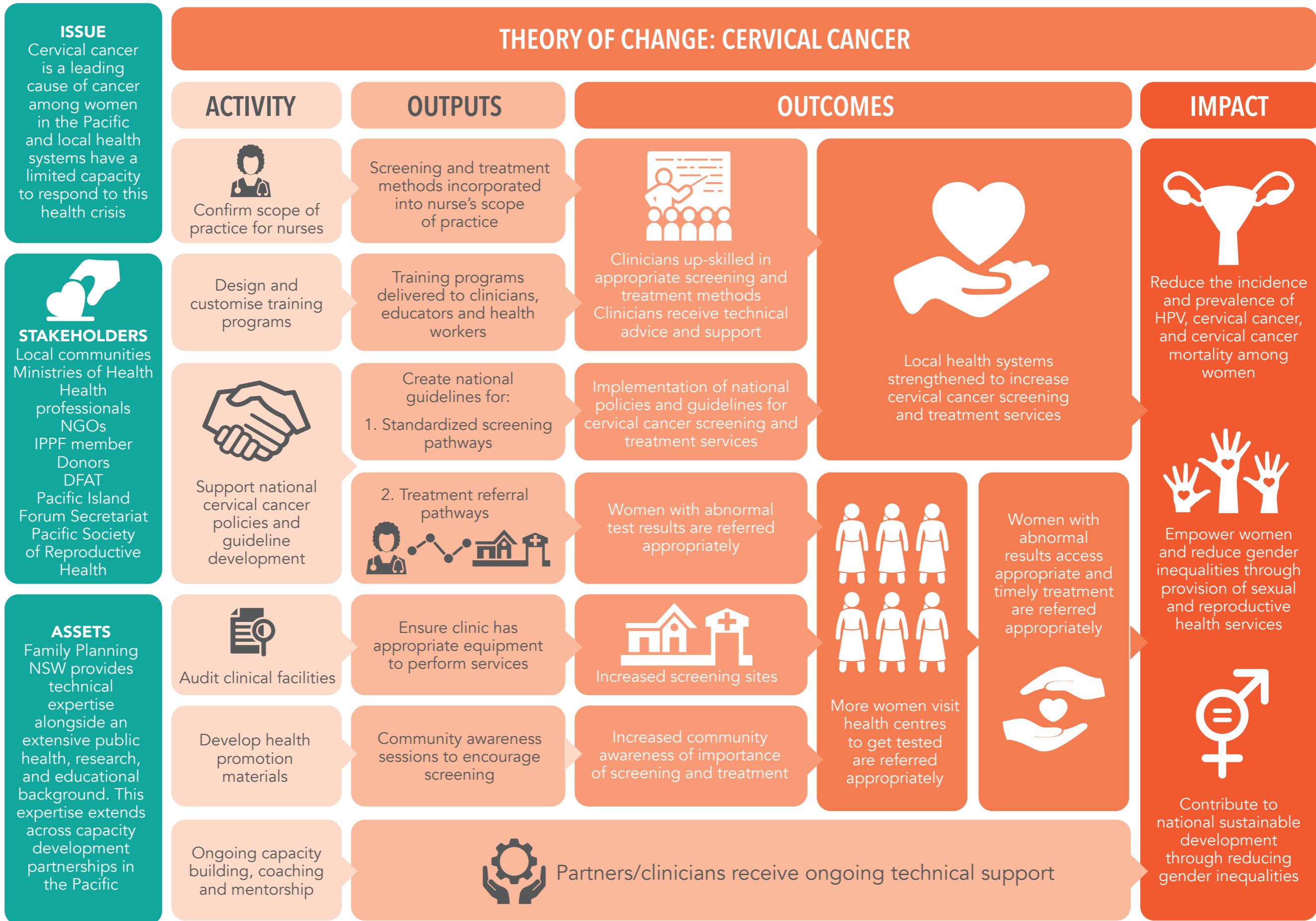
Developing a theory of change helps to clearly establish activities and goals at the start of a project, and effectively monitor and evaluate these processes. It is a logical plan that explains how certain activities (inputs) can produce a series of results (outcomes/ outputs) that contribute to achieving an intended impact that helps solve a specific problem or issue in the lives of our target group.

Why does Family Planning NSW use a theory of change?

- Come to a shared understanding of our work which in turn helps us better communicate our vision to others
- Inform and aid constant improvement of our international programs by strengthening the clarity, direction and focus of our projects
- Develop a framework through which we can review, redesign and evaluate our projects
- Improves partnerships as it encourages open conversations about our work and helps identifying the key stakeholders and strategic partners that help us drive change
- Supports organisational development by allowing us to align our internal systems with our primary focus and priorities



THEORY OF CHANGE: CERVICAL CANCER



ISSUE

Lack of access to contraception perpetuates gender inequalities linked with unreliable contraceptives supply chains and harmful cultural beliefs have encouraged low contraception use

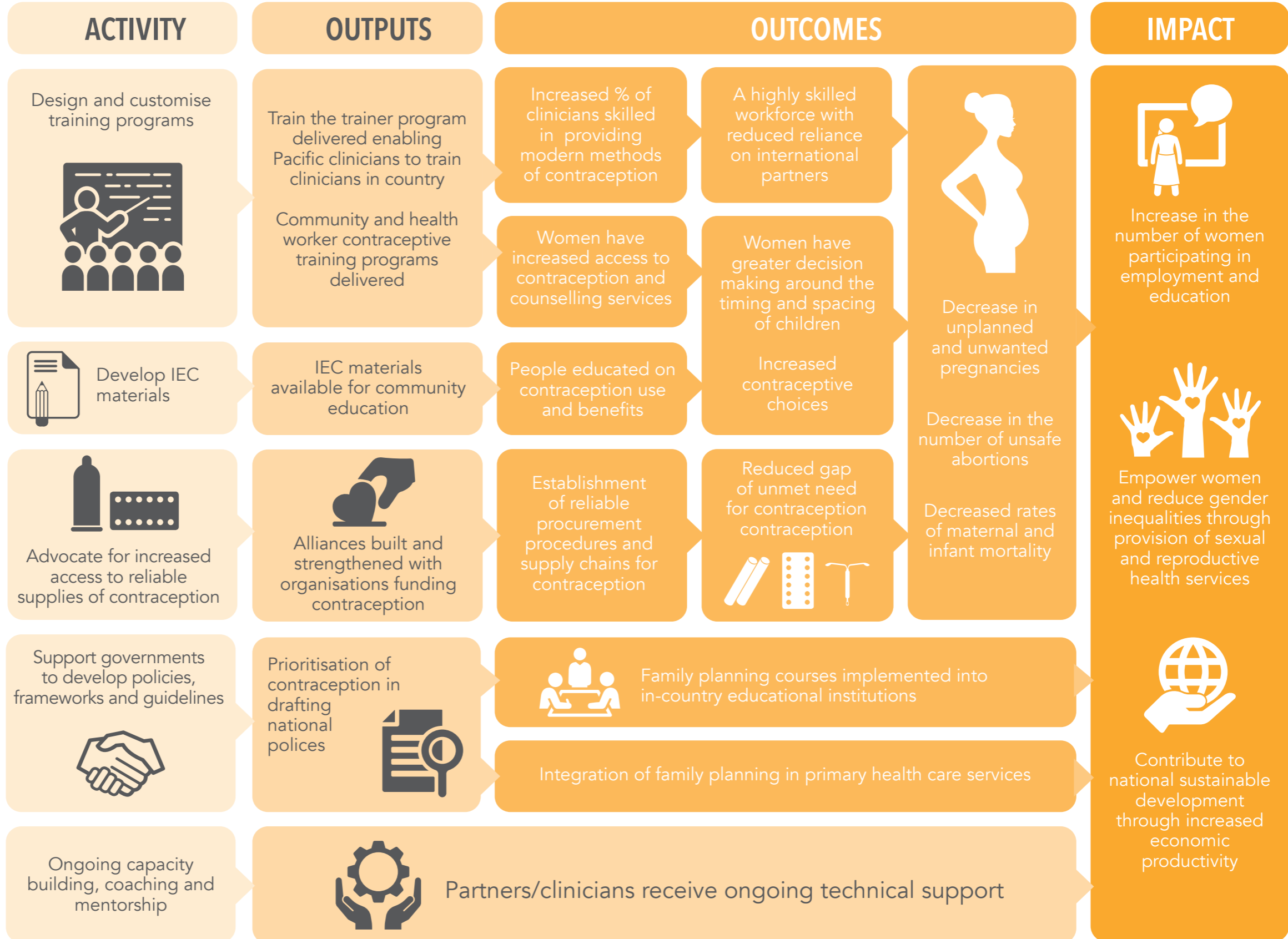
STAKEHOLDERS

Local communities
Ministries of Health
Health professionals
NGOs, IPPF member
Donors, DFAT,
Pacific Society of Reproductive Health
Local communities
Ministries of Health
Health professionals
NGOs, IPPF member
Donors, DFAT,
Pacific Society of Reproductive Health

ASSETS

Family Planning NSW provides technical expertise alongside an extensive public health, research, and educational background. This expertise extends across capacity development partnerships in the Pacific

THEORY OF CHANGE: CONTRACEPTION CHOICES



ISSUE

There is no consistent implementation of CSE in formal and informal education systems. Cultural beliefs create misconceptions around the discussion of CSE topics. Young people don't have access to CSE, and there are high rates of early and unintended pregnancies, unsafe abortions and gender based violence

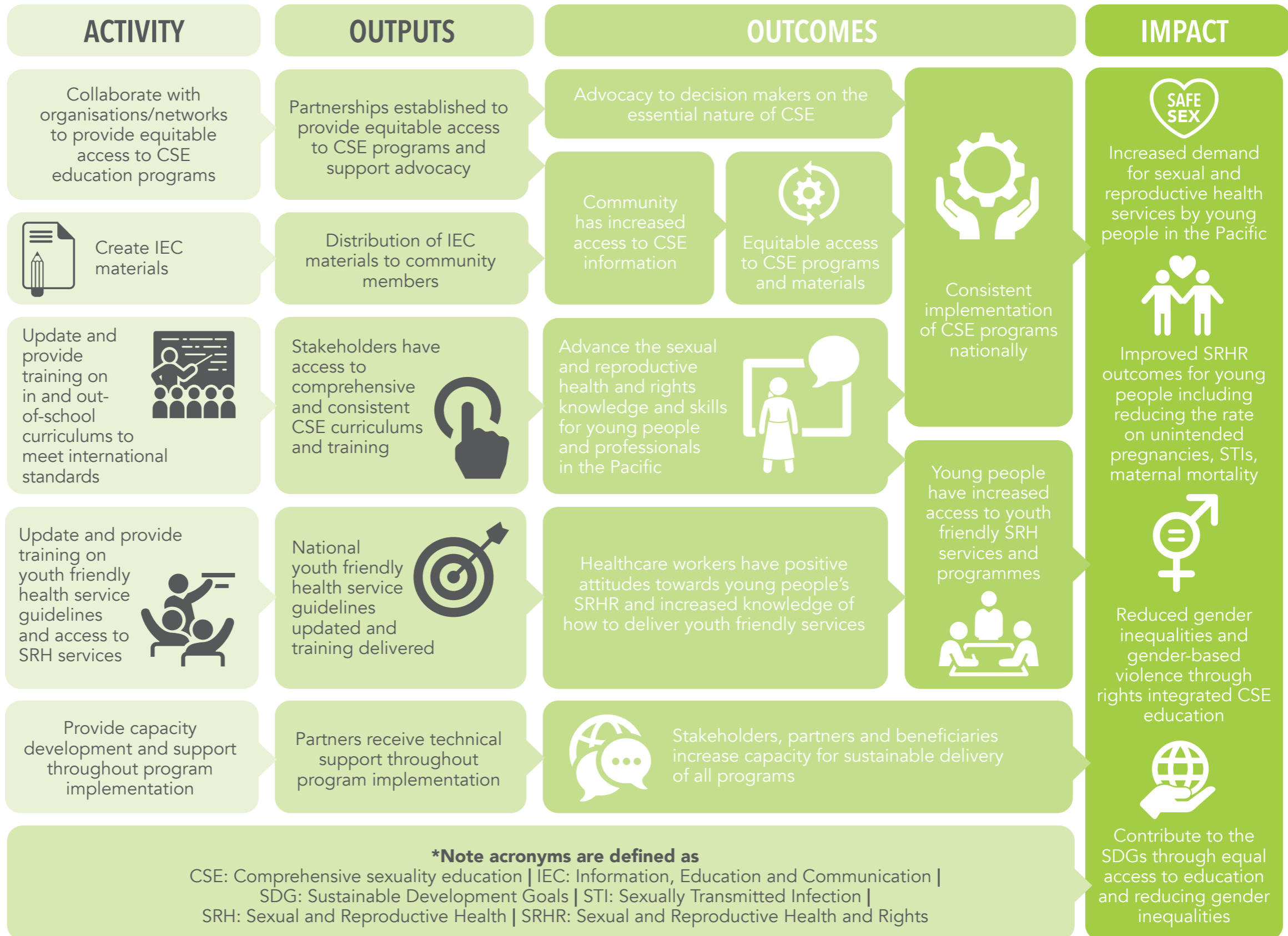
STAKEHOLDERS

Local communities
Young people
Schools and teachers
Community educators
Health care workers
NGOs and IPPF
UN Agencies
Donors

ASSETS

Family Planning NSW provides technical expertise alongside an extensive public health, research, and educational background. This expertise extends across capacity development partnerships in the Pacific

THEORY OF CHANGE: COMPREHENSIVE SEXUALITY EDUCATION

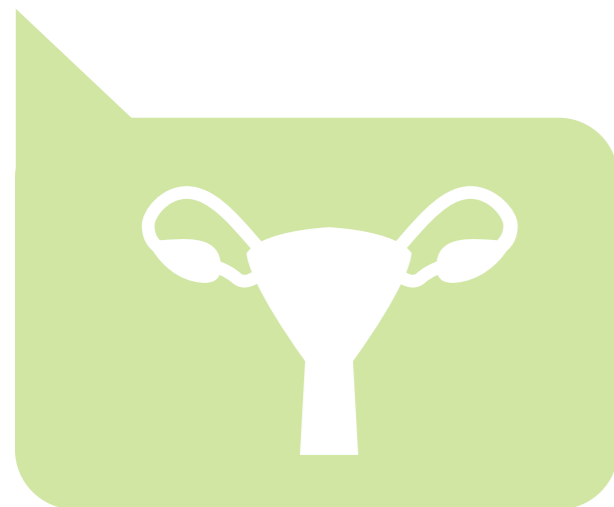


***Note acronyms are defined as**

CSE: Comprehensive sexuality education | IEC: Information, Education and Communication |
SDG: Sustainable Development Goals | STI: Sexually Transmitted Infection |
SRH: Sexual and Reproductive Health | SRHR: Sexual and Reproductive Health and Rights

APPENDIX 1: DEFINITIONS OF TERMS

Term	Definition	Examples
Cervical cancer screening	Screening is testing of all women at risk of cervical cancer, most of whom will be without symptoms. It aims to detect precancerous changes, which, if not treated, may lead to cancer (WHO, n.d.).	<ul style="list-style-type: none"> • Pap test • Liquid based cytology • Visual inspection with acetic acid • HPV DNA test
Contraception: Methods or devices used to prevent pregnancy.		
Long-acting reversible	Contraceptive methods that provide very effective contraception, are long acting, require administration less than once a month, and are reversible when stopped (FPNSW, 2013a).	<ul style="list-style-type: none"> • Intra-uterine device / system • Contraceptive implant
Short-acting	Shorter-term methods of contraception that require regular attention from users. They are often more difficult to comply with and have lower effectiveness than long-acting reversible contraceptives (FPNSW, 2013b).	<ul style="list-style-type: none"> • Contraceptive injection • Oral contraceptive pill • Male and female condom • Diaphragm • Vaginal ring • Traditional methods (see below)



Term	Definition	Examples
Modern method	Contraceptive methods developed in more recent times; many as medical procedures or pharmaceutical options.	<ul style="list-style-type: none"> • Oral contraceptive pill • Intra-uterine device / system • Male and female condom • Contraceptive implant • Contraceptive injection • Diaphragm • Vaginal ring • Emergency contraception • Sterilisation
Traditional method	Contraceptive methods that pre-date the emergence of modern contraceptive options; these are generally considered less reliable than modern methods.	<ul style="list-style-type: none"> • Rhythm (periodic abstinence) • Withdrawal • Lactational amenorrhea • Folk methods
Permanent methods	Contraceptive methods intended to provide life-long, permanent and effective protection against pregnancy.	<ul style="list-style-type: none"> • Tubal ligation • Vasectomy
Core sexual and reproductive health competencies	The core sexual and reproductive health competencies that are desirable for use in primary health care reflect the attitudes, tasks, knowledge and skills that health personnel in primary health care may need to protect, promote and provide sexual and reproductive health care in the community (WHO, 2011).	Core competencies: Attitudes, knowledge, ethics, human rights, leadership, management, teamwork, community work, education, counselling, clinical settings, service provision



Term	Definition	Examples	
Couple-Years of Protection (CYP)	CYP is a standard global metric for measuring family planning performance. It estimates the protection provided by family planning services during a one-year period, based upon the volume of all contraceptives distributed to clients during that period. It is calculated by multiplying the number of each method distributed to clients by a corresponding conversion factor (an estimate of the duration of contraceptive protection provided per unit of that method). This yields an estimate of the duration of contraceptive protection provided. One full CYP is the equivalent of one year of protection from unintended pregnancy for one couple (Stover, Bertrand & Shelton, 2000; USAID, 2014).	Method	CYP Per Unit
		Copper-T 380-A IUD	4.6 CYP per IUD inserted
		3 year implant (e.g. Implanon)	2.5 CYP per implant
		4 year implant (e.g. Sino-Implant)	3.2 CYP per implant
		5 year implant (e.g. Jadelle)	3.8 CYP per implant
		Emergency Contraception	20 doses per CYP
		Oral Contraceptives	15 cycles per CYP
		Condoms (Male and Female)	120 units per CYP
		Depo Provera (DMPA) Injectable	4 doses per CYP
		Cyclofem Monthly Injectable	13 doses per CYP
Monthly Vaginal Ring/ Patch	15 units per CYP		
	(USAID, 2014)		
Disability	“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (Convention on the Rights of Persons with Disabilities [CRPD]) (UN, 2006). Reporting on disability should be consistent with the CRPD (DFAT, 2014).	<ul style="list-style-type: none"> • Physical • Mental • Sensory • Emotional • Developmental 	

Term	Definition	Examples
Educators	A person with expertise in a particular area, who carries out related teaching or educational activities in a formal or informal capacity.	<ul style="list-style-type: none"> • Peer educator • Community educator • Nurse educator • Medical educator
Family planning	Family planning allows people to attain their desired number of children and determine the spacing of pregnancies.	<ul style="list-style-type: none"> • Contraceptive methods • Treatment of infertility
Gender-based violence	Gender-based violence involves men and women with women usually, but not always, being the victim. It stems from unequal power relationships within families, communities and states. Violence is generally directed specifically against women for diverse reasons, and affects them disproportionately (UNFPA, UNIFEM & OSAGI, 2005). The Declaration on the Elimination of Violence against Women states that violence against women includes sexual, physical, and psychological violence in the family, community and state (UN, 1993).	<ul style="list-style-type: none"> • Domestic violence • Physical violence • Sexual violence • Emotional violence • Economic violence
High-risk sex	High-risk sexual behaviours can be defined as those involving unsafe sex with outcomes of unintended pregnancy and STIs (Song & Ji, 2010).	<ul style="list-style-type: none"> • Unprotected sex unless in monogamous relationship and/or when pregnancy is desired • Early sexual activity • Multiple sexual partners
Rural / urban	There is no consistent, internationally accepted definition for rural/urban. The World Bank recommends that each country or partner should define urban (and by extension rural) depending on the circumstances (DFAT, 2014).	<ul style="list-style-type: none"> • Rural: geographic area outside of cities/ towns • Urban: geographic area inside city/ town boundaries
Sexually transmissible infection	A sexually transmissible infection is an infection that is passed from one person to another during sexual activity.	<ul style="list-style-type: none"> • Chlamydia, gonorrhoea, syphilis, HIV, human papillomavirus, trichomoniasis, genital herpes and warts, hepatitis B and C
Young person	The standard age limit is 18 years old, although this limit may vary depending on circumstances and country (DFAT, 2014).	

APPENDIX 2: SUSTAINABLE DEVELOPMENT GOALS AND INDICATORS

While all the Sustainable Development Goals are indivisible and interconnected, the following goals and targets are the most relevant to the work of Family Planning NSW and how we can positively impact achieving the agenda.

Sustainable Development Goals and Indicators

Goal 1: End poverty in all its forms everywhere

1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions

1.4.1 Proportion of population living in households with access to basic services

1.B Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions

1.B.1 Proportion of government recurrent and capital spending to sectors that disproportionately benefit women, the poor and vulnerable groups

Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs

3.7.1 Percentage of women of reproductive age (aged 15-49) who have their need for family planning satisfied with modern methods

3.7.2 Adolescent birth rate (aged 10-14; aged 15-19) per 1,000 women in that age group

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

3.8.1 Coverage of tracer interventions (e.g. child full immunization, antiretroviral therapy, tuberculosis treatment, hypertension treatment, skilled attendant at birth, etc.)

Sustainable Development Goals and Indicators

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations

4.5.1 Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous people and conflict affected as data become available) for all indicators on this list that can be disaggregated

Goal 5. Achieve gender equality and empower all women and girls

5.1 End all forms of discrimination against all women and girls everywhere

5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner, in the last 12 months, by form of violence and by age group

5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner, in the last 12 months, by age group and place of occurrence

5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Program of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

5.6.1 Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

5.6.2 Number of countries with laws and regulations that guarantee women aged 15-49 access to sexual and reproductive health care, information and education

Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

8.1 Sustain per capita economic growth in accordance with national circumstances and, in particular, at least 7 per cent gross domestic product growth per annum in the least developed countries

8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value



Sustainable Development Goals and Indicators

Goal 10: Reduce inequality within and among countries

10.1 By 2030, progressively achieve and sustain income growth of the bottom 40 per cent of the population at a rate higher than the national average

10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard

Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

16.1 Significantly reduce all forms of violence and related death rates everywhere

16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months

16.1.4 Proportion of population that feel safe walking alone around the area they live

Goal 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development

17.16 Enhance the global partnership for sustainable development, complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of the sustainable development goals in all countries, in particular developing countries

17.16.1 Number of countries reporting progress in multi-stakeholder development effectiveness monitoring frameworks that support the achievement of the sustainable development goals

17.17 Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships

17.17.1 Amount of United States dollars committed to public-private and civil society partnerships

17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts

17.18.1 Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics

APPENDIX 3: REFERENCE LIST

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