

Family Planning Australia Development Effectiveness Framework



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SECTION 1: OUR WORK

PURPOSE

The Family Planning Australia Development Effectiveness Framework 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 Australia monitor and review our projects to ensure we:

- make sure our projects are effective, relevant and appropriate
- assess and communicate our contribution 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, our Development Effectiveness Framework assists to articulate the 'why' and 'how' Family Planning Australia's work uses evidence-based development approaches to contribute to improved family planning and health outcomes, poverty reduction 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 Australia'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 AUSTRALIA

Family Planning Australia is the international pillar of Family Planning NSW, 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 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 programmes and services. We are compliant with standards under the National Health and Medical Research Centre.

INTERNATIONAL PROGRAMME

Family Planning Australia 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 a fully DFAT accredited NGO, 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 VALUES

- Human rights focus - promoting the rights of all people to reproductive and sexual health
- Integrity - maintaining a strong ethical base, being accountable and transparent
- Inclusiveness - valuing and respecting diversity without judgement
- Equity of access - ensuring access to our services for all, including priority populations
- Client centred - placing the needs of the whole person at the centre of our work
- Commitment to excellence - ensuring high standards in all our work

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 Australia 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 Australia is guided by a number of internal strategies and plans, including:

- FPNSW Strategic Plan 2018-22
- FPNSW Business Plans
- Reproductive and Sexual Health Outcomes in the Pacific Strategy 2016-2020
- Promote gender equality and empower women and girls 2016-2020
- Advance reproductive and sexual health and rights of people with disability in the Pacific Region

AID EFFECTIVENESS

Family Planning Australia 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).

Specifically, Family Planning Australia acknowledges that programmes should have:

1. *Ownership of development priorities* – recognizing that developing countries must design and drive their own development
2. *A focus on results* – aiming at concrete outcomes that eradicate poverty, reduce inequality and ensure that the necessary resources and capacity are available to take these steps forward
3. *Inclusive partnerships* – promoting mutual learning and trust among different development actors
4. *Transparent and accountable mechanisms* – building on transparent ways of working to improve service delivery and clarify mutual responsibilities

INTERNATIONAL CONFERENCES AND CONVENTIONS

Family Planning Australia supports and ensures our projects are developed to align with relevant international conventions, conferences and commissions, including:

1. *International Conference on Population and Development (ICPD)*

The ICPD sets out to:

- Provide universal access to family planning and sexual and reproductive health and rights
- Deliver gender equality, empowerment of women and equal access to education for girls
- Address the individual, social and economic impact of urbanization and migration
- Support sustainable development and address environmental issues associated with population

2. *Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)*

CEDAW defines discrimination against women as

"...any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field."

The Convention affirms the reproductive rights of women and targets culture and tradition as influential forces shaping gender roles and family relations (in particular Article 12).

3. *Convention on the Rights of Persons with Disabilities (UNCRPD)*

UNCRPD is a powerful statement supporting the fundamental rights of people with disability. The Convention provides fundamental principles for all decision making in particular Articles 16, 21, 23, 24 and 25 which specifically address the right of people with disability to decide freely and responsibly on the number and spacing of their children and to have access to age appropriate information, and access to reproductive and family planning education.

4. *Convention on the Rights of the Child (CRC)*

The CRC recognises that children and young people have the right to enjoy the highest attainable health, access to health facilities, access to information, which will allow them to make decisions about their health, including family planning.

5. *Human Rights Council (HRC)*

The HRC passes resolutions and decisions relating to sexual and reproductive health and rights, gender equality and people living with a disability.

SUSTAINABLE DEVELOPMENT GOALS

We work in partnership with government, non-government and community organisations to implement programmes that support the achievement of the Sustainable Development Goals (SDG). While our work crosses over all 17 goals and targets, we focus on implementing Goals 1 (No Poverty), 3 (Good Health and Wellbeing), 4 (Quality Education), 5 (Gender Equality), 8 (Decent Work and Economic Growth), 10 (Reduced Inequality), 16 (Peace, Justice and Strong Institutions), and 17 (Partnerships for the Goals). See Appendix 4 for further information on the SDGs)

DEPARTMENT OF FOREIGN AFFAIRS AND TRADE

Family Planning Australia'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 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
- pap tests, breast awareness information
- safe and professional abortion services (both medical and surgical)

INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF)

IPPF's declaration on Sexual Rights outlines seven guiding principles and ten sexual rights. The sexual rights are constituted by a set of entitlements related to sexuality that emanate from the rights to freedom, equality, privacy, autonomy, integrity and dignity of all people. Sexual rights are human rights related to sexuality and include the right to life, liberty, security of person, equality, freedom from all forms of discrimination, the right to decide whether or not to marry, whether or when to have children and the right to be free from torture and ill treatment.

SECTION TWO: OUR APPROACH

PROJECT FOCUS

Family Planning Australia 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 Australia allocates funds based on the following criteria:

- **Reproductive and sexual health needs** – countries and regions where progress against SDGs and other reproductive and sexual health indicators are poor
- **Geographical focus** – focusing on developing countries in the Pacific region
- **Effectiveness and capacity of Family Planning Australia to make a real difference** – where Family Planning Australia 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 marginalized 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 on long term change
- **Ensuring value-for-money** – focusing on efficient and cost-effective projects that make a difference
- **Size** – ensuring Family Planning Australia 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 of all of our international projects. This involves the collection of routine data at particular points of the project cycle. This may include a baseline, midline, and endline studies to measure progress toward achieving project objectives. Monitoring is used to ensure the project is 'on track', to refine as required, and to identify changes in project performance over time.

It is Family Planning Australia's standard practice for all of our projects to be evaluated, either internally or by an external provider, using quantitative and qualitative approaches to data collection and analysis. We also aim to seek ethics approval for the evaluation of our projects, to ensure they are ethical and appropriate. As well as being an important component of donor reporting, project evaluations allow us to:

- determine the impact of our projects
- determine the value for money
- measure the effectiveness of our projects in terms of the extent to which the aims and objectives of a project have been achieved
- measure the effectiveness of capacity building and ensure sustainability of the project has been achieved
- ensure accountability of Family Planning Australia and partner organisations
- contribute to the evidence base for reproductive and sexual health programs and services in the Pacific region
- inform future programming

A monitoring and evaluation plan is developed for all projects to outline specific monitoring and evaluation requirements. This builds upon the project's logframe developed in the project concept note. The monitoring and evaluation plan is developed for each project in consultation with our partner organisation/s early in the project cycle. Following completion of the monitoring and evaluation plan a decision is made by the project team as to whether the monitoring and evaluation scope necessitates the development of a separate evaluation plan (usually for larger or more complex projects).

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



Figure 1: Conceptual framework and program cycle

SHARED LEARNING

An important area of our International Programme 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 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 Australia has developed the indicators below to help guide our monitoring and evaluation practice.

Data should always be disaggregated where possible into sex and age, people with a disability, indigenous status, and location. DFAT ANCP indicators are marked with an * below.

Categories	Family Planning Australia indicators
1. Family planning and contraception	
Contraceptive prevalence	% / number of women of reproductive age (aged 15-44 years) using (or partner is using) a modern method of contraception
	% / number of women of reproductive age using a LARC
	% / number of family planning users under 25 years of age*
	% / number of family planning <i>new</i> adopters (number of people receiving a family planning service who have never used a method of family planning)*
	% / number of family planning <i>recent</i> adopters (number of people receiving a family planning service who have not used any method of family planning in the last three months)*
Couple-Years of Protection	Number of couple-years of protection generated
	Number of high-impact couple-years of protection generated
Knowledge of contraception	% / number of people who can correctly identify two modern methods of contraception
	% / number of people who know of at least one reliable source to obtain male or female condoms
	% / number of people who know of at least one reliable source to obtain a modern method of contraception
Decision-making	% / number of people who share in decision-making for reproductive and sexual health issues with their spouse or sexual partner
Condom use	% / number of sexually active people who used a condom at first sex
	% / number of sexually active people who used a condom at most recent sex
	% / number of sexually active people who sometimes use a condom during sexual activity
	% / number of sexually active people who always use a condom during sexual activity
	% / 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	% / number of people ever diagnosed and treated for a STI
Knowledge of STIs	% / number of people who can define STI, and correctly describe transmission, treatment, prevention
Knowledge of STI prevention	% / number of people who can correctly identify at least two ways of preventing a STI
	% / number of people who reject major misconceptions about STIs
3. Cervical cancer	
Vaccination	% / number of girls who receive full course of HPV vaccine
Knowledge of screening	% / number of women aged 26-69 who are aware that screening exists for cervical cancer
	% / number people who are reached with information about cervical screening through community awareness activities
Participation in screening	% / number of women aged 30-49 years who have been screened with a cervical screening test at least once
	% / number of women aged 30-49 years who have been screened for the first time in the last 12 months
	% / number of women aged 25-50 undertaking visual inspection with acetic acid (VIA)
Screening test results	% / number of screen-positive women aged 30-49 years with a positive result
	% / number of cytology tests reported as unsatisfactory
Participation in	% / number of screen-positive women who have received appropriate treatment

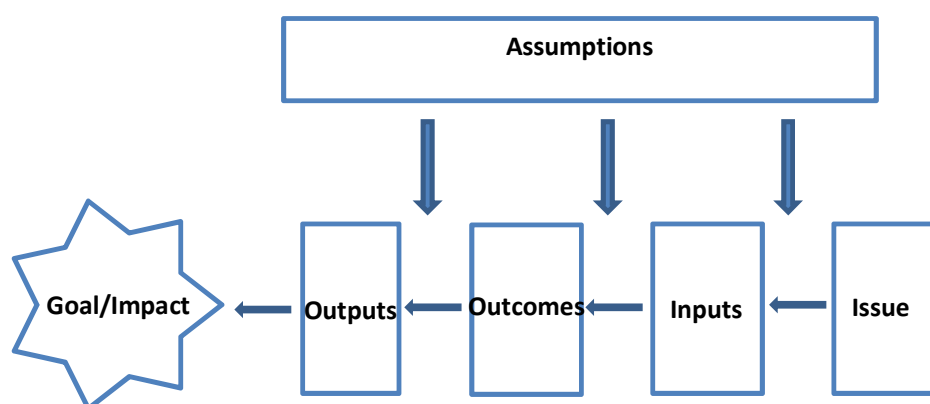
Categories	Family Planning Australia indicators
treatment	% / number of VIA screen-positive women with lesions eligible for cryotherapy treated during the same visit
	% / number of VIA screen-positive women with lesions not eligible for cryotherapy referred to colposcopy and who complete appropriate treatment
	% / number of women with suspected invasive cancer on a cervical screening test who complete appropriate treatment or appropriate follow-up
4. Gender	
Gender-based violence	% / number of women who have experienced physical and/or sexual violence in the last 12 months
	% / number of women survivors of violence receiving services such as counselling*
	% / number of people who believe family violence is unacceptable
	Number of civil society organisations supported to engage in activities to reduce violence against women*
Gender equality	Number of people reached by programs / projects that include examining gender and related cultural norms
	Number of boys and men targeted with messaging about gender equality
	Number of civil society organisations supported to achieve gender equality goals or provide specific services to women, including women with a disability*
	Number of women assuming leadership roles or engaging collectively at local, national and/or regional level*
Gender audit	Number of gender audits conducted with or by partner organisations
5. Disability inclusive development	
Inclusivity	Number of people with a disability consulted regarding the development of reproductive and sexual health policies, programs and/or services
	Number of people with a disability who are provided with information on reproductive and sexual health rights
	Number of students with a disability who have received education on reproductive and sexual health rights
Disability audit	Number of disability audits conducted with or by partner organisations
6. Child protection	
Recruitment & personnel practices	% / number of personnel working with or in contact with children recruited using child-safe recruitment practices
	% / number of personnel signed and applying a child protection policy and code of conduct (e.g. demonstrate knowledge of their role/responsibilities; effectively manage disclosures/reports of child abuse or breaches)
	% / number of research personnel who undergo child-safe recruitment practices
Reporting	Number of reports made, or issues raised and documented, in relation to child protection by staff, volunteers, children, community members and/or other personnel
7. Information and services	
Reproductive and sexual health information and services	% / number of people who accessed a reproductive and sexual health service in the last 12 months
	% / number of students who received comprehensive reproductive and sexual health education in school
	% / number of people with increased access to essential medicines and health commodities*
	% / number of people provided with voluntary HIV/AIDS, STI testing and counselling, and other care services provided*
	% / number of people provided with prevention services (excluding HIV/AIDS and STI)*
	Number of family planning services provided*
Health facilities	Number of health facilities upgraded*
	Number of health facilities upgraded in accordance to accessible design guidelines for Australia's aid program*
8. Advocacy	
Advocacy	Number of advocacy strategies implemented
Policy change	Number of meetings held between Family Planning Australia and national or international governments around policy development and/or implementation
	Number of policy changes that have been implemented with the support of Family Planning Australia
9. Capacity building	
Organisational	Number of local in-country partners participating in ANCP funded projects/programs*

Categories	Family Planning Australia indicators
	Number of local in-country partners reporting an increased organisational and project implementation capacity as a result of participating in ANCP funded projects/programs*
	Number of local in-country partners that collect disability disaggregated data*
Training and education sessions	Number of people provided with awareness of the importance of education*
	Number of education and training programs developed based on assessment of needs
	Number of people trained as trainers in reproductive and sexual health
	Number of health workers trained*
	Number of sessions delivered on a given topic
	Number of teachers trained on a given topic*
	Number of teachers who received training in-service on a given topic*
Training and education on cross-cutting issues	Number of people provided with awareness raising / training on disability inclusion and rights
	Number of people provided with awareness raising / training on gender issues and women's equal rights*
	Number of people participating in preventive and awareness raising activities related to child protection*
	% / number of staff working with or in contact with children who have participated in child protection training
	% / number of research personnel who participate in child protection training/briefing
	Number of people exposed to violence again women awareness raising campaigns/activities in communities*
	Number of teachers trained in 'disability inclusion'*
Competency achieved	Number of in-country Disabled Persons Organisations (DPOs) receiving capacity building*
	Number of people who complete a training session on a given topic
	Number of people who are formally assessed as competent
	Number of people who increase their knowledge, skills and confidence upon completion of training
Communications	Number of people deemed competent in one or more core reproductive and sexual health competencies
	Number of information, education and communication (IEC) materials developed and distributed

THEORY OF CHANGE

A Theory of Change (ToC) helps organisations to explore and articulate the dynamics of change in a specific context. It aims to explain how change comes about 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 programme. 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 use a ToC?

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

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)	
- 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	
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	
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

Term	Definition	Examples	
		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 	
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: COUNTRY AND PROGRAMME PLANS

To guide Family Planning Australia's focus in each country, we have developed country plans for each location that we work. These plans outline the key focus in each country across our programmes, ensuring we are matching our core skills and capacity with the needs of the country.

Each of our programmes have been defined around what they seek to achieve in partnerships, clinical services, training, data and advocacy. This ensures that Family Planning Australia is clear about what products and services we can provide so that as an organisation we are providing value programming.

The five key programme areas we work are:

- Sexual and reproductive health and rights
- Contraception
- Cervical cancer
- Gender equality and violence against women
- People living with a disability

Family Planning Australia will only work on projects that match our skills and capabilities.

APPENXIX 3: SUSTAINABLE DEVELOPMENT GOALS AND INDICATORS

While all the SDGs are indivisible and interconnected, the following goals and targets are the most relevant to the work of Family Planning Australia 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 programmes
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.)
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 Programme 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	8.5 By 2030, achieve full and productive employment and

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national circumstances and, in particular, at least 7 per cent gross domestic product growth per annum in the least developed countries	decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value
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 4: REFERENCE LIST

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