

2016 FP2020 ANNUAL COMMITMENT UPDATE QUESTIONNAIRE RESPONSE



DEUTSCHE STIFTUNG WELTBEVOELKERUNG (DSW)

[HTTP://WWW.FAMILYPLANNING2020.ORG/DSW](http://www.familyplanning2020.org/dsw)

In July 2016, Deutsche Stiftung Weltbevölkerung (DSW) shared an update on progress in achieving its Family Planning 2020 commitment in the 2015-2016 timeframe (commitment included for reference below).

POLICY & POLITICAL UPDATES

DSW has engaged in the following activities to increase the number of parliamentarians and policy champions pushing forward the sexual and reproductive health and rights and family planning agenda including gender development issues:

- **Germany:** DSW serves as secretariat for the German All Party Parliamentary Group on Population and Development (APPG), which currently has 32 members from all parliamentary groups. The APPG is very active on a range of issues related to family planning and gender in development. DSW maintains longstanding relationships with the Federal Ministry for Economic Cooperation and Development (BMZ) on the working level and with the leadership on sexual and reproductive health and rights, incl. family planning, and gender. DSW advocated strongly and successfully for a new FP2020 commitment by German government, the integration of SRHR in BMZ's strategy on gender equality and gender action plan which are binding for all actors of the official German development cooperation and for the inclusion of SRH/ RR ad gender in the Agenda 2030.
- **European Union:** At the European level, DSW continues to successfully work with Members of the European Parliament who support and champion SRHR, including family planning and gender, in different policy processes. DSW has moreover maintained good working relationships with members of the cabinet of the European Commissioners and respective thematic units, as well as around 10 permanent representations of Member States to the EU to strengthen support for SRHR in the EU Council.
- **Eastern Africa:** In Eastern Africa, DSW continues its work with members of parliament and government officials at national, district, county and community level. This has been essential for the results outlined in the following answers. In addition, a number of 120 youth champions has been identified in Kenya (64), Tanzania (36), and Uganda (23) who lend a voice to citizen's concerns and demands on family planning in consultation processes of local and national governments with civil society. They will be further trained in the course of 2016 to increase their knowledge and advocacy competencies and to link them up for use of synergies and exchange of ideas and best practices.
- **International:** DSW has continuously advocated for the inclusion of SRHR, including family planning, and gender in the 2030 Agenda for Sustainable Development and other outcomes of relevant UN-bodies such as CPD, CSW and the High-Level Meeting on HIV/AIDS, as well as in the declarations the G7. This was done through contacts with German ministries, EU officials, the European Parliament, permanent missions to the UN in New York and Geneva and through UN agencies, mainly UNFPA but also UN Women and UNESCO.

FINANCIAL UPDATES

DSW has engaged in the following activities to support collaborative efforts to ensure sufficient and transparent funding for family planning:

- In Germany, DSW successfully supported FP2020 in achieving a renewed financial commitment of €514 million until 2020 for FP2020 by the Federal Ministry for Economic Cooperation and Development.
- DSW is continuously tracking government expenditure for family planning. For Germany and the European Commission this was done collaboratively with the Countdown 2015 Europe Network. Please see [here](#) for the results of the tracking which is being used to hold governments and the European Commission to account.

- DSW and partners developed a factsheet tracking EU investment in family planning and reproductive health between 2007-2013, with a particular focus on population assistance and the ICPD agenda. In 2016, DSW in a consortium with other European partners will publish "Euromapping", tracking the commitments of donors to different international initiatives in the field of family planning and reproductive health, one of which will be FP2020. "Euromapping" serves as an advocacy tool for civil society organizations to convince donors to spend more of their budgets on family planning and reproductive health.
- At EU level, DSW together with partner organisations has successfully advocated for stronger language on family planning in the programme of the two main development cooperation instruments and protected the budget related to FP against proposed cuts.
- DSW and its partners have developed analyses of the budget on family planning, not only at national level but also at local level; indeed with the devolution process, most of the decisions made on budget allocations and policy affected FP commodities and barriers to FP are made at district or county level. In 2014, DSW published budget studies for [Kenya](#), [Rwanda](#), [Tanzania](#), and [Uganda](#). A new set of studies will be published in 2016.

PROGRAM & SERVICE DELIVERY UPDATES

DSW has engaged in the following activities to expand its advocacy for both greater availability of contraceptives and removal of barriers to access;

- DSW is a member of the Reproductive Health Supplies Coalition and actively contributes to different working groups and work streams within the coalition, especially the advocacy and accountability working group.
- One of DSW's main advocacy asks at German and EU level is a stronger focus on young and unmarried persons and other underserved groups in SRHR, including family planning, and gender programming.

DSW has engaged in the following activities to build community support for contraceptive access:

- DSW's Youth-to-Youth Initiative (Y2Y) is a cross-sectoral, integrated and holistic approach that takes into account the interrelations between SRHR and sustainable development in Eastern Africa (Kenya, Ethiopia, Tanzania and Uganda). It addresses the multi-faceted needs of adolescents and youth aged 10 to 24 to equip them with knowledge and skills that help them make informed decisions. Its overall goal is to empower young people in areas of SRHR as well as socioeconomic development to live a self-determined life. Y2Y is operated through a network of approx. 400 youth clubs which engage in youth-driven and needs-oriented local advocacy, sensitisation, and community work. Y2Y has reached 28,814 youth who in turn reached 213,437 youth and community members through 658 integrated outreach activities. 24,766 accessed youth friendly healthcare services. As part of Y2Y, 23 advocacy and dialogue forums were conducted at local and national levels in 2015. Local administration, young people, youth leaders, political leaders, opinion leaders, health workers, village elders, parents, community leaders and development partners attended the forums which discuss various issues affecting youth like provision of youth-friendly reproductive health services, youth in leadership, youth unemployment and inclusion.

DSW has engaged in the following activities to increase the number of advocacy interventions to prioritize sexual and reproductive health and rights, family planning, and gender policies and programs:

- DSW promotes the integration of maternal and adolescent health, child health, HIV&AIDS and SRHR in health and development plans, policies and programmes. Great example of this work is a series of reviews of national and district policies and budgets for family planning. With the reports, DSW aims to establish trends in the allocation and disbursement of resources at donor, national and subnational levels in Kenya, Rwanda, Tanzania, and Uganda. Updated reports will be published in 2016. This analysis will inform advocacy engagement with decision-makers in these countries by improving civil society organisation's (CSO) understanding of existing family planning policies and budgets. The research will enable CSOs to track the progress of government decision-making on responsive family planning policies, budgets and their implementation, and will support progress towards international and national family planning commitments. The in-depth analysis has involved a review of national and sub-national (selected districts or counties) family planning policies and budgets, in

addition to focus group discussions with local communities. The outcomes of these debates will be used to determine whether the policies and budgets in place are effectively addressing the concerns of these local communities. Through these studies, DSW aims to strengthen communities and CSO capacity to engage in decision-making on policy and budget cycles. This ensures that they are equipped to contribute meaningfully to the processes.

DSW has engaged in the following activities to increase the number of interventions to increase access to family planning:

- In 2015, DSW continued supporting health service providers in Eastern Africa. Overall, DSW contributed to 430,719 instances of SRHR service provision, which represents a 20% increase compared to 2014. The most common services were HIV/AIDS prevention (64,772 services) followed by Health Counselling and Testing (49,668) and family planning services (43,884), DSW also contributed to services related to sexually transmitted infections (prevention: 22,395; treatment: 13,240), maternal health (ANC: 18,844, PNC: 10,586, pregnancy tests: 4,455 and skilled birth attendance: 5,798) and to gender-based violence (prevention: 14,466, treatment from complications: 1,086).
- The type of SRHR services supported by DSW offices differ between countries. DSW Uganda is represented across all service categories, while DSW Kenya focuses on Health Counselling and Testing, ANC, PNC and pregnancy testing. DSW Ethiopia supports service provision for the prevention of STIs and family planning, whereas DSW Tanzania's focus is particularly on HIV/AIDS prevention and treatment, and family planning.
- The group of young people between 15 to 30 years of age is DSW's focus group for the provision of SRHR-related services in most countries. Over 50% of SRHR clients were between 20 to 24 years old, followed by 26% aged 15 to 19 years and 8% between the age of 25 and 30, representing 87% of the total number of clients reached. This is evidence for DSW's expertise in providing access to SRHR services for young people. The age distribution varies by country. DSW Uganda and Ethiopia work particularly with youth aged 15 to 24 years, while DSW Kenya and Tanzania's foci lie on 20 to 35 years old. For example, the legal framework in Tanzania defines youth as people between the ages of 15 to 35. During cascading and other peer-related activities, youth above the age of 24 is considered eligible - especially for events where DSW does not directly decide on the terms. It can also be noted that Kenya and Ethiopia also work with clients above 35 years of age.
- Another measure of DSW's contribution to health systems in developing countries is the number of referrals made through youth clubs at community level. In 2015, a total of 101,953 referrals have been reported, which represents an increase of 69% since 2014. This increase is a result of an improved referral monitoring system and continued support by DSW Country Offices to strengthen the link between youth clubs and health centres. A majority of young people were referred for family planning cases (19,700 referrals), followed by referrals for preventing HIV/AIDS (13,888 referrals). These key categories are followed by referrals for maternal health issues, notably 4,388 young women were referred for ANC, 6,214 for skilled birth attendance and 4,117 for PNC. In addition, 1,641 young people were referred for services related to STI prevention and 1,481 for preventing gender based violence.
- An analysis of referrals by age groups and countries confirms once again DSW's focus on young people. 50% of referred clients were aged 20 to 24 years, compared to 44% representing the same age group out of the total group of referrals in 2014. This age group is followed by young people between the age of 15 to 19 years (19%) and 25 to 30 years (17%). Only few young people below 15 years and older adolescents above 30 years of age were referred (respectively 2% and 9%). Just as in 2014, the discrepancy in Uganda between the elevated number of SRHR services provided to young adolescents in DSW-supported health centres and the comparatively low number of referrals should be noted.
- In 2015, DSW distributed 884,068 sexual and reproductive health commodities. The main commodities distributed were 872,061 male condoms. Through partnerships with ministries of health in the respective countries of intervention, DSW distributed 598,590 male condoms in Uganda, 168,236 in Tanzania, 78,345 in Kenya and 26,890 in Ethiopia. DSW also provided access to injectables (5,858), female condoms (3,320; numbers provided by Kenya and Uganda, as Tanzania does not disaggregate between type of condom), oral contraceptives (1,432), implants (640) in Ethiopia and IUD – 5 years in Kenya.

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The following text is the commitment made by Deutsche Stiftung Weltbevölkerung (DSW) at the 2012 London Summit on Family Planning. To review the commitment online, please visit: www.familyplanning2020.org/dsw.

In alignment with its 2011-2016 Strategic Plan, Deutsche Stiftung Weltbevölkerung (DSW) commits to enabling greater access to contraceptive services.

POLICY & POLITICAL COMMITMENTS

DSW commits to increasing the number of parliamentarians and policy champions pushing forward the sexual and reproductive health and rights and family planning agenda including gender-sensitive development issues.

FINANCIAL COMMITMENTS

DSW commits to supporting collaborative efforts to ensure sufficient and transparent funding for family planning.

PROGRAM & SERVICE DELIVERY COMMITMENTS

DSW commits to continue and expand its advocacy for both greater availability of contraceptives and removal of barriers to access and to help build community support for contraceptive access. DSW will also work to increase the number of advocacy interventions to prioritize sexual and reproductive health and rights, family planning, and gender policies and programs, and interventions to increase access to family planning.