

## SPOTLIGHT REPORT

Comments on DFID's implementation of sexual and reproductive health and rights as it relates to the UK Voluntary National Review



UK SRHR Network  
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## About the UK SRHR Network

The UK SRHR Network (UKSRHRN) brings together 150 representatives from over 50 UK-based international development organisations from the largest to the smallest working on SRHR issues in developing countries throughout the world. They include organisations that work on advocacy as well as service delivery in cooperation with other stakeholders. As a critical friend, they have observed the activities of DFID as contributing to the global SRHR agenda as well as following the development and implementation of the SDGs. The Network Steering Committee, recognising the rich and varied expertise of its members therefore decided to compile this report in order to provide an assessment of DFID's work. This report is based on individual interviews and written reviews including desk research of DFID documentation, annual reports and strategic documents, and while not intended to be exhaustive, is offered on behalf of the UKSRHRN as a contribution to the VNR process.

## Contents

About the UK SRHR Network .....	2
PREFACE.....	4
EXECUTIVE SUMMARY .....	5
LIST OF ABBREVIATIONS .....	10
BACKGROUND .....	12
Reviewing DFID’s implementation of sexual and reproductive health and rights as it relates to the UK VNR – the framework.....	15
1    SRHR as an holistic agenda .....	15
2. Target 3.7 and other related health targets .....	17
2.1    Family planning and commodity supplies.....	17
2.1.1    FP2020.....	18
2.1.2    Commodity supplies .....	18
2.2    Safe Abortion .....	19
2.3    Integration with global health/health systems strengthening/ UHC.....	20
3    Target 5.6 and other related gender targets .....	21
3.1    Female genital mutilation .....	21
3.2    Child, early and forced marriage .....	22
4    Leave no one behind.....	23
4.1    Ageing and older people.....	24
4.2    Persons with disabilities .....	24
5    Adolescents and young people .....	25
6    SRHR in humanitarian crises.....	26
7    Integration with other goals.....	26
7.1    Environment & Conservation.....	26
7.2    Education including comprehensive sexuality education (CSE) .....	27
8    Data collection and disaggregation.....	28
9    Funding modalities including Civil Society funding.....	29
ANNEX 1.....	30
EVIDENCE LINKS AND RESOURCES .....	31

## PREFACE

DFID asserts that it is “a global leader on sexual and reproductive health and rights.”<sup>1</sup> Certainly, in the current international political climate, global leadership on SRHR is a crucially important aspect of DFID’s work and should be fully addressed in the upcoming Voluntary National Review (VNR) for the United Kingdom (UK) which will be presented at the July 2019 session of the UN High-level Political Forum (HLPF). The UK Sexual and Reproductive Health and Rights Network (UKSRHRN), as the leading civil society organization (CSO) grouping working on an SRHR agenda in the UK, has undertaken this review of DFID’s activities in advancing a comprehensive and integrated approach to SRHR.

In line with the 2030 Agenda for Sustainable Development (2030 Agenda),<sup>2</sup> UN Member States review their progress in implementing the Sustainable Development Goals (SDGs) through VNRs at the HLPF. These VNRs provide an opportunity to share experiences, including successes, challenges and lessons learned.

The UK Government’s first VNR will provide an opportunity to showcase its contribution to the delivery of the SDGs – both within the UK and internationally through its overseas development assistance (ODA). Reviewing SRHR in the context of the 2030 Agenda and the SDGs provides DFID with a blueprint for moving forwards and given DFID’s position as a global leader, SRHR should be included by at least a paragraph in the VNR. Such a paragraph could read something like this:

“DFID, as a world leader, has made strong commitments to promote and support sexual and reproductive health and rights (SRHR) in its policies and programmes, thereby contributing to the achievement of SDG targets 3.7 and 5.6. At the 2017 Family Planning Summit DFID committed to spend an average of £225m per year on family planning between the financial years 2017-18 to 2021-22. Recently added is its new, £200m flagship comprehensive SRHR programme (WISH) which will help 3 million extra girls, women and men gain access to life-saving voluntary contraception in some of the world’s poorest countries. In 2017/18 it spent £243 million on family planning, overshooting this commitment. The UK is also proud to be the largest funder of UNFPA and to be the second largest donor in the global AIDS response, in response to target 3.3. Having contributed strongly to assist countries towards achieving MDG 5 on maternal mortality, DFID has followed up its commitment to SDG target 3.1 by supporting 22 bilateral programmes in 16 countries on maternal and newborn health, within a spend of around £1 billion per year total on maternal, newborn and child health. In November 2018, DFID announced a £50 million package to support an African-led movement to put an end to FGM by 2030 – the biggest single investment by an international donor, in addition to its programmes to end child, early and forced marriage.”

## EXECUTIVE SUMMARY

According to the Department for International Development (DFID) the UK is “a global leader on sexual and reproductive health and rights.” As such DFID’s activities are delivering SRHR are crucially important in the current international political climate. The upcoming UK Voluntary National Review (VNR), to be presented at the July 2019 session of the UN High-level Political Forum (HLPF), should therefore demonstrate the UK’s contribution on SRHR, which is a game changer for women, men and young people, particularly adolescent girls in many developing countries. As the leading civil society organization (CSO) grouping working on an SRHR agenda in the country, the UK Sexual and Reproductive Health and Rights Network (UKSRHRN), has therefore undertaken this review of DFID’s activities in advancing a comprehensive and integrated approach to SRHR.

This review focuses particularly on areas that relate specifically to the implementation of SDG target 3.7 on universal access to sexual and reproductive health-care services, including for family planning, information and education, and their integration into national strategies and programmes and SDG target 5.6 which includes reproductive rights in addition to universal access to sexual and reproductive health. It also includes other SDG targets that relate directly or indirectly to SRHR.

*Members of the UKSRHRN in reviewing DFID’s activities, policies and programmes related to SRHR as a holistic agenda have highlighted ‘key messages’ as well as identifying gaps and making recommendations to be found **in bold italics throughout**. Among the observations made are the following:*

In considering **SRHR as a holistic agenda**, the UKSRHRN suggests that, while DFID is a recognised global leader on, voluntary family planning, HIV and gender based-violence (GBV), these areas however continue to be siloed and/or run in parallel with few intersections or integration. DFID’s recognition of the recent Guttmacher-Lancet definition of SRHR is the latest in a series of strong policy moves towards holistic SRHR, building on the Ministerial statements at the 2017 FP Summit. However, more evidence is required to demonstrate that an integrated approach is being realised through funding and programming. At the same time, for example, the integration of HIV into wider programmes, without appropriate monitoring mechanisms, has meant that DFID has lost its ability to measure its impact within the HIV response. Overall, the UKSRHRN welcomes policy shifts towards a more holistic framing of SRHR, whilst highlighting the need to ensure specific issues are not ‘lost’ within a broader framework. ***There is a greater need to ensure that family planning is included within a comprehensive approach to SRHR. If women and girls are truly able to choose for themselves, neglected areas of safe abortion, adolescent sexual and reproductive health and rights, gender-based violence and infertility must be included.***

With these challenges in mind, ***the UKSRHRN suggests that DFID’s vision for comprehensive SRHR be clearly articulated and in turn translated into concrete measures within DFID Country plans and across all funding modalities for SRHR.***

### **DFID implementing SDG target 3.7**

**Family planning** is a key pillar of SRHR, and DFID played an instrumental role as a core convener of FP2020, leading to the securing of national level commitments and increasing levels of domestic resources for family planning. During the conclusion of FP2020 in 2020, *DFID should leverage its convening power to ensure that any discussions of a post-FP2020 includes meaningful national ownership and that a focus on family planning is framed within an integrated approach to SRHR.*

Insofar as the Reproductive Health Supplies Coalition's Global Commodity Gap Analysis warns that countries are tumbling towards a contraceptive crisis if sufficient investment is not made in ensuring contraceptive security in line with growing demand for family planning over the coming years. The UKSRHRN recommends that DFID should *ensure a continued level of support to contraceptive supplies and work with national governments to increase the sustainability of contraceptive supply chains. DFID should consider how the Leave no one behind agenda might shape future investments in commodity development.* DFID is also urged to *maintain its critical support for the supply of contraceptives and sustain its leadership in the development of the post 2020 eco-system and future modalities for procurement of contraceptive supplies.*

DFID is to be commended for its global leadership position on **safe abortion** as a key life-saving intervention. The UKSRHRN, does, however, exhort DFID to *do even more to support willing countries to expand access to safe and legal abortion* and commits to continue to work with DFID to ensure its work in safe abortion going forward. The UK Government should *use its 'soft power' and diplomacy* to ensure that women's rights, including access to safe abortion, are promoted and protected. DFID should also *consider the role that medical abortion can play in revolutionising women's access to safe abortion.*

The UK has world leading domestic expertise and has increasingly taken up the critical issue of **universal health coverage (UHC)**, but progress has been unacceptably slow. The UK Government holds significant leverage with the WHO on UHC and has taken an active role to date. Much more can be done, however, as UHC gains traction globally. Going forward, DFID should *use its strong influence to secure comprehensive SRHR services as a priority within a UHC approach, as and when defined by the WHO.* Closer to home, the UKSRHRN urges DFID to **publish its approach to health system strengthening (HSS)** as a matter of priority, including an *accountability review framework*, ensuring that it is *led by the principle of Leave no one behind (LNOB), a human-rights based approach and recognises the integral role of SRHR within an essential package of integrated services, and as part of a continuum of care.* The UK Government should *provide support and financial assistance to marginalised and key populations*, wherever they are, as countries move towards UHC.

### **DFID implementing SDG target 5.6**

The UK has shown global leadership on child, early and forced marriage through hosting the Girl Summit in 2014 and in key fora such as the World Bank, the G7, United Nations and other leadership venues. *DFID should focus on implementing the recommendations outlined in the ICAI report<sup>3</sup> on violence against women and girls (VAWG).* To achieve long-term and permanent changes in the lives of girls and women,

DFID must leverage investments across its bilateral and multilateral portfolio **tackling at scale the causes and consequences of child marriage**. Policies and programmes on child marriage should be **better integrated in large sector investments focusing on women's economic empowerment, education, nutrition, SRHR, and social protection**. These investments and services should be both **girl-focused and address structural inequalities such as harmful gender norms**.

DFID is to be applauded for demonstrating strong leadership and commitment to ending **Female Genital Mutilation (FGM)**, making the largest ever investment of £50m to support the end FGM in a generation agenda across Africa in late 2018. This builds on the success of a first round of investments of £35 million in 2013, and recognises the need to keep up the momentum to reach the tipping point to end the practice. A core focus, rightly, will continue to be on **funding community programmes and grassroots campaigners**. DFID should use the positive evidence of change generated in their first phase investment **to continue its global leadership on ending FGM by 2030, stepping up its advocacy on the international stage in order to bring other large donors into the end FGM movement**.

To **Leave no one behind** (LNOB) it is imperative that DFID promotes and protects the human rights of all persons who choose to access comprehensive SRHR, placing emphasis on “reaching those furthest behind first” as stated in the 2030 Agenda. There are, however, groups within populations that **require further attention, for example older people and persons with disabilities, whose SRHR are not being addressed adequately in DFID's programmes**.

DFID has made initial efforts to ensure that the needs of very young **adolescents** in the 10-14 age group, who constitute a neglected area, are met. There is, however, a lack of data on adolescent SRHR and taboos and stigma also present significant challenges. Nevertheless, **adolescents access to SRHR education and services remain a sensitive issue and very young adolescents' SRHR remains an area where much progress is still needed**.

The UK Government has a strong ‘track-record’ on delivering on **SRHR in humanitarian crises**, as included in DFID Saving lives, building resilience, reforming the system: the UK Government's Humanitarian Reform Policy, 2017,<sup>4</sup> and in its strong commitments at the 2017 FP Summit. **More information should be readily available**, however, on initiatives such as the Minimum Initial Service Package for Reproductive Health in Emergencies (MISP) and humanitarian spending that is earmarked for SRHR, or the portion of health spending that including investments in fragile/crisis-affected settings.

Given the recognition of the interlinkages of the three pillars of the 2030 Agenda – economic, environmental and social – going forward DFID should encourage greater integration of SRHR with SDG 1 End poverty in all its forms everywhere, SDG 2 End hunger, achieve food security and improve nutrition and promote sustainable agriculture, SDG 13 Take urgent action to combat climate change and its impacts, SDG 14 Conserve and sustainably use the oceans, seas and marine resources for sustainable development and SDG 15 Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse



land degradation and halt biodiversity loss, in addition to SDG 3 Ensure healthy lives and promote well-being for all at all ages, SDG 5 Achieve gender equality and empower all women and girls and SDG 10 Reduce inequality within and among countries. DFID should ***invest in holistic, multisector solutions to the challenges of achieving the SDGs, in a way that reflects the complex, multifaceted nature of the challenges that must be seek to addressed.***

While there is growing recognition of the links between access to SRHR programmes, population dynamics, including population growth, migration and urbanization and environmental and conservation concerns, such as climate change, food and water security etc, there has been only a limited commitment from DFID to support population, health and environment (PHE), or the ***integration of SRHR into environmental activities.*** This is an area where more should be done in the future. DFID should ***utilise approaches such as population, health and education (PHE) to improve SRHR for the most remote, underserved communities, and to help strengthen community engagement in natural resource management.***

The UK is recognised as a world leader on many aspects of promoting ***education*** in developing countries and in addition, has taken steps to increase its focus on ***comprehensive sexuality education (CSE).*** ***DFID should continue to fund innovate programmes to learn what works well in reaching and educating girls while ensuring integration with other programmes and promoting the inclusion of comprehensive sexuality education (CSE) in curricula, wherever possible.*** Insofar as comprehensive sexuality education is perceived by some countries as controversial, DFID is urged to ***continue its strong support for its inclusion in the curriculum at the inter-governmental level as well as in its programmes and policies.***

DFID plays a key role in including comprehensive, integrated SRHR within its investments in multilateral funding. ***In its role as one of the largest donors globally, the UK should promote the full adoption of the Guttmacher-Lancet definition of SRHR and the provision of a progressive and comprehensive package of SRHR by multilaterals and financing facilities, alongside renewed attention to LNOB.*** DFID can make its investments in multilateral institutions even more effective ***by reviewing the impact of its bilateral investments on community and civil society organisations. It can also do this by providing new flexible funding mechanisms for civil society, that are accessible and tailored to the strengths of NGOs and CBOs*** working on service delivery and SRHR programming, including organisations and networks working with women and people living with HIV, as well as people from marginalised communities such as adolescents, sex workers and people who use drugs. Globally, DFID must ***facilitate greater, high-level political engagement on the benefits of integrating comprehensive SRHR within national strategic plans, GFF and Global Fund concept notes and other global strategies.*** This engagement must focus on the removal of legal and structural barriers to SRHR services, using a human rights-based approach. DFID should ***use its role within the GFF to increase its focus on comprehensive SRHR and on girls and women who are marginalised while embedding meaningful civil society engagement.***

In conclusion, by undertaking this review the UKSRHRN has been provided with the opportunity to consider DFID's activities as a "critical friend" and to identify areas for



future discussion and elaboration. As such the Network agrees that the UK is indeed a global leader on SRHR, but finds areas where greater progress can be made in the future and can provide an agenda for future collaboration.

## LIST OF ABBREVIATIONS

2030 Agenda	2030 Agenda for Sustainable Development
AIDS	Acquired Immune Deficiency Syndrome
CEFM	child, early and forced marriage
CBO	community-based organisation
CSE	comprehensive sexuality education
CSO	civil society organization
DFID	Department for International Development
DHS	demographic and health surveys
FCO	Foreign and Commonwealth Office
FGM	female genital mutilation
FP	family planning
FP2020	Family Planning 2020
G7	Group of 7
GFF	Global Financing Facility
GBV	gender-based violence
HIV	Human Immunodeficiency Virus
HLPF	High-level Political Forum
HSS	health systems strengthening
IAEG-SDGs	Interagency and Expert Group on SDG Indicators
ICAI	Independent Commission on Aid Impact
IDC	International Development Committee
IPPF	International Planned Parenthood Federation
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex
LNOB	Leave no one behind
MENA	Middle East and North Africa Region
MISP	Minimum Initial Service Package Health in Emergencies
MP	Member of Parliament
NGO	non-governmental organisation
ODA	overseas development assistance
ONS	Office of National Statistics
Para	paragraph
PHE	population, health and education
PMDUP	Preventing Maternal Deaths from Unwanted Pregnancy
RHSC	Reproductive Health Supplies Coalition
RMNCH	reproductive, maternal, newborn and child health
Rt Hon	Right Honourable
SAAF	Safe Abortion Action Fund
SDGs	sustainable development goals
SOGI	sexual orientation and gender identity
SRH	sexual and reproductive health
SRHR	sexual and reproductive health and rights
UHC	universal health coverage
UK	United Kingdom
UKSRHRN	UK Sexual and Reproductive Health and Rights Network
UKSSD	UK Stakeholders for Sustainable Development
UNFPA	United Nations Population Fund

VAWG	violence against women and girls
VNR	Voluntary National Review
WHO	World Health Organization
WISH	Women's Integrated Sexual Health

## BACKGROUND

In late 2017, the UK Government announced that it would present its first VNR in 2019. The lead department for both the SDGs and the VNR is DFID, supported by the Cabinet Office and with other Government Departments reporting on their single department plans. Given that follow-up and review processes should “be rigorous and based on evidence, informed by country-led evaluations and data which is high-quality, accessible, timely, reliable and disaggregated [including] by ...sex, age, race, disability ...and other characteristics relevant in national contexts,”<sup>5</sup> the Office of National Statistics (ONS) and the DFID Chief Statistician also have important responsibilities to ensure the UK reports meets these requirements.



The 2030 Agenda calls for the inclusion of civil society in the VNR processes, working in partnership with government to identify best practices, recommend areas of focus and hold governments accountable. They have been consulted and involved in the development and presentations of the VNRs of many countries, as evidenced as in the three previous HLPFs in 2016, 2017 and 2018.

In the UK, civil society has contributed to the VNR process as follows:

- The **UK Stakeholders for Sustainable Development (UKSSD)**, which brings together CSOs and the private sector, reviewed the UK’s domestic delivery of the SDGs in *Measuring Up*.<sup>6</sup>
- **Bond** – a network of UK organisations working in international development – VNR shadow report includes recommendations on how the UK Government can improve progress on the international dimensions of SDG delivery

through their SDG Group. The report advocates for an actionable implementation plan for delivering all Goals and targets, while making recommendations on the content of that plan.<sup>7</sup>

This UKSRHRN Spotlight Report is the only contribution focusing specifically on SRHR across the spectrum of DFID’s activities and aims to take stock on the UK’s particular achievements in this area which is a critical pillar for achieving the SDGs.

### **The framework for sexual and reproductive health and rights in the context of the SDGs**

The SDGs present important opportunities to improve SRHR for all: this includes women and men of all ages and young people around the world and goes beyond the specific SDG targets that address SRHR. Their inclusion provides a consensus

framework that calls for global progress on SRHR, and the necessary political and financial support from implementing governments and donors.

Target 3.7 addresses sexual and reproductive health services, information and education, with a specific reference to family planning, and calls for integration into national strategies and programmes. Target

5.6, on the other hand, includes reproductive rights in addition to sexual and reproductive health. Reproductive rights are contextualised within the Programme of Action of the International Conference on Population and Development (ICPD)<sup>8</sup> and the Beijing Platform for Action<sup>9</sup> as well as the “outcome documents of their review conferences.” These specific references provide the broadest possible framework from a rights perspective. “Sexual rights”, however, are not included as they have not been fully agreed by the UN General Assembly and remain a contentious issue for many countries, although not so for the UK.

### **SRHR specific targets**

The two SDG targets that relate specifically to sexual and reproductive health and rights (SRHR), are:

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

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

Other SDG targets relate directly or indirectly to SRHR:

- 3.1 “By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births”
- 3.3 “By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases”
- 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.c “Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in Least Developed Countries and Small Island Developing States”
- 5.3 “Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation”
- 5.2 “Eliminate all forms of violence against women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation”
- SDG 4 “Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all”
- SDG 6 “Ensure availability and sustainable management of water and sanitation for all”

- SDG 10 “Reduce inequality within and among countries”
- SDGs 13, 14 and 15 that related to environmental issues<sup>10</sup>

SRHR should also be considered in the context of **gender-mainstreaming** which is relevant to all SDGs in its impact on their implementation, monitoring and follow-up,

The 2030 Agenda emphasises a strong commitment of **Leave no one behind** (LNOB) as well as the **interlinkages and integrated nature** of the SDGs as being crucial to ensuring the realisation of the purpose of the 2030 Agenda.<sup>11</sup>

### **Contextualizing comments on sexual and reproductive health and rights in the UK VNR**

UK political commitment to the 2030 Agenda dates back to pre-2015 and the lead-up to its adoption at the UN Summit held for this purpose. The Rt Hon Justine Greening, the then Secretary of State for International Development, acknowledged the leading role the UK played in delivering the 2030 Agenda.<sup>12</sup> Her successor, the Rt Hon Priti Patel further stated that the UK Government remained strongly committed to the SDGs which were embedded across all DFID’s work and most recently the current Secretary of State for International Development, the Rt Hon Penny Mordaunt, MP, DFID has affirmed that the DFID continues to work towards their implementation by 2030 and remains committed to Leave no one behind.<sup>13</sup>

## Reviewing DFID's implementation of sexual and reproductive health and rights as it relates to the UK VNR – the framework

This report takes stock of the UK Government's implementation of the SDGs as related to SRHR over the past three years. The UKSRHRN aims to provide an overview and discussion of DFID's activities in the context of its global leadership role on SRHR in a framework of accountability, highlighting key messages and identifying gaps where they exist. It also suggests recommendations for future actions to improve implementation towards 2030 and the next UK VNR:

- SRHR as a holistic agenda
- Target 3.7 and other related health targets
  - Family planning and commodity supplies
    - FP2020 and 2017 London Family Planning Summit
    - Commodity supplies
  - Safe abortion
  - Integration with global health and universal health coverage (UHC)
- Target 5.6 and other related gender targets
  - SRHR and gender including female genital mutilation (FGM) and child, early and forced marriage (CEFM), and gender-based violence (GBV)
- Leave no one behind
  - Ageing and older people
  - Persons with disabilities
- Adolescents and young people
- SRHR in humanitarian crises
- Integration with other goals, environment & conservation, and education including comprehensive sexuality education
- Data
- Funding modalities including civil society funding

While this may not cover all areas in which DFID's work relates to SRHR, it includes, and also goes beyond, those encompassed by the SDGs referred to above.

### **1 SRHR as an holistic agenda**

#### **Key message:**

*The UKSRHRN calls on DFID to implement its vision for a comprehensive approach to SRHR. While DFID is a recognised global leader on voluntary family planning, reproductive, maternal, newborn and child health (RMNCH), HIV and GBV continue to be siloed and/or run in parallel with few intersections or integration. More evidence is required to demonstrate that an integrated approach is being realised through funding and programming which shows its comprehensive SRHR commitment.*



Since 2015, DFID has stated its commitment to an integrated comprehensive approach to SRHR. In statements made at the 2017 London Family Planning Summit (London FP Summit), the Secretary of State stressed the importance of family planning being situated within such a comprehensive SRHR agenda that includes HIV and safe abortion; gender-based violence and youth engagement / leadership.<sup>14</sup> In 2018, DFID committed to champion and

“Ultimately, almost all 4.3 billion people of reproductive age worldwide will have inadequate sexual and reproductive health services over the course of their lives.”  
“...their sexual and reproductive rights are not respected or protected.”  
“Acceleration of progress therefore requires adoption of a more holistic view of SRHR and tackling neglected issues...”  
“Progress in SRHR requires confrontation of the barriers embedded in laws, policies, the economy and in social norms and values...”  
“Achieving sexual and reproductive health rests on realising sexual and reproductive rights...”  
“Thus, civil society groups and others committed to advancing SRHR must work across sectors, and they must hold governments accountable to their commitments not only to improve health but also to uphold human rights.”  
*Guttmacher-Lancet Commission on SRHR Report (2018)*<sup>1</sup>

encourage implementation of a comprehensive, integrated definition of SRHR in line with the Guttmacher-Lancet Commission on SRHR. Its commitment to this bold new agenda has been articulated through various policies on SRHR and gender. Work, however, remains to be done to translate this vision into reality.

SRHR is clearly stated as a key strategic area to achieve Gender Equality within *DFID’s Strategic Vision for Gender Equality: Her Potential, Our Future*.<sup>15</sup> The Strategy calls to boldly and bravely “step up” access to SRHR as having a transformational impact for girls and women to be equal, empowered and safe. Family planning and contraception, moreover, are recognised as critically important in achieving gender equality. The link between gender inequality and HIV acquisition is also highlighted, as well as bringing to scale universal SRHR including “action on sex and relationships education, HIV and other sexually-transmitted infections, family planning, safe abortion, and maternal and newborn health.” DFID also commits to LNOB, especially marginalised girls and women.

**It is not sufficiently apparent, however, through DFID’s programming how all these related elements are being addressed/linked to maximise synergies and leverage funding across these areas of work.**

DFID has included HIV within its various SRHR policies, with the Rt Hon Priti Patel, as Secretary of State, committing DFID to voluntary family planning together with HIV prevention, treatment and care. However, this integration is not apparent when looking at DFID reporting and expenditure. There is also a lack of any dedicated position paper/strategy on HIV since the previous position paper (down-graded from a strategy to a position paper in 2013) came to an end in 2015. “The integration of HIV into wider programmes, without appropriate monitoring mechanisms, has meant that DFID has lost its ability to measure its impact within the HIV response. DFID’s policy marker cannot track whether HIV has been successfully integrated into wider SRHR, health and

development programmes or if it has completely disappeared. DFID cannot track the results it is achieving within the majority of its bilateral spending on HIV.”<sup>16</sup>

Overall, the UKSRHRN welcomes policy shifts towards a more holistic framing of SRHR, whilst highlighting the need to ensure specific issues are not ‘lost’ within a broader framework. ***With these challenges in mind, the UKSRHRN suggests that DFID’s vision for comprehensive SRHR be clearly articulated and in turn translated into concrete measures within DFID Country plans and across all funding modalities for SRHR.***

## 2. Target 3.7 and other related health targets

### 2.1 Family planning and commodity supplies

#### **Key message:**

*The UKSRHRN recognises DFID’s leadership on family planning as being a game changer in increasing the number of women and girls using contraception in the world’s poorest 69 countries. DFID played an instrumental role as a core convener of FP2020, which has been successful in securing national level commitment and increasing levels of domestic resources for family planning. Towards the conclusion of FP2020 in 2020, DFID should leverage its convening power to ensure a lasting legacy including meaningful national ownership and call for a comprehensive approach to SRHR in formulating a post-FP2020 modality. DFID is uniquely positioned within the FP Secretariat to play a bridging role with other global partners in promoting an SRHR agenda. In considering the future for global FP architecture post-2020, DFID should build on the holistic lens that was seeded at the 2017 FP Summit so that the future for FP includes a shift away from vertical programming.*



It is to be applauded that the UK, moreover, is the largest bilateral donor to UNFPA (core and non-core funding).

### 2.1.1 FP2020

The UK Government's leadership, through DFID, in convening the 2012 London Family Planning Summit, the subsequent Family Planning 2020 (FP2020) global partnership, and the 2017 FP Summit has ensured that family planning is high on the global agenda.

Involving the UK Government and the Bill and Melinda Gates Foundation, in partnership with UNFPA, national governments, donors, civil society and the private sector,

FP2020 has been a game changer and DFID has been at the heart of reinvigorating the global commitment to rights-based family planning programmes since 2012 with 317 million women and girls using modern contraception. Commitments include increasing the demand and support for family planning; improving supply chains, systems and service delivery models; procuring the additional commodities countries need to reach their goals; fostering innovative approaches to family planning challenges; and promoting accountability through improved monitoring and evaluation.

To reinvigorate support for FP2020 commitments made in 2012 DFID, UNFPA and the Bill & Melinda Gates Foundation brought together major stakeholders at the 2017 FP Summit. The UK Government committed to increase its existing commitment by 25 percent and extended its commitment by a further two years up to 2022. This brings DFID's total family planning funding commitment to an average of £225 million a year until 2022 and includes a £30 million commitment to the Global Financing Facility (GFF), funding to the global Visibility and Analytics Network to improve commodity supply chains, to SRHR UKAid Connect (a civil society funding stream) and support to a price reduction deal for Sayana Press. DFID's family planning spend, as reported was £124,450,996 in 2014/15, 120,952,580 in 2015/16 and 108,248,012 in 2016/17 in bi-lateral aid.<sup>17</sup>

***There is a greater need, however, to ensure family planning is included within a comprehensive approach to SRHR. If women and girls are truly able to choose for themselves, neglected areas of safe abortion, adolescent sexual and reproductive health and rights, gender-based violence and infertility must be included. DFID should leverage its convening power to ensure that any discussions of a post-FP2020 includes meaningful national ownership and that a focus on family planning is framed within an integrated approach to SRHR.***

### 2.1.2 Commodity supplies

**Key message:**

*DFID has been a long-standing supporter and procurer of contraceptive supplies. Currently, DFID is the largest donor to UNFPA Supplies and member of the Executive Committee of the Reproductive Health Supplies Coalition (RHSC). DFID is one of the largest procurers of donated contraceptives across 46 countries, making a £340 million contribution over seven years. As a result of their investment, to an additional 17.9 million women and girls were able to access a method of contraception and between 2016-17, contributing to a 0.7 percent average increase to contraceptive prevalence across countries.*

DFID has supported the availability and procurement of new and under-utilized contraceptive technologies. DFID's Contraceptive Implants Access Programme worked to secure the procurement and provision of traditionally expensive contraceptive implants for 27 million women in developing countries. In response to findings of the UN Commission on Life Saving Commodities for Women, DFID championed increasing access to implants by reducing financial barriers to encourage availability and uptake. By brokering the pledge volume guarantee, DFID played a critical role in reducing the unit price of implants. Working in consortium with public and private organisations, DFID secured an agreement that pharmaceutical Bayer would reduce the cost by more than half the current US \$18 price of its contraceptive implant, Jadelle, in return for a commitment to assure funding for at least 27 million devices over six years, potentially saving health systems £162 million. DFID were also part of a similar initiative with other donors to reduce the price of contraceptive implant Implanon by 50 percent.

DFID's commitment to new technologies is demonstrated by its commitment to the development and roll out of the self-injectable contraception - DMAP SC, otherwise known as Sayana Press. Building on the leadership of the Bill and Melinda Gates Foundation and UNFPA, in 2017 DFID committed £30m to establish Sayana Press as a sustainable contraceptive method reaching over 10 million women and girls in developing countries. DFID's leadership in this area is unparalleled. Notwithstanding these successes, global investments in commodities are not yet prioritising the needs of adolescent girls.

***DFID should ensure a continued level of support to contraceptive supplies and work with national governments to increase the sustainability of contraceptive supply chains. DFID should consider how the LNOB Agenda might shape future investments in commodity development. DFID is also urged to maintain its critical support for the supply of contraceptives and sustain its leadership in the development of the post 2020 eco-system and future modalities for procurement of contraceptive supplies.***

## **2.2 Safe Abortion**

### **Key message:**

*The UKSRHRN, in line with the APPG report 'Who Decides?', commends DFID for its global leadership position on safe as a key life-saving intervention. We ask DFID to continue to support willing countries to expand access to safe and legal abortion. The Network will continue to work with DFID to ensure its work in safe abortion going forward.*

Successive Secretaries of State and Ministers for International Development have given political support to safe abortion as seen when the Rt Hon Priti Patel's spoke out against "back street abortions" in her speech at the Family Planning Summit in 2017 and at the launch of the recent abortion report by the APPG on Population, Development and Reproductive Health 'Who Decides? We trust women: Abortion in the developing world and the UK', when the Alistair Burt MP, Minister of State for International Development declared strongly DFID's commitment to continue to support work on safe abortion.

Given the reinstatement and expansion by President Trump of the Mexico City Policy DFID's ability to fund both family planning and abortion at the same time is all the more important within the global context. Its leadership, moreover, in funding the regional 'Preventing Maternal Deaths from Unwanted Pregnancy (PMDUP)' from 2011-2018 was unparalleled, as demonstrated in the recent evaluation of the PMDUP programme, which found that the programme exceeded expectations in the delivery of safe services, training in the public sector and working in abortion advocacy and policy. The follow-on regional programme, Women's Integrated Sexual Health (WISH), was launched in late 2018. While there is more emphasis in WISH on family planning, abortion work is also included, and it is hoped that DFID will maintain its safe abortion leadership position within it.

It should be noted however, that funding has not been renewed to the Safe Abortion Action Fund (SAAF). While DFID had been influential in setting up SAAF in response to George W Bush's Mexico City Policy, little leadership was given on replacing funding for abortion in particular at the time of President Trump's re-introduction.

***The UKSRHRN asks DFID to continue to support willing countries to expand access to safe and legal abortion and commits to continue to work with DFID to ensure its work in safe abortion going forward. The UK Government should use its 'soft power' and diplomacy to ensure that women's rights, including access to safe abortion, are promoted and protected.***

### **2.3 Integration with global health/health systems strengthening/ UHC**

#### **Key message**

*Rights-based approaches<sup>18</sup> should be used when integrating SRHR in strengthening health systems (including community systems) and in making progress towards universal health coverage (UHC). The UK has world leading expertise to offer based on its NHS experience, and has increasingly taken up the critical issue of **universal health coverage (UHC)**, but progress in integrating HSS to include SRHR across the UK's international development portfolio has been unacceptably slow. The UK Government holds significant leverage with the WHO on UHC and has taken an active role to date, however much more can be done as UHC gains traction globally.*

DFID's results framework on RMNCH ended in 2015, with SRHR approaches purportedly incorporated subsequently into their HSS approach. At the same time, DFID's HIV and AIDS strategy also came to end.<sup>19</sup> Many took the timely decision to encourage DFID to create a broader global health strategy that would respond directly to the fulfilment of the UK Government's contribution to achieving the health related goals and targets.





The ICAI recommended that DFID publish a clear HSS strategy outlining its approach, performance measurements and leadership in 2015,<sup>20</sup> but this is still unpublished after continuous postponements, and is not due until 2019.<sup>21</sup> The recent ICAI Maternal Mortality Impact Review<sup>22</sup> found that DFID’s existing and ongoing programmes have not yet been adapted to reflect the SDG commitment to UHC and HSS.

*DFID should use its strong influence to secure comprehensive SRHR services as a priority within a UHC approach as and when defined by the WHO. Closer to home, the UKSRHRN urges DFID to publish its approach to Health System Strengthening (HSS) as a matter of priority, including an accountable review framework, ensuring that it is led by the principle of Leave no one behind (LNOB), a human-rights based approach and recognises the integral role of SRHR*

*within an essential package of integrated services, and as part of a continuum of care. The UK Government should provide support and financial assistance to marginalised and key populations, wherever they are, as countries move towards UHC.*

### 3 Target 5.6 and other related gender targets

**SRHR and gender including female genital mutilation (FGM), child, early and forced marriage (CEFM) and gender-based violence (GBV)**

#### 3.1 Female genital mutilation

##### **Key message**

*DFID is to be applauded for demonstrating strong leadership and commitment to ending FGM, making the largest ever investment of £50 million to support the end FGM in a generation agenda across Africa in 2018.*

More than 200 million women and girls have undergone female genital mutilation (FGM) globally, and over three million more are at risk every year. Recognising that it is an expression of gender inequality and a form of gender-based violence, which can have severe physical and psychological consequences, the international community has resolved to eliminate FGM.

In DFID's investment in FGM, one of the three components was an award to a consortium led by Options Consultancy to galvanise an Africa-led movement to end the practice and to implement social change communications, including funding to grassroots organisations to initiate local dialogue and begin to shift the norms that underpin the practice. An evaluation of the DFID investment showed movement building and social change communications, especially with youth, has been highly effective at changing the narrative around the practice and catalysing social change.

Building on the success of the first investment, and recognising the need to keep up the momentum to reach the tipping point to end the practice, DFID has announced a second phase of support of £50m to end FGM in Africa. A core focus, rightly, will continue to be on funding community programmes and grassroots campaigners.

***DFID should focus on implementing the recommendations outlined in the ICAI report<sup>23</sup> on violence against women and girls (VAWG). To achieve long-term and permanent changes in the lives of girls and women, DFID must leverage investments across its bilateral and multilateral portfolio tackling at scale the causes and consequences of child marriage. Policies and programmes on child marriage should be better integrated in large sector investments focusing on women's economic empowerment, education, nutrition, SRHR, and social protection. These investments and services should be both girl-focused and address structural inequalities such as harmful gender norms.***

### **3.2 Child, early and forced marriage**

#### **Key message:**

*The UK should continue its global leadership on child marriage and adolescent girls, raising its voice and pushing for substantive action in key fora such as the World Bank, the G7, United Nations and other leadership venues. While the Girls Summit and focused initiatives such as the UN Joint Programme demonstrated an important recognition of the need to address CEFM, they cannot be a 'one-off investment' in this area. Going forward, DFID should focus on implementing the recommendations outlined in the ICAI report on VAWG,<sup>24</sup> which while giving DFID a green rating on VAWG initiative, identified key gaps particularly relevant to achieving SDG target 5.3 and ending CEFM.*

Since 2015, the UK Government has demonstrated its commitment to achieving SDG 5.3 by supporting and investing in a number of global initiatives to address CEFM and FGM. Following the 2014 Girls Summit, DFID has helped maintain the attention on girls' empowerment and gender equality, including CEFM, on the international political agenda. Of particular significance, as part of this focus DFID has funded a £39 million programme, 'Accelerate Action to End Child Marriage', £25 million of which went to the UNICEF and UNFPA Joint Programme on Ending Child Marriage. An additional £11 million was allocated through the AmplifyChange fund, helping to support neglected SRHR issues including support for grassroots child marriage initiatives to challenge harmful social norms and gender discrimination. DFID has also made some efforts to integrate child marriage in other bilateral programmes (eg the forthcoming SAFE programme in Nigeria) and child marriage features in some critical initiatives such as the Girls Education Challenge Programme and humanitarian programming.



***To achieve long-term and permanent changes in the lives of girls and women, DFID must leverage investments across its bilateral and multilateral portfolio tackling at scale the causes and consequences of child marriage.*** There are significant opportunities for DFID to ensure a greater focus on child marriage in humanitarian and fragile contexts including the Middle East and North Africa Region (MENA) where child marriage rates are increasing.

The UKSRHRN recommends that policies and programmes on child marriage should be better integrated in large sector investments focusing on women's economic empowerment, education, nutrition, SRHR, and social protection; and that investments and services are both girl-focused and addressing structural inequalities such as harmful gender norms.

DFID is to be applauded for demonstrating strong leadership and commitment to ending Female Genital Mutilation (FGM), making the largest ever investment of £35 million to support the end FGM in a generation agenda across Africa in 2013. Building on the success of the first round of investments and recognising the need to keep up the momentum to reach the tipping point to end the practice, DFID has announced a second phase of support of £50million to end FGM in Africa. A core focus, rightly, will continue to be on ***funding community programmes and grassroots campaigners***. DFID should use the positive evidence of change generated in their first phase investment ***to continue its global leadership on ending FGM by 2030, stepping up its advocacy on the international stage in order to bring other large donors into the end FGM movement.***

#### **4 Leave no one behind**

***Key message:***

*In the face of rising global opposition, DFID must stand up and be bold in the fight for the human rights of all women and girls, who to choose and access comprehensive SRHR, placing emphasis on “reaching those furthest behind further” as stated in the 2030 Agenda.<sup>25</sup>*

To ensure no one is left behind, the poorest and most marginalised women must be able to make full, free and informed choice. Four interventions to LNOB are highlighted in IPPF's Under-served and Over-looked:<sup>26</sup>

- Ensure contraceptives are delivered to the last mile by filling the global shortfall for contraceptive commodities. DFID is a leader in this area.<sup>27</sup>
- Address the highest level of unmet need by integrating family planning services and information with child immunization programmes and maternity services
- Provide critical sexual and reproductive health services to mobile population<sup>28</sup>
- Ensure integrated services include family planning, safe abortion, comprehensive sexuality education (CSE), maternal and newborn child health and STI and HIV treatment and prevent and care.

In promoting SRHR in the context of LNOB, DFID's activities in the following areas should be considered:

## 4.1 Ageing and older people

### **Key message:**

*As noted by organizations working on issues related to ageing and older persons in developing countries, DFID, as is the case with other donors and agencies, does not appear to be working currently on issues related to SRHR and older people.*

A commitment was made in the Beijing Platform for Action to “increase women’s access throughout the life cycle to appropriate, affordable and quality healthcare, information and related services”, but healthcare, in general, and SRHR in particular, continue to be primarily geared toward women of reproductive age, failing to meet the needs of girls and ignoring women after menopause.

The DFID Strategic Vision for Gender Equality<sup>29</sup> states that it will work across girls’ and women’s lifecycles and also commits to “support universal sexual and reproductive health and rights for all women and men.” There is no evidence at this time that older women and men are explicitly included in DFID’s plans or programming in this area, although DFID is in discussions with relevant CSOs. Older women and men are often overlooked due to stereotypes about sexual activity and excluded from education about their sexuality and sexual health, with damaging consequences. Women remain sexual beings in later life and need protection from HIV and AIDS and other sexually transmitted infections, as well as support for the fulfilment of their sexual rights, just as younger women do.<sup>30</sup>

***In addressing the needs of older people, DFID should make every effort to ensure that their SRHR needs are included.***

## 4.2 Persons with disabilities

### **Key message:**

*DFID is to be commended on its initiative in co-hosting the first Disability Summit in 2018, bringing together government representatives, disabled peoples organisations and civil society and in launching DFID’s Strategy for Disability Inclusive Development 2018-23<sup>31</sup> which commits to “promote the leadership of women and girls with disabilities... and [to] tackle the taboos and denial of their rights to information, advice and autonomy around their own sexual and reproductive health, including menstrual health, particularly those with psychosocial and intellectual disabilities.”*

Girls and young women with disabilities, as a group, face significant abuses of their sexual and reproductive rights. The combination of their youth, gender and disability intensifies the negative effects of their discrimination and exclusion. The prevalence of rights abuses is compounded for girls and young women with severe disabilities who are also members of marginalised groups such as indigenous, religious and ethnic minority communities or from poor or rural populations, and those who are migrants, refugees or LGBTQI+.

Girls with disabilities across the world are often not informed about their sexual and reproductive health with the result that they often do not know how to protect themselves against abuse, pregnancy and disease. Furthermore, the sterilisation of

women and girls with disabilities is up to three times higher than the rate for the general population and forced abortion and contraception are also all too common.<sup>32</sup>

***There should therefore be greater emphasis on implementation of the 2018 DFID Disability Strategy to ensure that the sexual and reproductive health and rights of women and girls with disabilities are fully respected and fulfilled.***

## 5 Adolescents and young people

### **Key message:**

*Very young adolescents in the 10-14 age group constitute a neglected area.<sup>33</sup>*



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An estimated 21 million adolescent girls become pregnant each year in developing regions. About half of these pregnancies are unintended and more than half of these end in abortion, often in under unsafe conditions.<sup>34</sup> In addition, two-thirds of new HIV infections in Eastern and Southern Africa are among young women aged 15-24.<sup>35</sup>

DFID has played a significant role in ensuring the needs of adolescents and young people's SRHR are recognised and addressed. This included the majority of commitments made at the London FP Summit including specific actions for adolescents<sup>36</sup>.

A lack of data on adolescent SRHR together with taboos and stigma present significant challenges in this area. The DFID partnership with UNFPA and the Bill and Melinda Gates Foundation to launch a Global Adolescent Data Commitment<sup>37</sup> to champion progress on age and sex-disaggregated data within FP and SRH service delivery programmes by 2020 is welcomed as is the recognition of age, with particular attention to adolescence in DFID's Strategic Vision for Gender Equality. More evidence is also needed to show implementation.

In its programmes and policies related to young people, DFID has played a significant role in initial efforts to ensure that the needs of very young **adolescents** in the 10-14 age group. They constitute a group whose needs are neglected area, and which must be met. The situation is exacerbated insofar as there is a lack of data on adolescent SRHR, particularly as far as this age group is concerned. In addition, there are taboos and/or stigma in some countries which present significant challenges.

***Adolescents' access to comprehensive SRHR education and services remains a sensitive as well as being a taboo and must be addressed through holistic programmes that engage parents and the wider community, with specific attention being given to young adolescents (10-14).***

## **6 SRHR in humanitarian crises**

### **Key message:**

*Insofar as the UK Government is a major contributor in this area, there is a lack of readily available information particularly for initiatives such as the Minimum Initial Service Package for Reproductive Health in Emergencies (MISP) and humanitarian spending that is earmarked for SRHR, or the portion of health spending that including investments in fragile/crisis-affected settings.*

The UK Government has a strong 'track-record' on delivering on SRHR in humanitarian crises as included in DFID Saving lives, building resilience, reforming the system: the UK Government's Humanitarian Reform Policy, 2017.<sup>38</sup> It made key commitments at the 2017 FP Summit, including funding WHO to lead the development of a *Global Data and Accountability Roadmap on Sexual Reproductive Health in Crises*. DFID has also made investments to resource FP2020's new workstream focused on FP in emergency response, including funding for a new Rapid Response Grant Mechanism to unlock access to FP in emergencies. At the Summit, the UK Government also committed to the *MISP*, and plans to launch an update in 2019.

DFID founded and convenes an informal donor group to strategize and coordinate investments in SRHR in crisis-affected settings. As well as being the largest bilateral donor to UNFPA, the UK is also the largest bilateral donor to UN pooled humanitarian funds.<sup>39</sup>

## **7 Integration with other goals**

### **7.1 Environment & Conservation**

#### **Key message:**

*Despite growing opinion and evidence for the importance of multisector programming (for example the FAO voluntary guidelines for securing small scale fisheries<sup>40</sup>) there has been only a limited commitment from DFID to support population, health and environment (PHE), or the integration of SRHR into environmental activities.*

There is growing recognition of the links between access to SRHR programmes, population dynamics, including population growth, migration and urbanization and environmental and conservation concerns, such as climate change, food and water security etc. While most developing countries have done least to cause climate change, for instance, they will suffer most from its consequences, and are least equipped to cope with the changes that climate change will bring. The linkages between population growth in communities facing climate change but lacking access to SRHR services and its potential to intensify the challenges that climate change will bring can be seen clearly – their vulnerability is a reflection of dependence on ecosystems, poor health, poverty,

geographical exposure to the floods, drought and other climate change consequences, and relatively low scientific and technological capacity. Population growth intensifies these vulnerabilities in three major ways:

- Population growth and climate change act cumulatively to deplete the source of key natural resources, for example through soil erosion and deforestation
- Population growth is projected to cause a significant escalation in demand for resources that climate change diminish, including fresh water and food
- Rapid population growth heightens human vulnerability to natural disasters caused by climate change, including by forcing more people to migrate and settle in areas at risk of floods, storms and drought

PHE programmes tackle SRHR and relevant environmental concerns with integrated solutions; a pioneering example of such programming is Blue Ventures, which responded to a perception in a fishing village in Madagascar that fishing stocks were becoming depleted through escalating demand through the provision of SRHR services together with marine conservation expertise. A lack of awareness of the benefits or even existence of integrating SRHR with conservation was evident when Therese Coffey, MP, Parliamentary Under-Secretary of State for the Environment spoke at the IUCN UK 70th anniversary event in London in May 2018, in stark contrast to DEFRA, which supports an integrated approach to conservation.

While there is growing recognition of the links between access to SRHR programmes, population dynamics, including population growth, migration and urbanization and environmental and conservation concerns, such as climate change, food and water security etc, there has been only a limited commitment from DFID to support population, health and environment (PHE), or the **integration of SRHR into environmental activities**. This is an area where more should be done in the future.

***DFID should utilise approaches such as population, health and education (PHE) to improve SRHR for the most remote, underserved communities, and to help strengthen community engagement in natural resource management.***

## **7.2 Education including comprehensive sexuality education (CSE)**

### **Key message**

*It is important that DFID continues to fund innovative programmes to learn what works well in reaching and educating girls while ensuring integration with other programmes and promoting the inclusion of comprehensive sexuality education (CSE) in curricula, wherever possible.*

The UK is recognised as a world leader on many aspects of promoting education in developing countries, with DFID supporting over 11 million children, including in some of the toughest places in the world between 2011 and 2015. DFID's commitment to hard-to-reach girls, including girls with disabilities and those affected by crises, but also poor rural girls, pregnant girls and those vulnerable to early marriage was commended by the House of Commons International Development Committee (IDC) in its report on DFID's Work on Education: Leaving no one behind?<sup>41</sup> The UKSRHRN agrees with the

IDC on the importance of DFID to continue this work, as well as taking on board criticisms of the programme raised in the report of the Independent Commission for Aid Impact (ICAI)'s report on "UK aid's support to marginalised girls".<sup>42</sup>

DFID's commitment is noted to ensuring hard-to-reach girls learn the basics and progress through 12 years of quality education and learning, and to help eliminate the barriers that keep hard- to-reach girls out of school before they have gained the skills and knowledge they need, while making schools safe and healthy places for girls to be.

***DFID, in addition to helping girls to make the transition to secondary education should also ensure that there are employment opportunities for them and that they are able to access comprehensive sexual and reproductive health information and services.***

DFID states that it supports cross-sector collaboration that will need to be underpinned by close working across sectors, including health to "develop and implement sexual and reproductive health education and parenting interventions and to strengthen the role of education in the HIV/AIDS response" and water, sanitation and hygiene: to "improve menstrual hygiene facilities which keep girls in school during menstruation and reduce risks of harassment at school." There is some concern, however, as to how comprehensive DFID's activities are related to CSE and the approach in implementation seems to be limited and vertical as opposed to integrated.

***DFID should continue to fund innovative programmes to learn what works well in reaching and educating girls while ensuring integration with other programmes and promoting the inclusion of comprehensive sexuality education (CSE) in curricula wherever possible. Insofar as comprehensive sexuality education is seen perceived by some countries as controversial, DFID is urged to continue its strong support for its inclusion in the curriculum at the inter-governmental level as well as in its programmes and policies.***

## **8 Data collection and disaggregation**

### **Key message:**

*The UK is in the forefront of data collection and Making the Invisible Visible. In this regard DFID should make every effort to ensure that marginalised women and girls are not missed out in measuring progress on SRHR-related indicators. This involves those outside the 15-49 age group who are included in demographic and health surveys (DHS), such as very young adolescents and older people.*

DFID has taken up the challenge of tracking the right data to measure implementation of the 2030 Agenda. While some of the data for those SDGs related to SRHR is readily available, more work is required for other data. Further work is also needed on disaggregation.<sup>43</sup>

***DFID should continue to work with the Inter-Agency and Expert Group on SDG Indicators (IAEG-SDGs) as well as relevant regional frameworks including the UNFPA European regional monitoring framework.***

## 9 Funding modalities including Civil Society funding

### **Key message:**

*Flexible funding is not readily available for civil society - NGOs and CBOs working on service delivery and SRHR programming, including organisations and networks, working with women and people living with HIV, as well as people from marginalised communities such as adolescents, sex workers and people who use drugs - who often have little access to domestic funding.*

As a leader in international development, DFID has a key role to champion comprehensive, integrated SRHR within its investments in multilateral funding mechanisms. Examples include that the UK should push the Global Fund to use catalytic investment funds to encourage countries to link HIV services with reproductive health services, newborn and paediatric care, and adolescent health services. Clarification is required as to which components of RMNCH UNITAID will include within its expanded portfolio (i.e. HIV and cervical cancer). Although there are concerns about the long-term implications of using financing facilities to fund recurring health costs, DFID's recent commitments to the GFF offer an opportunity for DFID to influence the GFF's agenda which to date has had insufficient focus on comprehensive SRHR, on girls and women who are marginalised and embedding meaningful civil society engagement.

Since 2009, DFID has cut funding for its bilateral programmes by 93% from a high of £221m in 2009 to just £16m in 2016. Civil society organisations working to address HIV have been the worst affected by these cuts with funding reduced by 70% since 2011. In addition to this the increased focus on funding large scale consortia has negatively affected small and medium CSO's access to funds, and significantly increased costs associated with bid development.

***The UK should promote the full adoption of the Guttmacher-Lancet definition of SRHR and the provision of a progressive and comprehensive package of SRHR by multilaterals and Financing Facilities, alongside renewed attention to LNOB.***

***DFID should make its investments in multilateral institutions even more effective by reviewing the impact of its bilateral investments on community and civil society organisations and providing new flexible funding mechanisms for civil society, that are accessible and tailored to the strengths of NGOs and CBOs working on service delivery and SRHR programming.***

***Globally, DFID should facilitate greater, high-level political engagement on the benefits of integrating comprehensive SRHR within national strategic plans, GFF and Global Fund concept notes and other global strategies. This engagement must focus on the removal of legal and structural barriers to SRHR services, using a human rights-based approach.***

***DFID should use its role within the GFF to increase its focus on comprehensive SRHR, on girls and women who are marginalised and embedding meaningful civil society engagement.***



## ANNEX 1

### The mandate...

In line with the 2030 Agenda for Sustainable Development, UN Member States review their progress in implementing the Sustainable Development Goals (SDGs) through Voluntary National Reviews (VNRs) presented at the UN High Level Political Forum (HLPF). These VNRs provide an opportunity for Member States to share experiences, including successes, challenges and lessons learned. In September 2019, the United Kingdom (UK) Government will present its first VNR showcasing its contribution to the UK's delivery of the SDGs – both within the country and abroad through its overseas development assistance.

In late 2017, the UK Government announced that it would present its first VNR at the HLPF in 2019. The lead department for the SDGs and the VNR is the Department for International Development (DFID), supported by the Cabinet Office with other Government Departments reporting on their single department plans. The 2030 Agenda states that follow-up and review processes should “be rigorous and based on evidence, informed by country-led evaluations

The mandate for preparing inputs into a Member States VNR is set out in paragraphs 78 and 79 of *Transforming our world: the 2030 Agenda for Sustainable Development* (A/RES/70/1)<sup>1</sup> and paragraph 7 of the UNGA resolution *Follow up and review of the 2030 Agenda for Sustainable Development at the global level* (A/70/L60)<sup>1</sup>. Together they call on Member States to “draw on the contributions from ...civil society...” and to involve “national stakeholders....”

In the three previous sessions of the High-level Political Forum (HLPF) in 2016, 2017 and 2018, moreover, several countries recognised the involvement of civil society organisations (CSOs) and networks in implementation of the 2030 Agenda and, as such, were included in the preparation and presentation of their VNRs. The Governments of Denmark, Finland, Germany and Netherlands included civil society in the data collection of their VNRs.

and data which is high-quality, accessible, timely, reliable and disaggregated [including] by ...sex, age, race, disability ...and other characteristics relevant in national contexts.”<sup>44</sup> Therefore, the Office of National Statistics (ONS) and the DFID Chief Statistician have important roles to ensure the UK reports meets these requirements.

## EVIDENCE LINKS AND RESOURCES

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<sup>1</sup> United Kingdom Department for International Development. Annual Report and Accounts 2017-2018, page 6. Available on line at:

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<sup>4</sup> Evidence links - DFID Saving lives, building resilience, reforming the system: the UK Government's Humanitarian Reform Policy, 2017, page 9. Available on line at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/659965/UK-Humanitarian-Reform-Policy1.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/659965/UK-Humanitarian-Reform-Policy1.pdf)

<sup>5</sup> 2030 Agenda, para 74g

<sup>6</sup> Available on line at: <https://www.ukssd.co.uk/measuringup>

<sup>7</sup> At the time of writing this report was still work in progress

<sup>8</sup> United Nations (1994) Report of the International Conference on Population and Development. A/94/10/18. Programme of Action. Available on line at [http://www.un.org/en/development/desa/population/events/pdf/expert/27/SupportingDocuments/A\\_CONF.171\\_13\\_Rev.1.pdf](http://www.un.org/en/development/desa/population/events/pdf/expert/27/SupportingDocuments/A_CONF.171_13_Rev.1.pdf)

<sup>9</sup> United Nations (1995) Beijing Declaration and Platform for Action. Available on line at: <http://www.un.org/womenwatch/daw/beijing/pdf/BDPfA%20E.pdf>

<sup>10</sup> SDG 13 Take urgent action to combat climate change and its impacts, SDG 14 Conserve and sustainably use the oceans, seas and marine resources for sustainable development and SDG 15 Protect, restore and

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promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss

<sup>11</sup> 2030 Agenda *Partnership*

<sup>12</sup> United Kingdom Department for International Development. Annual Report and Accounts 2015-2016, page 7. Available on line at:

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<sup>13</sup> United Kingdom Department for International Development. Annual Report and Accounts 2017-2018, page 6. Available on line at:

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<sup>15</sup> Department for International Development (2018). DFID Strategy Vision for Gender Equality: A Call to Action for *Her Potential, Our Future*. Available on line at: Available on line at:

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<sup>17</sup> Available on line at: Data-Underlying-SID-2017 with GE marker, DFID MNCH Spend by Muskoka

<sup>18</sup> Gutmacher-Lancet Commission

<sup>19</sup> See above p 16

<sup>20</sup> DFID leadership, paragraph 91. Available on line at:

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<sup>22</sup> Available on line at: <https://icai.independent.gov.uk/html-report/maternal-health/>

<sup>23</sup> Independent Commission on Aid Impact (2016). DFID's efforts to eliminate violence against women and girls. A learning review. Available on line at: <https://icai.independent.gov.uk/wp-content/uploads/ICAI-Learning-Review-DFIDs-Efforts-to-Eliminate-Violence-Against-Wome....pdf>

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<sup>28</sup> Relates to section of refugees/ humanitarian settings p 26

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<sup>32</sup> Let Me Decide and Thrive, a Plan International and UN Special Rapporteur research report. Available on line at: <https://plan-uk.org/blogs/let-me-decide-and-thrive>

<sup>33</sup> Available on line at: [https://www.who.int/reproductivehealth/topics/adolescence/very\\_young\\_ados/en/](https://www.who.int/reproductivehealth/topics/adolescence/very_young_ados/en/) See also Lancet-Guttmacher Report

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<sup>43</sup> DFID Data Disaggregation Plan. Available on line at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/582315/Data-disaggregation-action-plan-Jan-2017.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/582315/Data-disaggregation-action-plan-Jan-2017.pdf)

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