family planning australia
Reproductive & Sexual Health

100 YEARS OF FPA 1926 - 2026

DEVELOPMENT EFFECTIVENESS FRAMEWORK 2026



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PURPOSE

The Development Effectiveness Framework (DEF) is designed to guide the planning, implementation, monitoring and evaluation of Family Planning Australia's international projects in the Indo-Pacific and broader international contexts. It ensures our processes are transparent, ethical, meaningful, sustainable, accountable and effective in achieving the development goals of our organisation and that of our partners.

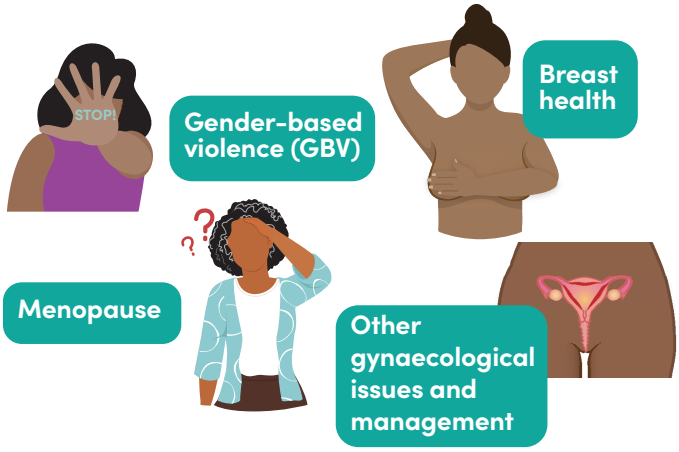
Family Planning Australia works with partners in countries throughout the Pacific to improve sexual and reproductive health and rights (SRHR) and outcomes. Our international work focuses on supporting local partner priorities and strengthening capacity to deliver health and education services to:

- communities
- clinicians and health workers
- community and youth workers
- teachers
- government officials and public servants
- system and service managers
- civil society/non-government organisations.

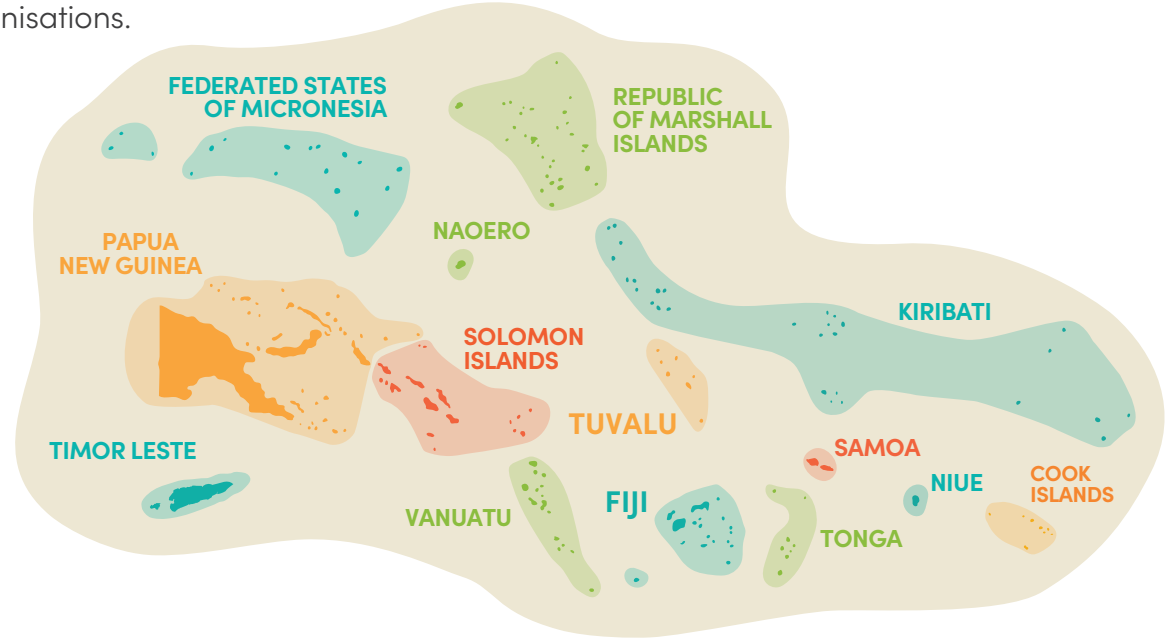
We currently work to address SRHR across various program streams, including:

- cervical screening and treatment
- contraceptive choices
- comprehensive sexuality education.

The DEF allows for expansion into additional areas including:



Our projects aim to support all people to make informed decisions about their SRHR and improve access to fulfil their choices. We have a special focus on gender equality, disability equity and rights, and youth participation. We apply a rights and evidence-based approach to creating a more equitable world and are committed to applying locally led principles to our programming.



Our active projects are in Fiji, Kiribati, Republic of Marshall Islands, Federated States of Micronesia, Nauru, Niue, Papua New Guinea, Samoa, Solomon Islands, Timor-Leste, Tonga, Tuvalu and Vanuatu.

This framework outlines Family Planning Australia's standard approach to development effectiveness across a range of program types, geographic contexts, and scales. It provides clear guidance for staff, partners and collaborators on how to apply evidence-based monitoring, evaluation, learning and adaptation (MELA) practices throughout the entire project cycle—from design and implementation to reporting and final evaluation. This approach ensures consistency and alignment between projects, funding requirements and partner priorities.

The DEF reflects the values and strategic objectives of Family Planning Australia, underpinned by our commitment to the Sustainable Development Goals (SDGs). Ensuring international best practice as well as key principles including equity, inclusion, cultural sensitivity, and a rights-based approach—reflect our commitment to ethical and respectful development. The framework also supports risk management and quality assurance to strengthen project outcomes.

The DEF outlines the rationale for applying MELA practices and offers a practical tool to assist at the project level. It further establishes the context for our reporting requirements and fosters a shared responsibility among staff, partners, country leads, and other collaborators.

Systematic monitoring of our projects allows Family Planning Australia to:

- assess the mechanism of change
- understand environmental and cultural contexts
- identify gaps and areas for improvement
- inform the design of future projects.

It is vital that our partners have clear visibility into how evidence-based approaches contribute to improved health outcomes, promote inclusion, SRHR and equality.

The Development Effectiveness Framework priorities are to:

1. assess if the aims and objectives are addressed
2. measure the effectiveness of the intervention and contribution
3. generate data and ensure Family Planning Australia projects align with locally led priorities and policies
4. provide feedback and iterative processes that inform adaptation of current and future projects
5. ensure alignment with international best practice and SDG.

Through transparent and ongoing collaboration, Family Planning Australia reaffirms its commitment to mutual accountability with partners and communities, nurturing trust and shared ownership of development outcomes. Additionally, this framework is essential to organisational learning and continuous improvement, strengthening the impact and sustainability of our work.

DEFINITIONS AND ACRONYMS

TERM	DEFINITION
ACFID	Australian Council for International Development
ANCP	Australian NGO Cooperation Program
CSE	Comprehensive sexuality education
DAC	Development Assistance Committee
DEF	Development Effectiveness Framework
DFAT	Department of Foreign Affairs and Trade
GBV	Gender based violence
GEDSI	Gender equality, disability and social inclusion
IPPF	International Planned Parenthood Federation
MELA	Monitoring, evaluation, learning and adaptation
NHMRC	National Health and Medical Research Council
OECD	Organisation for Economic Cooperation and Development
OPDs	Organisations of Persons with Disabilities
SDGs	Sustainable development goals
SOGIESC	Sexual orientation, gender identity, gender expression and sex characteristics
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STIs	Sexually transmissible infections
UNFPA	United Nations Population Fund
WHO	World Health Organisation

FAMILY PLANNING AUSTRALIA

As leading providers in sexual and reproductive health services in New South Wales (NSW), Family Planning Australia is guided by our vision, role and values.

Our vision is

"Everyone thrives in a sexually healthy world."

Our role is

"To advance lifelong sexual and reproductive health and rights."

Family Planning Australia is committed to championing the rights of every individual to make informed choices about their SRHR. In support of this, our values are:

COMPASSIONATE

We treat everyone with dignity, foster empathy, embrace diversity, and listen actively to create compassionate, inclusive and supportive workplaces and communities.

COLLABORATIVE

We share knowledge with everybody and respectfully seek out the expertise of others. We are an active, constructive contributor and are inclusive of diverse views.

EMPOWERED

Together we are empowered to support positive change to ourselves and with communities and the people we support.

BOLD

We embrace innovation and challenge conventions using evidence and technology to improve health, education, and social outcomes for everyone.

Our values guide how we work with partners and communities and how we uphold ethical, rights-based and inclusive practice across our domestic and international work.

We work to ensure everybody has access to quality sexual and reproductive health (SRH).

We respect the rights of our clients to make choices about their SRH and we treat every person with respect, dignity and understanding.

We are experts on contraception, pregnancy options, abortion, sexually transmissible infections (STIs), sexuality and sexual function, menstruation, menopause, common gynaecological and vaginal problems, cervical screening, breast awareness and men's sexual health.

Family Planning Australia Research Centre undertakes nationally and internationally recognised research which underpins our clinical practice. We publish clinical practice handbooks on reproductive and sexual health for medical professionals and are recognised leaders in this field.

Family Planning Australia is registered with the Australian Charities and not-for-profits Commission. We offer a suite of services domestically and internationally that have been accredited by national and international independent organisations. This covers our expert clinical services as well as our education, research and international development activities.

We are fully accredited by the Australian Department of Foreign Affairs and Trade (DFAT), the governing body responsible for managing Australia's aid program. We are also a signatory to the Australian Council for International Development's (ACFID) code of conduct; a voluntary self-regulated sector code for good practice.

The Family Planning Australian Human Research Ethics Committee maintains registration with the National Health and Medical Research Council (NHMRC) in accordance with the National Statement on Ethical Conduct in Human Research (2025).

We are also members of:

- Asia Pacific Alliance for Sexual and Reproductive Health and Rights
- Australia Disability and Development Consortium
- C4 partnerships for cancer control
- International Sexual and Reproductive Health and Rights Consortium (Australia)
- Sexual and Reproductive Health Australia
- Asia Pacific Consortium of Emergency Contraception

Our Development Approach

Our projects are underpinned by international best practice principles and aligned with priorities defined at a country, regional and international level including:

World Health Organisation (WHO):

- International technical guidance on sexuality education (2018)
- Strategic framework for the comprehensive prevention and control of cervical cancer in the Western Pacific Region 2023-2030
- WHO guideline for screening and treatment of cervical pre-cancer lesions for cervical cancer prevention (2021)
- WHO Medical eligibility criteria for contraceptive use (2025)
- Family planning: a global handbook for providers, 4th ed

International Planned Parenthood Federation (IPPF):

- Sexual Rights: An IPPF declaration

International Conferences and Conventions:

- International Conference on Population and Development (1994)
- Beijing Platform for Action (1995)

Aid Effectiveness Principles set out by the Organisation for Economic Cooperation and Development (OECD) Development Assistance Committee (DAC):

- Paris Declaration on Aid Effectiveness (2005)
- Accra Agenda for Action (2008)
- Busan Partnership for Effective Development Cooperation Declaration (2011)

Department of Foreign Affairs and Trade:

- Family Planning Australia's international projects align with the Australian Government's International Development Policy, Australian aid:
  - promoting prosperity
  - reducing poverty
  - enhancing stability
  - the performance framework (Making Performance Count: enhancing the accountability and effectiveness of Australian aid.

Development Effectiveness Hub

Family Planning Australia maintains a living reference library referred to as the *Development Effectiveness Hub*. This contains key evidence, frameworks and guidance supporting the implementation of the DEF. The library is hosted on the In the Know platform and updated periodically.

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. Combating corruption

GUIDING PRINCIPLES

The principles that guide our design and delivery processes are grounded in partner co-designed needs assessments, ensuring that priorities are locally defined, inclusive and evidence based. Family Planning Australia's commitment to gender equality, disability, social inclusion and racial justice aligns with organisational policies, policy statements, strategies, and plans[14, 15]. This includes advocating for and elevating the leadership and voices of people from marginalised populations.

Benchmarked against best-practice in a rights-based and client-centred model, our international work aims to meet evolving needs at local, regional and national levels. We emphasise sustainable, system-level change by supporting local leadership engagement in policy reform. Strong equitable partnerships and continuous learning underpin approaches to quality and effectiveness.

Sexual and Reproductive Need

Family Planning Australia's programs aim to address areas of SRH needs. We are committed to the Sustainable Development Goals (SDG's) as defined by The United Nations. We accept the call-to-action to end inequality regarding SRHR and ensure everyone has the right make their own choices around their sexual and reproductive health.

Our projects will focus on areas of service gaps, avoiding duplication with other service providers. We will align with key national and international strategies and focus on areas that Family Planning Australia has the experience and expertise to make a difference.

Rights-Based Approach

Stigma and discrimination undermine effective interventions, creating barriers to education, services and decision making. Family Planning Australia uses a rights-based approach that aims to support the ability for all individuals, regardless of gender, sexual orientation, disability or other identity markers such as race or economic status, to access education and services safely and equitably. This may include working with partners to identify and address structural barriers and supporting advocacy to enable policy changes.

All programs apply Gender Equality, Disability and Social Inclusion (GEDSI) principles, including:

- Disaggregated data collection
- Twin-track disability inclusion approaches
- Inclusive co-design
- Accessibility audits
- Cultural safety considerations

Racial Justice

Our programs aim to reach those who are most marginalised. We work to align our initiatives with the pursuit of racial justice to enhance the effectiveness of our work and contribute to the realisation of human rights. We apply a racial justice lens when designing locally led strategies.

As racism can also intersect with other forms of marginalisation and injustice, we consider the barriers facing all vulnerable people and design programs that address barriers experienced by those most marginalised including those experiencing racial discrimination and injustice.

Gender Equality, Disability and Social Inclusion (GEDSI)

Family Planning Australia seeks to reduce power imbalances by promoting active participation of all partners in programming. Our core ethos is built on collaboration and prioritisation of local leadership and community initiatives across all aspects of program design and implementation. We address GEDSI through ensuring equal opportunities and protections by inclusive participation, challenging barriers and supporting equitable access to resources and decision-making. The design and delivery of projects is contextualised through sharing resources, knowledge and insights to inform processes and cultural relevance. Family Planning Australia aims to achieve sustainable long-term improvements which are beneficial to all community members, including vulnerable and marginalised groups. Collaborations with local stakeholders may include but not be limited to: Ministries of Health, Non-Government Organisations, Organisations of Persons with Disabilities (OPDs), women-led organisations, faith-based organisations and other relevant civil society organisations or community leaders.

Using a twin-pack approach, we incorporate targeted advocacy to support people with disability to be equitably included and considered in project efforts. Family Planning Australia collects disability and gender disaggregated data to improve material accessibility through strategies such as plain language, alternative formats, and translation. Equitable involvement in program design, implementation, evaluation, and conducting accessibility audits for trainings, facilities and community engagement activities is integral.

Locally Led Development and Collaboration

Our core ethos is built on collaboration and prioritising local leadership and community initiatives, ensuring programs are designed, managed, and implemented by the primary stakeholders most impacted by them. The design and delivery of projects is tailored through collaborating and sharing resources, services, and knowledge to inform processes and cultural relevance.

Our approach emphasises shared decision-making, capacity strengthening, and the co-creation of solutions that are contextually appropriate, sustainable, and responsive to evolving community needs. Through the monitoring and evaluation practices outlined in this framework, we generate and use evidence to elevate local voices and support learning at the local level. Findings from monitoring and evaluation are used not only to strengthen program quality but also to inform adaptation, support local advocacy efforts, and influence systems and policy where appropriate.

Where culturally and programmatically relevant, Pacific participatory approaches are applied to support ethical, inclusive and locally led engagement and learning. This includes methodologies such as **Talanoa, Kakala**, and the **PARcific** approach (where relevant and agreed with partners).

Programs are designed and delivered through shared decision-making with partners and communities. This includes:

- partner-led needs assessment
- co-developed program logic
- joint indicator validation
- reciprocal feedback mechanisms
- shared analysis of findings.

Where appropriate in Pacific contexts, participatory methodologies such as:

- Talanoa (relational dialogue)
- Kakala (cyclical co-creation and reflection model)
- PARcific



Participatory Action Research approaches are integrated into design, monitoring and evaluation processes. These approaches support:

- relationship-first engagement
- shared interpretation of data
- return-of-findings practices
- cultural safety and contextual relevance.

Advocacy and Health Promotion

Our health promotion and advocacy approaches work together to support positive, sustainable change in SRHR. Our advocacy work promotes the right of all people to access comprehensive SRHR and focuses on addressing barriers and advancing the rights of marginalised and underrepresented groups and ensuring that community-informed evidence leads to lasting and equitable change.

Through health promotion we support positive behaviour change to increase access to SRHR services and information at the community level. We support local health systems by responding to community needs through the provision of technical skills, information and knowledge.

We collaborate with a wide range of health professionals and community stakeholders to maximise community reach and awareness. In line with locally led approaches to development and informed by the monitoring and evaluation practices outlined in this framework, we intentionally amplify local voices through our projects. We use evidence generated through monitoring and evaluation to elevate community priorities within advocacy spaces, drawing on our relationships with governments and local community organisations to influence systems, policies, and decision-making processes.

Evidence

Local and international research informs the ways programs are designed and delivered in local contexts. We contribute and respond to international health evidence, continually adapting to ensure best practice principles to progress the SRHR for all people.



Climate Change

While we do not have specific climate change activities, we know that climate change can worsen many of the social and economic outcomes that contribute to poor SRHR outcomes. We recognise the impacts of climate change are significant throughout the Pacific regions and disproportionately impact women, girls and other vulnerable groups. We are committed to minimising climate change impacts through supporting and promoting development of mitigation, adaptation and reliance strategies with partners.

Through our work, we support women and girls to make informed decisions about their SRHR, increasing their autonomy over their bodies, education, and futures. Access to SRHR services enables delayed and spaced childbearing, continued education, and participation in social and economic life. Strengthening SRHR also promotes gender equality, reduces gender-based violence, and builds community resilience, helping women and girls adapt to the challenges of climate change.

MONITORING AND EVALUATION

Program Design, Delivery and Learning Approach

Family Planning Australia's international work is guided by ACFID's Good Practice Principles, DFAT's inclusion strategies and international SRHR frameworks to promote inclusive, ethical and locally led approaches to co-design of programs, interventions and monitoring and evaluation. Programs are developed and implemented through shared decision-making with partners and communities, partner-led analysis, reciprocal feedback mechanisms and appropriate resourcing to enable full participation throughout the program cycle.

In line with DFAT and ACFID quality standards, Family Planning Australia commits to:

- conducting equitable, participatory needs assessments
- applying intersectional analysis to inform program design and adaptation
- ensuring accessibility standards in materials, training and service delivery
- tracking progress using disaggregated indicators
- promoting gender-transformative approaches that challenge harmful norms
- actively engaging people with disabilities, people of all genders and individuals from diverse sociocultural backgrounds as equal partners and decision-makers

Across all programming, Family Planning Australia is committed to advancing gender equality and the rights of women, girls and people of diverse sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC).



PROGRAM LOGIC

Purpose

This program logic describes how Family Planning Australia's international SRHR portfolio contributes to sustainable, inclusive and equitable health and wellbeing outcomes in the Pacific and other partner settings. It provides a structured framework under which current programs, including comprehensive sexuality education (CSE), contraception, cervical cancer prevention and treatment, as well as future initiatives can operate. This overarching program logic applies across Family Planning Australia's international scope of work while each individual project will develop its own context-specific program logic aligned to this framework.

The framework aligns with international development best practice and reflects Family Planning Australia's commitment to rights-based approaches, GEDSI principles, Pacific values and strong partnerships.

It is intended for both internal and external stakeholders, with partner-friendly versions including Easy English and translations to be developed to support accessibility, shared understanding and local ownership.

The overarching logic assumes:

If:

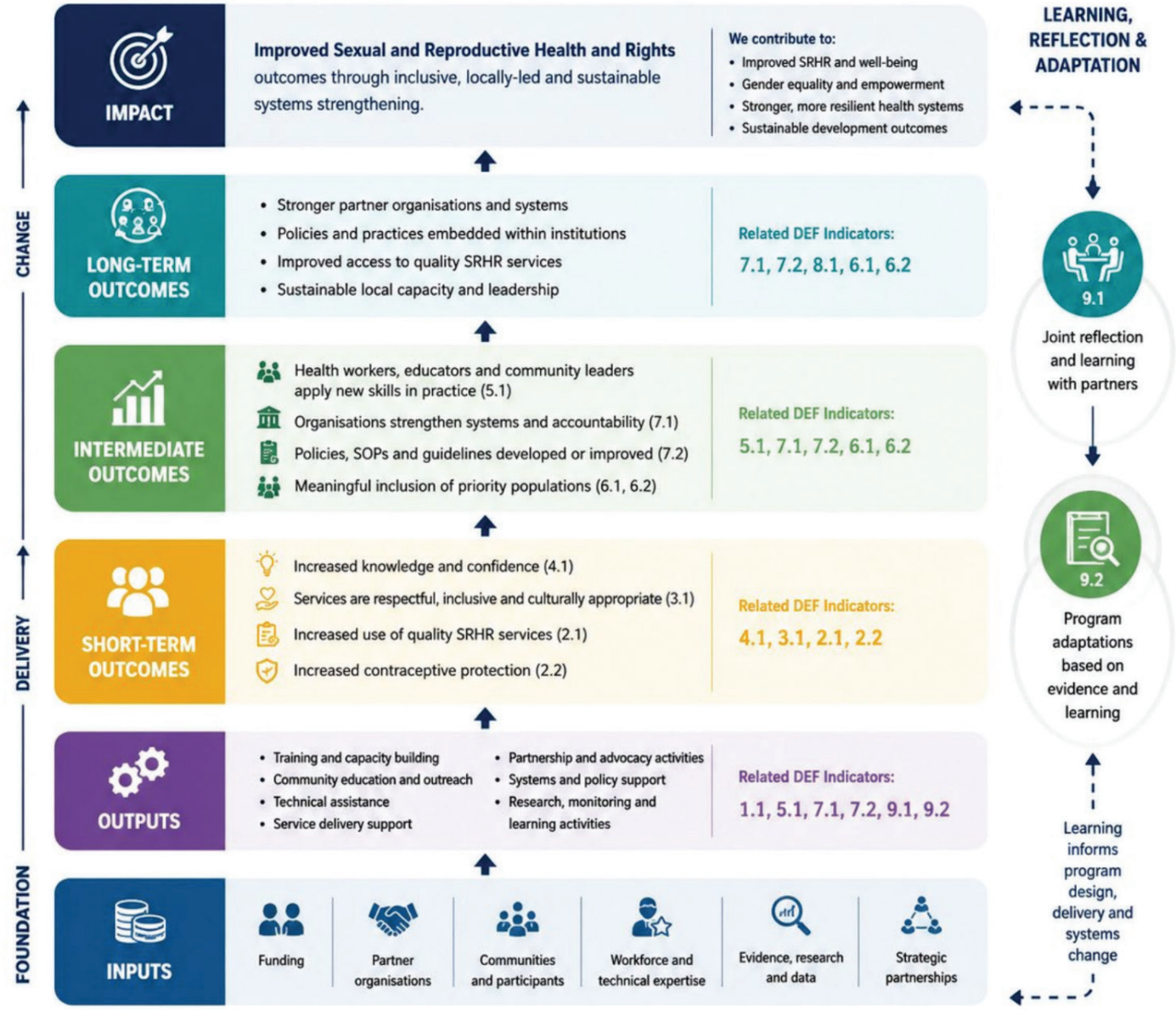
- Communities are engaged through culturally appropriate and inclusive approaches
- Health workers and systems are strengthened
- Policies and enabling environments are supported
- Services are accessible and rights-based

Then:

- Knowledge and agency increase
- Access to quality services improves
- Equity gaps reduce
- Sustainable health and wellbeing outcomes are achieved
- Program logic development must be:
  - Co-designed with partners
  - Validated locally

An information graphic of the DEF program logic is included on the following page.

Theory of Change



CROSS-CUTTING PRINCIPLES APPLIED ACROSS ALL LEVELS

Gender Equality · Disability Equity and Inclusion · Youth Participation · Localisation · Human Rights · Cultural Safety · Partnership & Co-design · Learning & Adaptation

Our Approach We work in partnership with communities and governments to strengthen capacity, improve access to rights-based SRHR services and support systems change that is inclusive, locally-led and sustainable.

Programmatic Areas

Family Planning Australia's international SRHR work is organised into interlinked functional areas that collectively contribute to improved SRH and wellbeing. These areas may operate simultaneously or independently and new areas may be added as programs evolve.

Community-focused SRHR interventions include CSE delivered to communities, peer-led programs and awareness initiatives. These interventions improve knowledge, support positive behaviours, reduce stigma and strengthen community norms that promote SRH and wellbeing. Where culturally and programmatically relevant, Pacific participatory methodologies are applied to ensure ethical, inclusive and participatory engagement, including Talanoa, Kakala and the PARcific approach where relevant.

Service delivery and clinical interventions encompass contraception, family planning, cervical cancer prevention, treatment, palliative care, ensuring high-quality, and rights-based health services which are accessible and inclusive.

Capacity-building and workforce development provides training and mentoring for healthcare workers, educators, and community leaders to strengthen their ability to deliver inclusive, culturally responsive and high-quality SRHR services.

Systems support national policies, clinical guidelines, data systems, institutional capacity, and advocacy initiatives to promote enabling environments and sustainable improvements in SRH and wellbeing.

These functional areas are mutually reinforcing and guided by cross-cutting principles including GEDSI, disability inclusion, human rights, Pacific values, localisation and evidence-informed adaptive practice.

Theory of Change: How Change Happens

The Theory of Change outlines how and why Family Planning Australia's international SRHR programs achieve their intended impact. It provides a clear vision of how change occurs by mapping the causal pathways from inputs and activities to outputs, outcomes and long-term impact. It considers assumptions and external and internal factors influencing program delivery. An individual Theory of Change will be developed for each project to reflect its specific context, activities and intended outcomes. By integrating GEDSI principles, disability inclusion, Pacific values, localisation and partner engagement, the Theory of Change guides program planning, strengthens clarity and focus, supports adaptive management, improves partnerships and provides a framework for monitoring, evaluation, learning and organisational development.

Monitoring, Evaluation and Learning

Family Planning Australia works with local partners to monitor and evaluate programs. Partners and communities help define indicators, collect and analyse data and interpret results. Data is inclusive, disaggregated by gender, age, disability and other relevant characteristics and used to inform program adaptation and continuous improvement. Pacific approaches are applied where culturally and programmatically suitable, respecting local knowledge and values.



Monitoring and evaluation aims to:

- assess relevance and alignment
- measure effectiveness and contribution
- evaluate efficiency and resource use
- assess impact and equity
- determine sustainability and systems integration
- support learning and adaptive management

DEF UNIVERSAL INDICATORS

Family Planning Australia uses a core set of DEF indicators that apply across international programs. These indicators provide a consistent basis for monitoring reach, inclusion, service delivery, workforce strengthening, systems development and learning across projects.

Individual projects may also report against donor-specific indicators (for example DFAT ANCP or UNFPA indicators). Where this occurs, donor indicators are mapped to the DEF core indicators to ensure reporting requirements are met while maintaining consistency across programs.

Family Planning Australia also outlines specific indicator metrics for key focus areas that must be included where relevant.

All indicators should be disaggregated where possible by:

- gender
- age
- disability
- indigenous peoples/ethnic minority status
- rural/urban location

Where appropriate and culturally relevant, participatory approaches such as Talanoa, Kakala and the PARcific approach may be used to support qualitative data collection and community feedback.



DEF Universal Indicator Set

Code	Indicator	Description	Disaggregation	Typical Data Sources
1.1	Number of individuals reached through program activities	Total number of individuals participating in program activities including training & education, workshops, outreach, service engagement or community activities	Gender, age, disability, location	Attendance records, partner reports, training records
2.1	Number of people accessing SRHR services supported by the program	Individuals receiving SRHR services through supported facilities (e.g. screening, treatment, counselling)	Gender, age, disability, location	Clinic records, health information systems, service reports
2.2	Contraceptive protection provided through supported programs	Estimated contraceptive protection against unplanned pregnancies generated through supported programs	Gender, age	Program distribution records, service statistics
3.1	Participants reporting services or training were respectful, inclusive and culturally appropriate	Participant perceptions of quality, inclusion and cultural appropriateness of services or training	Gender, age, disability	Participant feedback, interviews, surveys
4.1	Participants demonstrating improved knowledge or confidence	Self-reported or assessed improvement in knowledge or confidence following training or education activities	Gender, age, disability	Pre/post surveys, training evaluations
5.1	Health workers, educators or community leaders trained and applying new skills	Individuals trained through program-supported capacity building who report applying skills in practice	Gender, disability, role	Training attendance records, follow-up surveys
6.1	Proportion of program participants from priority or marginalised groups	Share of participants representing marginalised populations	Gender, age, disability, ethnicity	Participant records
6.2	Meaningful participation of organisations representing marginalised groups	Evidence that representative organisations (e.g. organisations of persons with disabilities (OPDs)) are involved in program planning and implementation	Organisation type	Meeting records, partnership agreements
7.1	Organisations supported to strengthen accountability, inclusion or service systems	Organisations receiving capacity building or technical support	Organisation type	Project reports, partner documentation

Code	Indicator	Description	Disaggregation	Typical Data Sources
7.2	Policies, guidelines, SOPs or system improvements influenced or developed	Policies, clinical guidelines or institutional improvements supported through the program	Country, sector	Policy documentation, project reports
8.1	Integration of program activities into partner systems or policies	Evidence program approaches are adopted within national or partner systems	Country	Government reports, institutional documentation
9.1	Structured reflection or learning sessions conducted with partners	Joint reflection or learning sessions reviewing program progress	Country, partner	Workshop records, meeting minutes
9.2	Documented program adaptations based on monitoring or evaluation findings	Program adjustments made in response to monitoring and evaluation processes	Country	Program reports, evaluation findings

Donor Indicator Mapping

Donor Indicator	Description	DEF Indicator
ANCP H.02	Number of health workers who received training and development	5.1
ANCP H.03	Number of people who received improved health services	2.1
ANCP H.05	Contraceptive protection from unplanned pregnancies made available through Australian support	2.2
ANCP G.08	Number of Disabled Persons Organisations actively involved with the project	6.2
ANCP G.11	Number of Organisations of Persons with Disabilities receiving capacity building support	6.2
ANCP GO.01	Number of organisations supported to strengthen accountability and inclusion	7.1

Alignment with DFAT Partnerships for a Healthy Region, EPICC Project Monitoring Framework

EPICC Indicator Theme	DEF Alignment
Workforce training and capacity building	5.1
Cervical screening coverage	2.1
Community acceptability of services	3.1
Development of SOPs and clinical guidance	7.2
Policy modelling and investment planning	7.2
Strengthening national screening programs	7.1
Integration into national systems	8.1
Data and learning processes	9.1/9.2



MONITORING AND EVALUATION QUESTIONS

Family Planning Australia's international programs use a set of cross-cutting evaluation questions aligned with the OECD DAC evaluation criteria: Relevance, Coherence, Effectiveness, Efficiency, Impact and Sustainability.

These questions guide reflection, evaluation and learning across programs. Projects are expected to report against the questions that are relevant and feasible for their context, rather than addressing every question in all cases.

Evaluation questions should be considered alongside:

- DEF Universal Indicator Set
- Donor-specific monitoring requirements (e.g. DFAT ANCP indicators or DFAT Partnership for a Healthy Region MEL Framework indicators), which are mapped to the DEF core indicators where possible.
- The specific measures outlined by Family Planning Australia (which include metrics) that are to be included against relevant subject matter areas.

Together, these tools support consistent monitoring while allowing flexibility for diverse program contexts.

OECD DAC-Aligned Evaluation Questions

Evaluation Area	Questions	Purpose	Cross-cutting Considerations
Alignment, Appropriateness and Coherence (OECD DAC: Relevance & Coherence)	1. To what extent was the program aligned with local health priorities, partner needs and community contexts? 2. Were program approaches considered culturally appropriate, inclusive and acceptable by partners, communities and participants, including people with disability and other priority groups? 3. To what extent did the program complement or coordinate with other initiatives led by governments, partners or donors?	Assesses whether programs reflect SRH need, local priorities, respond to partner needs and align with broader SRHR initiatives.	SDG 3, 5, 10, 17; GEDSI; disability inclusion; localisation; human rights; Pacific participatory methodologies.
Achievement of Outcomes (OECD DAC: Effectiveness)	4. To what extent were intended outputs and outcomes achieved across program activities? 5. What factors enabled or supported successful implementation and outcomes? 6. What barriers or challenges limited the achievement of outcomes?	Examines whether programs achieved their intended results and identifies factors influencing effectiveness.	SDG 3, 5, 10; GEDSI; disability inclusion; adaptive management; partner capacity strengthening.
Resource Use & Implementation Quality (OECD DAC: Efficiency)	7. To what extent were program activities delivered efficiently using available resources? 8. Were implementation approaches appropriate to the local context and partner capacity?	Assesses how effectively resources were used and whether implementation approaches were appropriate and efficient.	SDG 3, 4, 5; localisation; partner engagement; capacity strengthening.
Health & Wellbeing Outcomes (OECD DAC: Impact)	9. What changes occurred in knowledge, awareness, behaviours or service uptake? 10. Were there any unintended positive or negative outcomes arising from the program?	Explores broader outcomes and impacts on SRHR knowledge, behaviours and health outcomes.	SDG 3, 5, 10; gender equality; disability inclusion; community norms; wellbeing.
Sustainability & System Strengthening (OECD DAC: Sustainability)	11. To what extent have program approaches, outputs or outcomes been integrated into partner systems, institutions or practices? 12. Are program approaches likely to be sustained, adapted or scaled beyond the life of the project?	Assesses long-term sustainability, institutional ownership and potential for scale.	SDG 3, 5, 17; localisation; systems strengthening; institutional capacity.
Learning, Participation & Adaptive Practice	13. How have MEL processes informed program improvements and decision-making? 14. To what extent were partners and communities involved in monitoring, reflection and learning?	Ensures programs capture learning, strengthen partner capacity and support adaptive management.	SDG 3, 4, 5, 10; participatory monitoring; Pacific methodologies; inclusion; knowledge sharing.

Data Governance and Ethics

Data collection must:

- be disaggregated by gender, age, disability and relevant characteristics
- respect confidentiality and cultural safety
- avoid extractive practices
- clarify data ownership and approval processes
- return findings to communities in accessible formats.

Ethical safeguards include:

- child protection
- prevention of sexual exploitation and abuse
- environmental and social safeguards
- risk management protocols
- modern slavery safeguards.

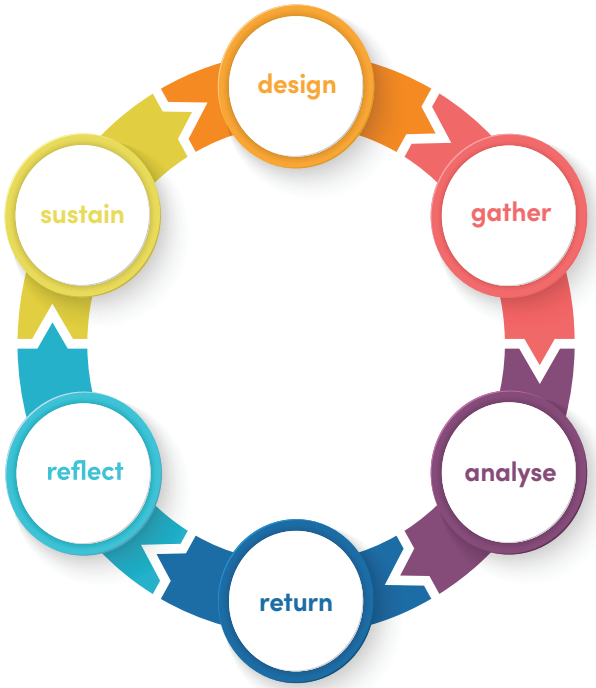
Learning and Adaptive Practice

Family Planning Australia adopts cycles of action and reflection aligned with adaptive management principles.

Learning mechanisms include:

- quarterly reflection meetings
- partner-led analysis workshops
- midline and endline evaluations
- stakeholder consultations
- policy and systems feedback loops.

Where appropriate, Kakala-inspired cycles (design, gather, analyse, return, reflect, sustain) may guide learning processes in Pacific contexts.



Learning is shared through:

- annual reports
- partner workshops
- journal publications
- policy briefs
- sector engagement.

INTEGRATION INTO MONITORING TOOLS



Evaluation and monitoring tools should be incorporated into all relevant tools and processes, ensuring data collection, reporting and learning are participatory, inclusive and culturally appropriate. Key processes include field visits and observational reports, partner and community reporting templates, quarterly, midline, and endline evaluations, and community consultations, interviews, and focus groups.

These processes integrate local leadership, Pacific principles, and culturally relevant methodologies including Talanoa, Kakala and the PARcific approach where relevant.

All monitoring, evaluation, and learning activities should prioritise inclusive and disaggregated data collection by gender, age, disability, and other relevant characteristics, capacity-building of partners in participatory monitoring and adaptive management, and feedback loops to ensure findings inform program adaptation, localisation, and continuous improvement in SRHR and health and wellbeing.

LEARNING, ADAPTING AND SHARING

Family Planning Australia has cycles of action and reflection which enables appraisal of the Theory of Change embedded within the program logic. From this, we can identify and determine a project's success based on the context and needs. It helps inform components such as project resourcing and scheduling, as well as innovation or changes needed for future approaches.

Some of the ways we learn:

- stakeholder meetings at the end of projects
- observation of project activities
- partner and/or stakeholder feedback
- professional development workshops and courses
- staff meetings
- development and/or update of relevant policies.

Shared Learning

An important area of our International Program is shared learning. This is important for government and donor reporting, advocacy, fundraising efforts and for the benefit of our partners, stakeholders and the broader sector in which we work. The ways in which Family Planning Australia shares findings will be dependent on the specificities and complexities of each individual project.

Some of the ways we share:

- annual reports both internally and externally
- the Family Planning Australia and In the Know website
- project summaries
- journal publications
- social media.

Partners are also invited to participate in joint reflection sessions and shared analysis workshops to support capacity strengthening and mutual learning.



RISK MANAGEMENT AND ETHICAL PRINCIPLES

In accordance with the ANCP manual, each project undertakes a risk analysis and a subsequent risk management plan. Family Planning Australia takes responsibility for, and mitigates against all risks, associated with their international projects. Within individual projects, risks are monitored and modified to ensure minimal impacts are made to all personnel.

Each project must:

- conduct risk analysis
- maintain risk management plans
- monitor risks continuously
- integrate ethical research principles.

Ethical inquiry includes robust research to ensure safety, and that projects are created and delivered in the best interest of stakeholders and shareholders, aligning with the principles and guidelines for ethical research and evaluation (2021).

Risk management includes:

- preventing sexual exploitation, abuse and harassment
- child protection
- environment and social safeguards
- aid risk management.

Safeguards

Family Planning Australia is committed to the safeguarding of people, the environment and financial resources connected to our work. We have a zero-tolerance approach to child exploitation or abuse, as well as sexual exploitation, abuse, and harassment.

Safeguards include:

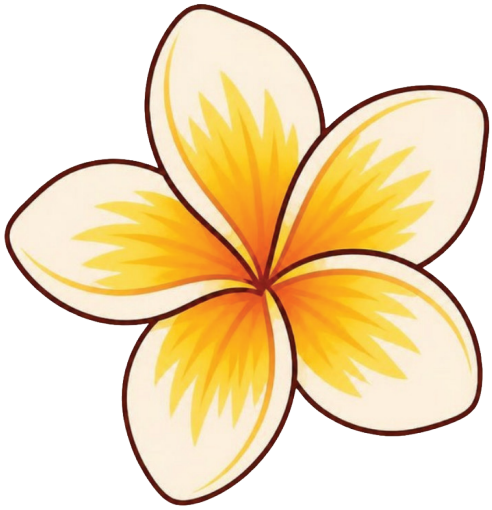
- child protection
- prevention sexual exploitation abuse and harassment
- environmental and social safeguards
- financial accountability
- modern slavery.

Modern Slavery

Family Planning Australia is committed to ethical practice and safeguarding across our operations and supply chains, including compliance with relevant Modern Slavery requirements and expectations.

Modern Slavery risk is included here to reflect Family Planning Australia's broader safeguarding and ethical practice commitments; it is not a specific element captured within the DEF monitoring and evaluation framework unless a project explicitly includes Modern Slavery-related activities or requirements.

DATA LIMITATIONS AND CAPACITY STRENGTHENING



We are committed to continuously improving our data management systems with our partner's, ensuring integrity is maintained to the utmost.

Common challenges (digital infrastructure, incomplete disaggregation, data quality gaps) will be addressed through:

- Simplified reporting tools
- Participatory methods
- Partner capacity strengthening
- Joint review of data systems

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