

Sexual and Reproductive Health and Rights including HIV/AIDS

Organisation	Publication	Reporting Period
Department for Social Development, Ministry of Foreign Affairs, The Hague	May 2020	reports received between 1 October 2018 - 30 September 2019

Result area 1 - Better information and greater freedom of choice for young people about their sexuality

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RESULTS

Not for every output partners reported on their results quantitatively, as a result of which some results from certain partnerships are not shown below.

The reporting shows that because of comprehensive, correct information that young people have received through the activities reported on young people have been capacitated to make informed choices about their sexuality, sexual health and pregnancy and also have a place to go to health facilities/health facility staff that now increasingly adopt and implement youth friendly services.

For instance, in Mali at least 906,000 young people were reached with comprehensive, correct information on sexuality, STIs, pregnancy and contraception. In more and more countries and places, youth has access to youth-friendly SRHR and HIV/AIDS services in health facilities. For instance, through support of our programs, these services were adopted in 188 facilities in Bangladesh and 77 facilities in Ethiopia (among many in other countries), reducing barriers for youth to seek SRH services.

Results were above our target of youth participating in policy and decision-making bodies. For instance, in the Democratic Republic of Congo (DRC) 40 youth associations were involved in providing Comprehensive Sexuality Education to young people in their area. Moreover, all those youth associations have been officially recognized as community-based organisations by the authorities. Commendably, some youth associations have started small-scale income generation activities such as rabbit farming to strengthen the continuity of their association.

Thanks to advocacy by youth associations in Benin (involved in the program "Jeune S3" supported by the Netherlands), the Banikoara municipality decided in 2018 that from February 2019 onwards, SRH services like HIV testing, STI treatment, family planning and contraceptive consultations and services will be provided free of charge to young people to people in the Banikoara health zone. In Cameroon, the same program's advocacy led health facilities to extend opening hours and to provide separate entrances for youth to reduce barriers of accessibility of services for youth.

INDICATORS	Baseline	Target	Result	Source
A. # of health facilities that adopt and implement youth-friendly SRHR and HIV/AIDS services	993	11,211	450	27632; 29485; 400000122; 29626; 27965; 27977; 28992; 29443; 400000637; 400000801; 400000991; 400001585; 28433; 26999; 28439; 400002762; 400002798; 400002990
B. # of young people reached with comprehensive, correct information on sexuality, HIV/AIDS, STIs, pregnancy and contraception	303,3873	7,369,223	1,077,261	27632; 400000122; 27903; 29626; 4000001420; 24861; 27961; 29086; 29245; 29312; 400000991; 400001585; 400002431; 400003550
C. # of youth who participate in policy and decision-making bodies and perceive their participation as meaningful	525	12,606	30,788	27560; 27632; 26870; 28433; 27558; 400000917; 27550; 400002659; 400002878
D1. % of women (20-24yr) who were married or in union before ages 15 and 18			Check source, for indicator 5.3.1	https://unstats.un.org/sdgs/indicators/database/
D2. % of girls and women (15-49yr) who have undergone FGM/C			Check source, for indicator 5.3.2	https://unstats.un.org/sdgs/indicators/database/

Assessment of the results achieved across the entire result area 1

Assess achieved results compared to planning:	C. Results achieved as planned
Reasons for result achieved.	The work with local partners has been crucial in achieving these goals. As barriers for youth to access SRHR services differ from country to country and even within country from region to region, working with partners who are embedded in the local context is key. The partners developed tailor made programs to the need of the youth in their region and deployed tools that were acceptable and effective there. Advocacy has been a great part of this work. The partners are continuously aiming for meaningful dialogue with decision-makers, being it community leaders or ministers. In collaboration with effective diplomacy carried out by our Embassies, real changes and impact on the ground have been realized.
Implications for planning.	Despite these results, many youth still lack access to information, comprehensive sexuality education and sexual and reproductive health services such as safe abortion. With the projected growth of world's youth population, the availability and accessibility of such services becomes ever more pressing. In order to make informed decisions about their reproductive health, youth need access to information. Therefore, the Netherlands will continue to work with nongovernmental organizations and governments to provide comprehensive sexuality education to in- and out-of-school youth.

Result area 2 - Improved access to contraceptives and medicines

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RESULTS

Overall access to contraceptives and medicines improved. More women and girls are now using modern contraceptives, although progress is slower than expected. The number of countries sustaining actual spending on contraceptives in the national budget increased moderately (from 9 to 11 in the 46 UNFPA supplies countries).

The Netherlands contribution to immunization is mainly channeled through GAVI. With 66 million children immunized in 2018, a total of 198 million children have been immunized in the project period 2016-2018. The target for 2020 is 300 million.

The total Dutch ODA spending for R&D for essential SRH and HIV/AIDS medicines, vaccines and commodities was according to plan. Although less new products were introduced in 2018 than the year before, the total number of products that is currently being developed or tested by the Product Development Partnerships is according to plan.

The Global Fund to Fight AIDS, TB and Malaria (GFATM) reported that 18,9 million people living with HIV were receiving ART treatment, in countries where the fund invests. In total 62% of all people living with HIV in the target countries of GFATM receive ARV treatment. In 2010 this was only 22%. The GFATM is an important partner in the Dutch policy related to HIV and AIDS.

INDICATORS	Baseline	Target	Result	Source
A. Total Dutch ODA for R&D for essential SRH and HIV/AIDS medicines, vaccines and commodities	MFA level only	MFA level only	14,044,866	Activity 27528 - Product Development Partnerships
B. # and type of new user-friendly SRH products on the market	0		3	27528
C1. # of children fully immunized (Gavi's definition)	0 (1 Jan 2016)	300,000,000 (on 31 Dec)	66,000,000	27598
C2.a. # of additional women and girls using modern contraceptives	0 (in 2012)	5,000,000	2,750,000	FP2020 data - http://progress.familyplanning2020.org/measurement - http://progress.familyplanning2020.org/finance
C2.b. # of couples protected by various contraceptives over a 1-year period (couple-years protection)	39,276,234		63,534,484	27560; 27632; 29485; 400000122; 26870; 28528; 29273; 400001420; 29552; 400000991; 400001585; 400000953; 28440 ; 29458; 400002799; 400002878; 400002279

C3.a. % of PLHIV receiving ART	52% (in 2017)	81% by 2020	62%	400000029
C3.b. # of PLHIV receiving ART			770,169 (Ethiopia SDG performance fund 467769 + GFATM 18,900,000 PLHIV in countries GFATM invests in, NL attribution = 302,400)	400000030
C4. # of people receiving interventions against TB, malaria, hepatitis and NTDs			GFATM 5,300,000 TB patients on treatment (NL attribution = 84,800) // GFATM 131,000,000 long lasting bed nets distributed (NL attribution = 2,096,000)	400000030

Assessment of the results achieved across the entire result area 2		C. Results achieved as planned		
Assess achieved results compared to planning:	Results differ per outcome. Although the increase in extra number of people using contraceptives is lower than expected, results for immunization, new medicines and HIV treatment are developing as planned.			
Reasons for result achieved.	<p>The Product Development Partnerships (PDP's) are performing according to planning. The development of several new products and medicines, generally a long term process, is advancing and is now going through several testing phases before being approved for actual use. Relatively few products have been canceled or delayed. The expectation is that several product will be introduced on the market in the next few years. PDP's also focus increasingly on ensuring access to their products for the poorest and contribute to increased R&D capacity in developing countries.</p> <p>GAVI has a strong focus on results, and receives sufficient funding for its operations.</p> <p>For The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), progress varies. Overall, indicators related to impact (treatment coverage, distribution of bed-nets) are very well on track. Activities aiming at reaching vulnerable groups (key populations, pregnant women) are developing at a slower pace and need specific attention.</p> <p>The number of additional adolescent girls and women using modern contraception in the 69 FP2020 countries (53 million) is lagging behind the target to reach 120 million additional adolescent girls and women by 2020. Because the calculation of both the targets and the actual results of the Dutch investments in contraceptive use are based on FP2020 figures, the Dutch results are also lower than expected. The reasons for this are related both to the supply (available funding, number and accessibility of distribution points, malfunctioning of domestic distribution channels), and the actual demand for contraceptives (socio-cultural aspects, child marriages, lack of acceptance in the community). Moreover, the methodology for calculating the actual use and costs of contraceptives continuously improves. It has now become clear that the baseline used for the number of people using contraceptives in 2012 was too low, and as a result, ambition levels may have been too high at the start of the FP2020 initiative.</p> <p>The number of Couple Years Protection (CYP), the amount of couples protected with modern contraceptives for one year; estimated on the basis of contraceptives distributed has increased from 39 million in 2015 to 63 million in 2018. Although this is a significant growth, the impact of the 2016</p>			
Implications for planning.	<p>Together with our global partners, including UNFPA, The Netherlands will explore new interventions to ensure that more women and girls will be able to use modern contraceptives. Innovation in relation to supply chains and financing mechanisms is an important element in this. In this context, a Results-based Financing pilot has been started with UNFPA in 2019. In addition, a new vision for supporting accessibility of reproductive health commodities will be defined.</p> <p>The portfolio of activities related to improved access to contraceptives and medicines will be aligned further with the objectives mentioned in the policy on foreign trade and development cooperation which is reflected in the policy note <i>Investing in Global Prospects</i>.</p>			

Result area 3 - Better public and private health care for family planning, pregnancies and childbirth, including safe abortions

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RESULTS

Health systems are essential to achieve results in the field of SRHR as no specific services can be delivered in the absence of basic health infrastructure, including trained personnel. Although overall indicators for health system strengthening are not included in this report, the national indicators on number of births attended by skilled personnel, and number of comprehensive services for (post)abortion care, imply that the health systems are strengthened. Results have been calculated using the Dutch contributions to global health funds (GFATM, GAVI, GFF, WHO), international NGOs as well as direct contributions at country level.

Besides activities in specific focus countries such as Ethiopia, Mozambique, Burundi and Mali, the MoFA also supports organizations that work in humanitarian settings where basic infrastructure is often lacking. For instance, through bilateral support, Primary Health Care Services focused on SRHR are provided for the Rohingya refugees in Cox's Bazar, Bangladesh, since October 2017.

The private sector is an important partner to provide services and may increase sustainability or efficiency of public health programs by contributing with specific assets (transport, private equity, supply management). The indicator 'type and number of initiatives' turns out to be less relevant for assessing the level of engagement with the private sector. The Global Fund for Aids, TB and Malaria has multiple private partners. The number of partners may be stable but the amount of 'in kind' or 'cash' contributions vary. The fact that during last year's replenishment a strong commitment was made by the private sector is therefore more informative than the included indicator. Also within the GAVI alliance, private contributions are increasing although it has not yet reached its full potential.

INDICATORS	Baseline	Target	Result	Source
A. # of health workers trained in ANC and PNC, safe delivery and abortion care	188	9,831	5,223	27560; 29485; 4000000122; 29312; 29552;
B. # of comprehensive safe (post)-abortion care services provided	174,913	561,582	784,282	27632; 29485; 4000000122; 4000000637; 29552; 4000000707 SAAF; 4000002798
C. Type and number of initiatives to promote private sector involvement in SRH and HIV/AIDS services			67 (51 from 26185 Building models for the Future; 4 from 27827 RITU in Bangladesh ; 1 from 4000000122 EngenderHealth in	4000000122; 27827; 26185; 4000000030

Assessment of the results achieved across the entire result area 3		C. Results achieved as planned		
Assess achieved results compared to planning:	Results achieved as planned, with the exception of Mali, where -due to political unrest- the implementation of the national program (PRODESSIII) is lacking behind targets.			
Reasons for result achieved.	<p>Bilateral support to national health plans seems to be an effective tool to contribute directly to the most urgent SRH needs in the country. Funding is allocated through existing mechanisms, aligned with other domestic and donor funding.</p> <p>The impact of public-private partnerships is probably not yet as big as expected. The Netherlands has initiated a policy review on private sector engagement within the GFATM, in order to provide more clarity on expectations. A specific team has been established for this purpose within GAVI. In its support to GAVI, the Netherlands focuses on private sector involvement and creating partnerships with private entities. To further attract private investments, the MoFA is matching part of the private investments through the Matching Fund initiative. Finally, the Netherlands is working with PharmAccess and other organizations such as Triggerise, to attract private entrepreneurs in the health sector at country level.</p> <p>The impact of the Mexico City Policy increasingly affects international organizations. Several organizations still manage to keep their global role in providing access for adolescents/youth to health services, including safe abortion but further 'chilling' as a result over over-interpretation and avoiding abortion even in cases were legally permitted, is noted. All this negatively influences the enabling environment to meet women's demands.</p>			
Implications for planning.	Although impact of the Mexico City Policy is real, it does not substantially change the assumptions in the ToC's. Nevertheless, Dutch contribution to services that are no longer funded by other donors (in particularly the US) will become more and more important to uphold a certain level of services at country level. In the light of these developments, the MoFA will further strategize its project portfolio for 2021 and onwards.			

Result area 4 - More respect for the sexual and reproductive rights of groups who are currently denied these rights

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RESULTS

Worldwide, pressure on the respect for the sexual and reproductive rights of all individuals is increasing. Efforts have been made by NGO's, multilateral partners of the Netherlands, and the Netherlands Embassy network to mitigate this pressure and to find ways to improve the respect for these rights. In several contexts, progress in laws, policies and frameworks has been achieved and accountability mechanisms have been strengthened. As the NGO partnerships are half-way in the implementation of their programs, an increase in results has been noted as they capitalize on strengthened networks and relations with formal structures such as governments, ministries and parliaments. Positive results include better access to information and comprehensive sexuality education, commodities and services including abortion and modern contraceptives, and accountability for marginalized groups such as sex workers. The expected outputs for this result area have been achieved. Together with NGO partners and multilateral organizations policy and legal change has been advocated for to contribute to end violence, stigma and discrimination and to improve access to sexual and reproductive health information, education and services for all.

INDICATORS	Baseline	Target	Result	Source
B.2. Satisfaction with degree to which SRHR barriers facing discriminated and vulnerable groups have been reduced	34,6% in 2017	80%	54%	SRHR Satisfaction Survey 2019, Ministry of Foreign Affairs - SRHR Partnership Fund report
D.1. Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex			Check source, for indicator 5.1.1	https://unstats.un.org/sdgs/indicators/database/
D.2. # of recorded cases of discrimination and violence against key populations, women and girls in relation to SRHR issues			902	27799
E.1. # of key populations reached by communities and advocacy networks with SRHR and HIV/AIDS information	1,026,268	10,323,687	55460	27163; 29245
E.2. # of key populations having received SRHR and HIV/AIDS services	1,024,066	1,210,400	618,397	27632; 26628; 29443; 27163; 28429; 28440 ; 28437; 4000002799
A. Whether and how SRHR frameworks have been adopted and incorporated into national policies (current and observable changes)	(4000000204 Amplify Change) Health Development Initiative in Rwanda achieved changes in the Penal Code removing barriers and widening access to safe abortion, together with the Great Lakes Initiative for Human Rights and Development and other CSOs. They are currently working with the Ministry of Health to publish the guidelines. (27550 PITCH) In Indonesia, PITCH advocated with the Ministry of Health to include an entry for the			27550; 4000000204
B.1. Changes in laws, guidelines, and (health)policies and practices leading to decrease of barriers to SRH and HIV/AIDS services	(27163 MAP Hands Off) In Botswana, a mobile response system was set up for sex workers to report cases immediately and have better access to services. Rights trainings and work with paralegals lead to greater access to justice for sex workers. In South-Africa, in collaboration with the South African Police Service a training manual was developed to educate police on the needs and rights of sex workers, LGBTI and people using drugs. The manual has been integrated into police colleges and the force's internal strategy. (27870 ADD MMM) Ethiopia's national standards for menstrual hygiene pads were endorsed, which includes nationwide promotion of acceptable quality standards for local production of reusable sanitary pads. After a national wide revision of the manual for institutional WASH design and construction, the importance of safe, private and menstrual hygiene friendly WASH facilities in schools was included. (27558 RHRN) In Kenya, CSE indicators were adopted to monitor progress in the implementation of the School Health Policy; in Uganda the new sexuality education framework was adopted which included several inputs from RHRN, and the budget for Reproductive Health Commodities was doubled in the 2018/2019 budget; in Zimbabwe, the new School Health Policy was adopted; in Indonesia the draft penal code was amended by removing reference to LGBTI from the 'decency' paragraph; in Nepal the Safe Motherhood and Reproductive Health Act was adopted which recognizes women's reproductive health as a right and includes reference to safe abortion; in Pakistan, in Sindh Province, a Youth Policy was adopted that includes references to Youth-Friendly SRH services; and in the Caribbean, the High Court in Trinidad and Tobago legalized consensual sex between same-sex adults. (28439 PS) In Cote d'Ivoire, a formal			27558; 27870; 27163; 28439; 28433; 29244; 29458; 27977
C. Description of types and evidence of effective usage of accountability mechanisms to address violation of rights	(27163 MAP Hands Off) After many years of advocating, sex workers and police officers now work directly together. The police has become an ally to address violence against sex workers. (27558 RHRN) RHRN took part in working groups to amend relevant policies, such as in Kenya (on Adolescent Sexual and Reproductive Health) and in Zimbabwe (on the School Health Policy); engaged in Parliamentarian advocacy, such as in Kenya by working with youth Parliamentarians on the Reproductive Health Bill and in Zimbabwe by doing mock trials on abortion and in Jamaica, where RHRN submitted parliamentary briefs that led to support in parliament to start a committee on the legalization of abortion; engaged in dialogue with relevant ministries, providing recommendations and building Zimbabwe by doing mock trials on abortion and in Jamaica, where RHRN submitted parliamentary briefs that led to support in parliament to start a committee on the legalization of abortion; they also engaged in dialogue with relevant ministries, providing recommendations and building trust – such as in Uganda where this contributed to the adoption of the new sexuality education curriculum, and in Indonesia where the platform engaged in dialogue on LGBTIQ issues, and sent a letter to the President of Indonesia signed by 138 organizations and 700 individuals to highlight the contradiction between the draft Penal Code and the Indonesia Constitution; mobilized media resulting in Nepal in the commitment of media houses to include			27163; 27558

Assessment of the results achieved across the entire result area 4

C. Results achieved as planned

Assess achieved results compared to planning:

Results have been achieved as planned. Plans had been adjusted based on the reality of pushback against women's rights and SRHR, and in particular in relation to the rights of marginalized groups. At the same time, as the strategic partnerships and SRHR programs have been ongoing already for several years, expectations for results at the national level were high. Results are largely achieved as expected, which is reflected in the various changes in laws, policies and programs, and effective use of accountability mechanisms.

Reasons for result achieved.

The pressure on the respect for the sexual and reproductive rights of all individuals continues to increase, both nationally and internationally. Increased homophobia, sexual and gender-based violence and opposition against women's and girls' rights to decide about their own bodies and lives can be seen in countries and in multilateral fora. This is compounded by a worrying trend of shrinking space for civil society. Multilaterally, pressure on SRHR and women's rights is felt through attempts to question and undermine existing international agreements. Their attempts to challenge the normative SRHR agenda is stronger and better organized than ever.

To counter this pressure, innovative approaches are needed in building alliances and collaboration between civil society organizations, their networks and governments, at all levels (national, regional and international). For the Netherlands, strategic partnerships under 'Dialogue and Dissent' and the SRHR framework are critical. As they are beyond half way their implementation, their investments in networks and relations are paying off. In the countries where they are active, we see important policy and legal changes, as well as in many of them greater openness of relevant ministries, parliaments and other critical decision making bodies for SRHR issues. Also the work by the Netherlands' Embassy network contributes to such changes, as they engage in dialogue with governments and provide targeted support to civil society in the particular country to drive the needed changes.

The persistence of the Netherlands, also in its own diplomacy efforts has resulted in a successful countering of the pressure on SRHR, and in some situation even progress to realize the SRHR of groups who are denied these rights. One of the reasons for that success is the strong collaboration with like-minded governments and the mobilization of other, less vocal, countries to stand up for SRHR. This can be seen, for instance, by the brought cross-regional support that the Netherlands mobilized for joint statements on SRHR and gender quality at the Commission on Population and Development in April 2018 and at the UN General Assembly in September 2018. The statement at the General Assembly was read by Minister Kaag and supported by 58 countries.

Implications for planning.

The achieved results show that despite pressure, progress is possible with continued and consistent investment in sexual and reproductive health and rights of those groups who are denied these rights. The growing strength of the pushback means that DSO has to strengthen even more its collaboration with NGO partners, coordination with embassies and effective diplomacy to ensure these results are continued to be achieved. It is critical that the Netherlands remains firm in various international forums, at the EU and at the UN, to defend the existing agreements regarding SRHR and where possible find possibilities for progress. It is therefore important to collaborate with like-minded countries, to for instance present joint statements at crucial moments, as well as reach out to less vocal countries to enlarge the group of like-minded especially with countries from non-European/western regions. Improvement in access to information, comprehensive sexuality education and sexual and reproductive health services including safe abortion remain critical, as well as ending discrimination against marginalized groups. It takes sustained efforts and time to achieve these improvements, as besides changes in legal and policy contexts, it also needs a shift in public opinion to grow public support for SRHR and gender equality. The Netherlands has a critical role to play as a donor that dares to invest in the most sensitive issues and support the most marginalized groups, and to do so over a longer period of time. It is important that the Netherlands continues to stand for and invest in the sexual and reproductive rights of all individuals, in order to stop the ongoing pushback and to see the changes we wish to see.

* Find more information on the projects on [Openaid.nl](https://openaid.nl) with the activity numbers listed under 'Source'