



Sexual and Reproductive Health and Rights including HIV/AIDS

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Result area 1 - Better information and greater freedom of choice for young people about their Sexual and Reproductive Health and Rights

RESULTS
Despite the increasingly insecure context and increasing conservative influences, the work on women and girls rights has shown successes. Especially the work on child marriage, female genital mutilation and the engagement of young people in SRHR, has been successful. In fact, the role that young people play, especially in the creation of demand for Family planning products, has been empowering. Especially in the centre and north of the country, partners appreciate the efforts of the Dutch embassy, as many other donors have left. The work with young people, and giving them a platform, is seen as essential in a context where they do not have a lot of perspective. Schools are closing and private schools, such as koran schools are filling the gap. In this context it is important to include religious leaders and to look at ways that knowledge on reproductive health doesn't get lost and that the freedom of choice of young people about their sexuality is not at stake. It is a fine balance, and results achieved, can easily get lost. It is for that reason that an important part of our programs focus on improved coordination among different partners as well as the institutional strengthening of organisations itself. This includes also the link with local authorities.

INDICATORS	Baseline	Target	Result	Source
SP_# of documented examples of community driven collective action and engagement against CM and in support of	1427		2107 2624	27799; 26870
ST_# of youth who participate in policy and decision-making bodies and perceive their participation as meaningful	425	11066	29257	26870
SP_Number of young people reached with comprehensive, correct information on sexuality, STIs, pregnancy and	506466		857740 906166	26870

Assessment of the results achieved across the entire result area 1	C. Results achieved as planned
Assess achieved results compared to planning:	The results on communities that abandon harmful practices exceed the planning. Also in relation to the number of young people reached out to, the target has been met. This is due to a change of strategies and innovative methods to reach out to young people, to get them involved in decision making bodies and to reach out to them with them with comprehensive, correct information on sexuality, STIs, pregnancy and contraception. The results of these three indicators strengthen each other.
Reasons for result achieved.	
Implications for planning.	It will be needed to get a good overview of the results related to the communities that abandon harmful practices, through central and decentral programs. Furthermore it will be very important to see whether the well achieved outreach to young people, and their inclusion into decision-making positions, is also contributing to impact on a higher level, where this leads to a greater freedom of choice, as well as an increased number of young people being reached out to with comprehensive and correct information on sexuality, STIs, pregnancy and contraception.

Result area 2 - Better public and private health care for family planning, pregnancies and childbirth, including safe abortions Sexual and Reproductive Health and Rights

RESULTS
The maternal mortality rate has not been measured in 2018, we do not have the data in the progress report. However, we do have data on the proportion of maternal deaths in public hospitals, which have increased with 1% in 2017 and with 1,4% in 2018. This increase has several reasons such as lack of human resources in remote areas and lack of accessibility of health centres. An important reason is the insecure environment. In our national dialogue with the government, these are the issues that we discuss: Human resources and the accessibility of health services especially the first line of health services (CSCOM).

Especially in the north, there is a lack of skilled birth attendants. Also, women do not always want to give birth in health centers. This has to do with information, customary practices, the quality and accessibility of first in line health centers (CSCOM). This is related to the position of women in their family and the community. It is important to know how decisions are made within families, on how resources are allocated and what expenses are prioritised. As a result of these decisionmaking processes, resources may not be allocated for deliveries with skilled birth attendants. In other words, it is not just a matter of having the skilled personell or health services nearby, it is also a matter of intra household decision making, and the opportunity for women to negotiate a safe way of giving birth, based on sufficient information. This is an important angle in the programs of the embassy.

The Dutch embassy is also funding the national census. This is the first census in Africa that will be done digitally. The data that come from the census will be essential for the further planning of our programs in the domain of Sexual and reproductive health and rights, as well as women's empowerment as an important part of this. The data collected through the census can be used for different purposes.

INDICATORS	Baseline	Target	Result	Source
ST_# of births attended by skilled health personnel	0		0 0	27799;
ST_Maternal mortality ratio	368	230	0	27799

Assessment of the results achieved across the entire result area 2	D. Results achieved poorer than planned
Assess achieved results compared to planning:	The number of skilled birth attendants is zero in the results application, because the indicator in the progress report is in percentages. The percentage of birth attended by skilled birth attendants has increased with 38% in 2018. However the target was 58%, this means that progress was made but results not achieved.
Reasons for result achieved.	The maternal mortality rate did not appear during the reporting period.
Implications for planning.	The results come from the support of the embassy for the health reforms program of the minister of health, PRODESS III. This program did not achieve the results as planned. The embassy has recently signed a contract with the World Bank to strengthen the health system through performance based finance. The Dutch contribution to this program, will focus especially on the indicators related to sexual and reproductive health and rights.

Result area 3 - Improved access to contraceptives and medicines Sexual and Reproductive Health and Rights

RESULTS
The access to contraceptives and medicines is an important focus for the Dutch embassy. Three main programs focus on both the supply and demand for contraceptives, as well as the strengthening of the supply chain. The programs work both with civil society organisations, local and international, as well as with the government through the UN. The challenges are multiple in this domain. There is a lack of demand, together with a lack of availability of contraceptives. When a family planning product is chosen en bought, it can very well be that when new products are needed, they are not available. Part of the demand creation, is a gender equality perspective. Women may want to buy family planning products, but they may not be able to decide this themselves. They are not always able to go by themselves to a health clinic, nor do they always decide how resources are used in the household and whether there are means to pay for FP products. Health clinics do not always respect privacy, which means that health clinics are not always the best outlet. The programs work with diverse outlets, such as hairdressers, pharmacies, NGOs such as MSI and PSI, and clinics. It is not only the access and availability of FP products. It is also about the quality of the services and the information provided. The Dutch embassy promotes the freedom of choice.

INDICATORS	Baseline	Target	Result	Source
ST_# of additional women and girls using modern contraceptives		75000	79913	115515 28528; 400000731;
ST_# of couples protected by various contraceptives over a 1-year period (couple-years protection)	713913	443174	442905	28528; 26870
SP_# of service delivery points receive the quantity of Family Planning products that they ordered, in time	86.7	92	92	400000731

Assessment of the results achieved across the entire result area 3	C. Results achieved as planned
Assess achieved results compared to planning:	Women and men, and (young) girls and boys have been reached out to with information about FP, and as a result they also using family planning products. This has been very successful and much more than the targeted number was achieved. Young people are eager to spread the information further, and some innovative methods have been used. However the longer term protection has not fully met its expectation. One reason is that women and men do not continue with the products they chose. An important reason is that products are not always available again, and that it is therefore recommended to go for the longer term products.
Reasons for result achieved.	
Implications for planning.	The supply chain of family planning products does not work very efficient at the moment. It is therefore recommended to focus on longer term family planning products, which will be effective for several year, after one purchase. This will therefore be important to focus on, together with our efforts to get the different products in the shop, so that people do have a free choice of what to go for.

Result area 4 - More respect for the sexual and reproductive rights of groups who are currently Sexual and Reproductive Health and Rights

RESULTS

In the Dutch support to PRODESS III, more cases have been reported of discrimination especially against key populations. This does not necessarily mean that the situation has worsened, but in fact that there are more opportunities to report and that these populations may have more confidence to do so.

The embassy is also supporting specific programs with key populations, which help people to get information, to discuss with peers and to empower themselves. While this is an important topic for our work with the government, this is also something that we support separately. At central level there is the program VOICE, implemented by Oxfam, who works specifically with marginalized groups, to have a voice and to claim their rights.

INDICATORS	Baseline	Target	Result	Source
ST_# of recorded cases of discrimination and violence against key populations, women and girls in relation to SRHR	2987	902	902	27799

Assessment of the results achieved across the entire result area 4	
Assess achieved results compared to planning:	C. Results achieved as planned
Reasons for result achieved.	The results are achieved as part of our support for the 5 year plan of the ministry of health, ministry of women and children and the ministry of solidarity; PRODESS III. It is reform #13 which focusing on the development of a strategy to include the support for women and children in a difficult situation. The results achieved in this area, according to the results report written in 2018, have been due to the improvement of the institutions, such as the development of criteria that allow organisations to respond to the needs of women and children. This reform has made considerable progress over other reforms, also due to other donors that have been funding this.
Implications for planning.	The embassy is exploring ways of addressing this sepcific result area. However, we already decided to work on Performance Based Financing through the WB, instead of working directly with the government supporting PRODESS IV. In other words, the fact that results weren't as we expected, we decided to change our support and work with the government.

* Find more information on the projects on Openaid.nl with the activity numbers listed under 'Source'