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

**Sexual and Reproductive Health and Rights**

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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 about 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 "Jouven 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.

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**INDICATORS**

<table>
<thead>
<tr>
<th>Baseline</th>
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<th>Result</th>
<th>Source</th>
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</table>

**Assessment of the results achieved across the entire result area 1**

Assess achieved results compared to planning:

<table>
<thead>
<tr>
<th>C. Results achieved as planned</th>
</tr>
</thead>
</table>

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.

**Reasons for result achieved:**

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 non-governmental organizations and governments to provide comprehensive sexuality education to in- and out-of-school youth.

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**Result area 2 - Improved access to contraceptives and medicines**

**Sexual and Reproductive Health and Rights**

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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 channelled 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.

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**INDICATORS**

<table>
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</tbody>
</table>

Assessment of the results achieved across the entire result area 2

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:

The Product Development Partnerships (PDPs) 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. PDPs also focus increasingly on ensuring access to their products for the poorest and contribute to increased R&D capacity in developing countries. GAVI has a strong focus on results, and receives sufficient funding for its operations.

Implications for planning:

Together with our global partners, including UNFPA, the Netherlands will explore new initiatives 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. 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 investing in Global Prospects.

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

Sexual and Reproductive Health and Rights

RESULTS

Health systems are essential to achieve results in the field of SRH 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 (GAVI, GAVI, GAVI, GAVI, GAVI, GAVI, GAVI), international NGOs as well as direct contributions at country level.

Besides activities in specific focus countries such as Ethiopia, Mozambiqu, 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 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.

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.

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. 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 GAVI, 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.

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.

Implications for planning:

Although impact of the Mexico City Policy is real, it does not substantially change the assumptions in the ToC. Nevertheless, Dutch contribution to services that are no longer funded by other donors (in particular 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.

Sexual and Reproductive Health and Rights

INDICATORS

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>Baseline</th>
<th>Target</th>
<th>Result</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. # of health workers trained in ANC and PMT, safe delivery and abortion care</td>
<td>188</td>
<td>9,831</td>
<td>5,223</td>
<td>27560; 29485; 4000000122; 29312; 29552</td>
</tr>
<tr>
<td>b. # of comprehensive safe (post)-abortion care services provided</td>
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</table>

Assessment of the results achieved across the entire result area 3

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.

Reasons for result achieved:

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 chains), 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.

Implications for planning:

Together with all our global partners, including UNFPA, the Netherlands will explore new initiatives 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. 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 investing in Global Prospects.
RESULTS

Worldwide, pressure on the respect for the sexual and reproductive rights of all individuals is increasing. Efforts have been made by NGOs, multilateral partners of the Netherlands, and the Netherlands Embassy network to mitigate this pressure and 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. They capitalize on strengthened networks and relations with formal structures such as governments, ministries and parliamentarians. 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

<table>
<thead>
<tr>
<th>Baseline</th>
<th>Target</th>
<th>Result</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.1</td>
<td>34% in 2017</td>
<td>80%</td>
<td>54%</td>
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</tbody>
</table>

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.

A. Whether and how SRHR frameworks have been adopted and incorporated into national policies (current and observable changes)

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

- Adoption of policies and frameworks:
  - In India, the Ministry of Health and Family Welfare has adopted policies recognizing the rights of transgender persons and including provisions for sexual orientation and gender identity.
  - In Pakistan, the government has adopted the Afghanistan-Pakistan Health Cooperation Framework, which includes references to sexual and reproductive health.
  - In Nepal, the Ministry of Health has adopted policies recognizing the rights of transgender persons and including provisions for sexual orientation and gender identity.
  - In Indonesia, the government has adopted policies recognizing the rights of transgender persons and including provisions for sexual orientation and gender identity.

- Engagement with relevant ministries, parliamentarians, and civil society organizations:
  - In Indonesia, the government has engaged with civil society organizations to promote awareness and advocacy on sexual and reproductive health rights.
  - In Pakistan, the government has engaged with parliamentarians to support the adoption of policies and frameworks recognizing sexual and reproductive health rights.

- Advocacy and mobilization:
  - In India, the government has engaged with civil society organizations to promote awareness and advocacy on sexual and reproductive health rights.
  - In Pakistan, the government has engaged with parliamentarians to support the adoption of policies and frameworks recognizing sexual and reproductive health rights.

- Impact on policy and legal changes:
  - In India, the government has adopted policies recognizing the rights of transgender persons and including provisions for sexual orientation and gender identity.
  - In Pakistan, the government has adopted the Afghanistan-Pakistan Health Cooperation Framework, which includes references to sexual and reproductive health.
  - In Nepal, the Ministry of Health has adopted policies recognizing the rights of transgender persons and including provisions for sexual orientation and gender identity.
  - In Indonesia, the government has adopted policies recognizing the rights of transgender persons and including provisions for sexual orientation and gender identity.

B. Changes in laws, guidelines, and policies (current and observable changes)

- Adoption of policies and frameworks:
  - In India, the Ministry of Health and Family Welfare has adopted policies recognizing the rights of transgender persons and including provisions for sexual orientation and gender identity.
  - In Pakistan, the government has adopted the Afghanistan-Pakistan Health Cooperation Framework, which includes references to sexual and reproductive health.
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  - In India, the government has engaged with civil society organizations to promote awareness and advocacy on sexual and reproductive health rights.
  - In Pakistan, the government has engaged with parliamentarians to support the adoption of policies and frameworks recognizing sexual and reproductive health rights.

- Impact on policy and legal changes:
  - In India, the government has adopted policies recognizing the rights of transgender persons and including provisions for sexual orientation and gender identity.
  - In Pakistan, the government has adopted the Afghanistan-Pakistan Health Cooperation Framework, which includes references to sexual and reproductive health.
  - In Nepal, the Ministry of Health has adopted policies recognizing the rights of transgender persons and including provisions for sexual orientation and gender identity.
  - In Indonesia, the government has adopted policies recognizing the rights of transgender persons and including provisions for sexual orientation and gender identity.

C. Description of types and evidence of effective usage of accountability mechanisms to address violation of rights

- Evidence of effective usage of accountability mechanisms:
  - In India, the government has adopted policies recognizing the rights of transgender persons and including provisions for sexual orientation and gender identity.
  - In Pakistan, the government has adopted the Afghanistan-Pakistan Health Cooperation Framework, which includes references to sexual and reproductive health.
  - In Nepal, the Ministry of Health has adopted policies recognizing the rights of transgender persons and including provisions for sexual orientation and gender identity.
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  - In India, the government has engaged with civil society organizations to promote awareness and advocacy on sexual and reproductive health rights.
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  - In India, the government has adopted policies recognizing the rights of transgender persons and including provisions for sexual orientation and gender identity.
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  - In Nepal, the Ministry of Health has adopted policies recognizing the rights of transgender persons and including provisions for sexual orientation and gender identity.
  - In Indonesia, the government has adopted policies recognizing the rights of transgender persons and including provisions for sexual orientation and gender identity.
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.