Sexual Health and Reproductive Rights

Organisation	Date	Reporting period
Embassy of the Kingdom of the Netherlands, Dhaka, Bangladesh	May 2019	reports received between 15 sept 2017- 15 sept 2018

Result area 1	OUTCOME/OUTPUT	RESULT AREA
SRHR	Output	Better information and greater freedom of choice for young people about their sexuality

ASSESSMENT OF RESULTS

To what extend have the outcomes of this result area been achieved?

The number of young people reached with correct SRHR information exceeded the target, because the activities of the Embassy created a high demand for SRHR information. Discussing issues related to SRHR is becoming more out of the taboo sphere. Also some people beyond adolescent age, working in the garment sector are included in the results (as these data were not disaggregated for age).The number of health facilities that implement Youth Friendly Services was exceeded, because the Government of Bangladesh adopted the policy of Adolescent Friendly services, which greatly accelerated the uptake.

Column1	Baseline + year	Target	Result	Source
B.% of young people reached with comprehensive, correct information on sexuality, HIV/AIDS, STIs, pregnancy and contraception #5	0; 15 September 2017	365000	596.263	Accumulated results of all progress reports (under SBE SRHR), i.e. UBR 2, Nirapod 2, RITU, Generation Breakthrough, SANGJOG and ADOHEARTS, received between 15 September 2017 and 15 September 2018.
C.# of health facilities that adopt and implement youth-friendly SRHR and HIV/AIDS services #5	0; 15 September 2017	120	266	Accumulated results of all progress reports (under SBE SRHR) i.e. UBR 2, Nirapod 2, ADOHEARTS and SANGJOG, received between 15 September 2017 and 15 September 2018

To what extent have the output for this result area been achieved? n.a.

Indicator	Baseline + year	Target	Result	Source
No output indicator for this result area	n.a.	n.a.	n.a.	n.a.

Assessment of the results achieved across the entire result area 1

Assess achieved results compared to planning:	A. Results achieved better than planned
Reasons for result achieved. T	The result achieved exceeded the target as stated above. The Netherlands supported project have significantly contributed to better SRHR information and therewith in creating demand for SRHR services. This has translated in an increased utilization of SRHR services. The latest figures available are of the Maternal Mortality and Health Care Survey 2016, show e.g. that the percentage of women receiving the complete continuum of maternity care (antenatal care, delivery care, and postnatal care from medically trained providers) has increased from 19 percent in 2010, to 43 percent in 2016. Also the use of contraception modern method shows a steadily increasing trend (latest reliable figure: 51.4% (BDHS 2014).
Implications for planning.	Providing SRHR information and services to unmarried youth remains challenging. A UNICEF survey (2017) indicated that more than 80% of health care provides do not provide all SRHR information and services to unmarried youth. Therefore, in tainingand supervisory visits, the attitude of staff needs to be addressed.

Result area 2	OUTCOME/OUTPUT	RESULT AREA
SRHR	Outcome	Improved access to contraceptives and medicines

ASSESSMENT OF RESULTS

To what extent have the outcomes of this result area been achieved?

Improved access to contraceptives and medicines is slowly, but steadily contributing to fertility decrease and choice if and when to have children and how many. As most of the projects' target groups are adolescents and young people, it is a challenge to increase sustainable contraceptive supply for the young, unmarried youths. The Government only targets married couples when providing contraceptives and the public sector being the main provider of contraceptives, the uptake of contraception by adolescents and young people is low. Though the need is there and one can get contraceptives over the counter from the private sector, this is not included in the public management information system. Hence comprehensive, reliable data are not available. Partners are promoting contraceptive use by providing free condoms to young people, e.g. those who are providing youth friendly services (i.e. UBR, Nirapod). Only these data are available through the project management indformation system. However, this is not representable of the overall situation in the country.

Indicator	Baseline + year	Target	Result	Source
Number of effective changes in laws, policies and regulations at different levels and in the public, private and civic sectors (EE1: changes in control)	1; 2017	0	Child marriage restraint act 2017 (revison of the 1921 law)	Accumulated results of progress reports (under SBE gender) received between 15 September 2017 and 15 September 2018
Number of demonstrable changes in values and norms at the levels of groups (women, men) communities, organizations and society (EE2: changes in values and norms)	0; 2017	n.a.	1) 137 families did not discriminate (food and opportunity for education) between boys and girls (RITU) 2) - Increased male participation in sensitization meeting to practice SRHR for girls /women in the family and - investment of parents in purchasing sanitary napkins to ensure Menstrual Hygiene Management (UBR 2, RITU) 3) Increased mobility of early married girls (EMGs), spouses are more open to discuss on EMG's (wife) opinion on physical relationship, mothers in law are more supportive to EMGs (IMAGE Plus) 4) Increased sensitisation on SRHR, VAWG and workers' rights (SHOKHI)	Accumulated results of progress reports (under SBE gender) i.e. IMAGE Plus, RITU, UBR 2, SHOKHI, received between 15 September 2017 and 15 September 2018
Number of demonstrable changes in practices and behaviour of public, private and civic actors (EE3: changes in actions)	0; 2017	2000 (2017) -Women Entrepreneur group members (MMWW) N/A for IMAGE Plus [since targets have been fixed in 2018 thru Logframe Review]	1716 (86%) -Women Entrepreneur group members (MMWW) IMAGE Plus: GBV Case Reported: 148 GBV forwarded to Referrals : 38 Case filed : 7 Cases resolved: 35 Cases under follow-up: 113 Child Marriage Prevention by Changemakers: 24	Accumulated results of progress reports (under SBE gender), i.e. IMAGE Plus, MMWW, received between 15 September 2017 and 15 September 2018.

To what extent have the outputs of this result area been achieved?

The output results achieved are better than planned. The number of additional women and girls using modern type of contraceptives reflects only the reported numbers. The target of the projects was 322,000 and the achievement is 469,860, mainly by three of the projects who are either providing services though NGO clinics, like UBR 2, and by those who are linking their beneficiaries to government service provision, like Nirapod 2. The Bangladesh Demographic and Health Survey 2014 shows a gradual, though slow increase of uptake of contraceptives. The BDHS 2018 is not yet ready for dissemination. Surveillance figures of MoHFW (Ministry of Health and Family Welfare) also shows slow, but increasing uptake.

Indicator	Baseline + year	Target	Result	Source
No output indicator for this result area	n.a.	n.a.	n.a.	n.a.

Assessment of the results achieved across the entire result area 2

Assess achieved results compared to planning:	A. Results achieved better than planned
Reasons for result achieved.	Though there is a slow increase in uptake of contraceptives, for stabilisation of the population, fertility has to decrease further. Total Fertility Rate declined from 6.2 children per woman in 1971 to 2.17 in 2017. Also, the population growth rate has continued to fall to 1.05 percent a year (2017). The GoB tries to achieve fertility reduction by concentrating on Long-acting contraceptives and advocate for uptake of contraceptives during Post Natal Care visits. Also frequent stock outs of contraceptives at health facility level has to be addressed. Concerning other critical drugs at health facility and community level: The two main causes of maternal deaths are hemorrhage and eclampsia, accounting for 54 percent of maternal deaths. The readiness of the health system to address these and other complications in maternal health is not sufficient. Just 40 percent of all facilities (excluding community clinics) have supplies of injectable oxytocin to stop hemorrhage, and only 28 percent have injectable magnesium sulphate to treat eclampsia. Private hospitals are more likely to have these lifesaving commodities (82 percent) than the public sector's facilities at the upazila level and above (64 percent). Though 53 percent of deliveries take place at home, mostly without skilled birth attendants, community distribution of misoprostol for prevention of postpartum hemorrhage only covered 17 percent of births in Bangladesh during 2015–2016 (Government of Bangladesh, 2016).
Implications for planning.	SRHR programmes, supported by the Netherlands, will be down sized in the coming years. An important focus will be on the sustainable hand-over of projects to the public/private sector. Nirapod 2 will end in December 2019. Menstrual Regulation (MR)/Menstrual Regulation with Medication (MRM), contraceptive distribution in the Nirapod 2 project areas are already linked to public health care facilities/system. This will continue as the Community Support Group members, both male and female, are linked to the public service provision. For UBR 2, partners envisage that they will continue the NGO clinics by providing services at a subsidized price instead of rendering these free.

Result area 3	OUTCOME/OUTPUT	RESULT AREA
SRHR	Outcome	Better public and private health care for family planning, pregnancies and childbirth, including safe abortions

ASSESSMENT OF RESULTS

To what extent have the outcomes of this result area been achieved? As women and girls are better informed about the existence of menstrual regulation/abortion services and where to access these services, the reported number is increasing. However, the reported number is only a fraction of

Indicator	Baseline + year	Target	Result	Source
2.# of comprehensive safe (post-)abortion care services provided	0; 15 September 2017	3325	5323	Accumulated results of all progress reports (under SBE SRHR), Nirapod 2, WwW II, and UBR 2 received between 15 September 2017 and 15 September 2018

To what extent have the outputs of this result area been achieved? n.a.

Indicator	Baseline + year	Target	Result	Source
No output indicator for this result area	n.a.	n.a.	n.a.	n.a.

Assessment of the results achieved across the entire result area 3

Assess achieved results compared to planning:	A. Results achieved better than planned
Reasons for result achieved.	The Netherlands' supported projects have contributed to improved quality of services, e.g. through providing menstrual regulation with medicines training to public health providers, improving the quality of counselling and testing, establishment of youth friendly services in health facilities etc. Overall, in Bangladesh a significant increase in the utilization and coverage of SRHR services has occurred, yet quality and further coverage remain major issues of concern. According to the BMMS 2016 there is a significant increase in the utilization and coverage of SRHR services, but so far there is no impact on the Maternal Mortality Ratio, a key performance indicator for the functioning of a health system. This apparent paradox is most likely caused by the sub-standard quality of services. For example the Bangladesh Health Facility Survey 2014 indicated that only 3% of the facilities had service readiness to provide quality of normal delivery services. Thirty percent of public facilities at the upazila (sub-district) level and above perform C-section deliveries, but only 10% have comprehensive EmOC services-the WHO recommended nine signal functions while in private hospitals conducting C-sections this percentage is 16. 18% of maternal deaths occurs in transit, indicating delays in decision-making and absence of a functional referral system. Furthermore, the C-section rate in Bangladesh is 31%, therewith by far exceeding the WHO recommended medically indicated C-section ratio of 10-15% of deliveries. Among the highest quintile, more than half deliver by C-Section. Economic gains of private practitioners appear to prevail over medical indicated needs of patients. In conclusion: the maternal mortality ratio, being a key performance indicator for the functioning of a health system indicates that the health system in Bangladesh is functioning far below standard.
Implications for planning: ☐	MoHFW (Ministry of Health and Family Welfare) needs to govern the whole sector, including the private sector, set standards and control mechanisms. For example: of all C-sections in Bangladesh, 79% occur in private facilities. According to BHFS 2014, only 16% of private facilities had the nine signal functions for CEmOC while 96% reported that they provided C-Section deliveries. In private facilities, C-sections accounted for 83% of deliveries, compared to 35% in public facilities and 39% in facilities run by NGOs. International experience shows that women, who were submitted for C-section without a clear medical need, undergo increased risk of morbidity and mortality. (E.g. a recent study in Brazil found that the risk of postpartum maternal death is almost three-fold higher with C-section than vaginal delivery, mainly due to deaths from postpartum hemorrhage and complications of anesthesia (Esteves-Pereira, et. al, 2016). Economic interests appear to prevail over medical-ethical considerations. The above narrative indicates the need for MoHFW to govern the entire health sector, public and private alike. It also indicates the need for firm quality control by MoHFW, use of standards and protocols in delivery of medical services.

Result area 4	OUTCOME/OUTPUT	RESULT AREA
SRHR	Outcome	More respect for the sexual and reproductive rights of groups who are currently denied these rights

ASSESSMENT OF RESULTS

To what extent have the outcomes of this result area been achieved?

The number achieved is higher than planned, because the reported number also includes vulnerable young people from the Rohingya refugee population, not necessarily belonging to 'key populations'. The SANGJOG project is working with the key population to raise awareness on HIV/AIDs and link them to public service providers. SANGJOG also provides SRHR and general health services including HIV/AIDs to the Rohingya refugee population which has resulted in the much higher number of service uptake. SANGJOG is providing services to the Rohingya population in two of the camps in Cox's Bazar (Kutupalong and Balukhali), and to the host community in Cox's Bazar and in 6 other districts. Whereas UBR 2 also includes LGBT population in its service provision through 12 UBR clinics through capacity building and sensitizing it's service providers.

Indicator	Baseline + year	Target	Result	Source
2.# of key populations having received SRHR and HIV/AIDS services	0; 15 September 2017	140.000	374.102	Accumulated results of all progress reports (under SBE SRHR) received between 15 September 2017 and 15 September 2018

To what extent have the outputs of this result area been achieved? N/a

Indicator	Baseline + year	Target	Result	Source
No output indicator for this result area	n.a.	n.a.	n.a.	n.a.

Assessment of the results achieved across the entire result area 4

Assess achieved results compared to planning:	A. Results achieved better than planned
	In Bangladesh, there is a trend of growing intolerance for key populations and LGBT as a consequence of the influence of political Islam. In the Bangladesh context, also the rights of girls and young women have to be considered under this result area. Due to the inclusion in 2017 of the 'special provision' in the Child Marriage Act, allowing child marriage under certain circumstances, the occurrence of child marriages seem to be on the increase (data UNICEF 2018). This special provision has created a lot of confusion, especially in rural areas. Also amongst the Rohingya refugee population, child marriage is prevailing. NGOs working on prevention of child marriage face difficulties because of this special provision and sometimes some adverse activities of Islamic Extremist groups.
Implications for planning.	Therefore, LGBT rights need to be advocated and organizations supported. This needs a careful maneuvering between what can be achieved and what ought to be achieved. As SRHR portfolio will be downsized in the coming years, this issue would be followed up more though advocacy and from human rights perspectives.

Activity			Implemented by	
Name	Actual expenditure 2018	Name organisation	Channel	Department/Embassy
Adolescents and SRHR	EURO 692.348	UNFPA	multilateral organization	Embassy
SHOKHI	EURO 114.427	BLAST	NGO	Embassy
SRHR and Inclusive Business	EURO 34.051	SNV	NGO	Embassy
RITU, promoting MHM	EURO 1.025.799	SIMAVI	NGO	Embassy
Empower Women on SRHR	EURO 341.176	Marie Stopes Bangladesh	NGO	Embassy
Units for Body Rights 2	EURO 1.125.839	RHSTEP; Rutgers; SIMAVI	NGO	Embassy
SRHR-Gender Support Fund	7EURO 70.000	Rutgers	NGO	Embassy
ADOHEARTS	EURO 739.200	UNICEF	multilateral organization	Embassy
Sanging	EURO 594.340	PSTC	NGO	Embassy
Support to 4th HPNSP	EURO 3.960.000	WB	multilateral organization	Embassy
Working with Women 2	EURO 420.230	SNV	NGO	Embassy