



# Sexual and Reproductive Health and Rights

<b>Organisation</b>	<b>Date</b>	<b>Reporting period</b>
Department for Social Development, Ministry of Foreign Affairs, The Hague	May 2019	Reports received between 15 September 2017- 15 September 2018

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

**ASSESSMENT OF RESULTS**

**To what extent has the outcome been achieved?**

Because of the comprehensive, correct information that several young people have received and health facilities/health facility staff that now adopt and implement youth friendly services young people are better capable to make informed choices about their sexuality, sexual health and pregnancy and also have a place to go to.

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

Outputs have been achieved well. Not for every output partners reported on their results quantitatively, as a result of which some results from certain partnerships are not shown below. For example 1a under PITCH (PITCH has achieved actual results in this field. For example, in Myanmar young people from the Myanmar Youth Stars group- developed with support of Dutch-linked Link Up programme- have actively participated and influenced policy).

Indicator	Baseline + year	Target	Result	Source
A.# of youth who participate in policy and decision-making bodies and perceive their participation as meaningful #0			84 (27568 Right Here Right Now (RHRN)) at least 20 (28433 Juane SS) 64	Progress report 2017 (27568 Right Here Right Now (RHRN)) Progress report 2017 (28433 Juane SS - My rights to sexual and reproductive health) Progress report 2017 (28432 GUSO)
B. % of young people reached with comprehensive, correct information on sexuality, HIV/AIDS, STIs, pregnancy and contraception #0			2,817,433 (28429 Bridging the Gaps 2) 28,345 (28433 Juane SS) 131,549 (28434 Her Choice) 40,000 (28432 GUSO) number of young people reached with (Comprehensive) SRHR information) 821,817 (28433 Juane SS number of young people that have started receiving CSE in school) 13,622 (28440 PPF) 1,784,100	Progress report 2017 (28429 Bridging the Gaps 2) Progress report 2017 (28433 Juane SS - My rights to sexual and reproductive health) Progress report 2017 (28432 GUSO) Progress report 2017 (28440 PPF)
C.# of health facilities that adopt and implement youth-friendly SRHR and HIV/AIDS services #0			9,888 (28999 UNFPA/UNICEF Global Programme to Accelerate Action to End Child Marriage) 9,888 (28433 Juane SS - My rights to sexual and reproductive health) 0 (28439 PS project (youth, Population Services International (PSI) and Tiggeret) 4)	Progress report 2017 (28999 UNFPA/UNICEF Global Programme to Accelerate Action to End Child Marriage) Progress report 2017 (28433 Juane SS - My rights to sexual and reproductive health) Progress report 2017 (28439 PS project (youth, Population Services International (PSI) and Tiggeret)
D.1. % of women (20-24yr) who were married or in union before ages 15 and 18			1,662,775 (28432 GUSO Number of direct services provided to young people) 1,662,775 (28433 Juane SS Number of direct services provided to young people) 1,438,872 (28432 GUSO number of service providers who have been trained in YFS) 2,308 (28429 Bridging the Gaps 2 Number of direct services provided to young people) 212,898	Progress report 2017 (28432 GUSO) Progress report 2017 (28433 Juane SS - My rights to sexual and reproductive health) Progress report 2017 (27223 UNFPA Global Programme number of condoms supplied through UNFPA, (Sources) 257,701
D.2. % of girls and women (15-49yr) who have undergone FGMC			Check source, for indicator 5.3.1	<a href="https://unstats.un.org/odph/crindicators/dataset/">https://unstats.un.org/odph/crindicators/dataset/</a>
E. Condom use by young people at least high-risk sex			Check source, for indicator 5.3.2 5,364,303 (28433 Juane SS Number of condoms provided by the health centres) 240,074 (27223 UNFPA Global Programme number of condoms supplied through UNFPA, (Sources) 257,701	Progress report 2017 (28432 GUSO) Progress report 2017 (28433 Juane SS - My rights to sexual and reproductive health) Progress report 2017 (27223 UNFPA Global Programme)

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

Assess achieved results compared to planning: B. Results achieved as planned

Reasons for result achieved: Youth-friendly services and information provided by our partner organisations focus on sexual and reproductive health services, comprehensive sexually education, safe abortions, HIV and abortion-related services, contraceptive services and condoms provided. The organisations have been able to obtain results as they employ a variety of strategies. These include peer education, i.e. involvement of youth volunteers in project design, implementation, monitoring and evaluation. Also, these include non-traditional, interactive pedagogy skills in training, training in child-friendly spaces. The partners also work to ensure that clinics are youth-friendly and they train and mobilize parents and teachers and provide CSE in and out of schools. SRHR partnerships have been implementing their programmes and even finished their midterm evaluations. Now that these partnerships are more than halfway with their implementation, the results of the first half of the five years are starting to show.

Some programmes, such as Her Choice, achieved better results than expected because the programme works well and is based on proven methods. Furthermore, there's little resistance from governments and other power-structures on work related to the reduction of child marriages. In fact, elimination of the reduction of the number of child marriages is widespread. GUSO uses four strategies to work towards the outcome of empowered young people voicing their rights, which includes capacity building of young people; youth-adult partnerships; networking and youth-movement building; and youth-involvement in advocacy. Strong examples of youth-led advocacy were not only found but also reported to be effective.

Partners implemented the programmes within country specific contexts. Some examples of country specific contexts that made implementation and achieving results more challenging are restricting environments to reach young people with SRHR education in Ethiopia and Uganda due to the state of emergency being lifted in Ethiopia and again reinstated in March 2018 and in Uganda, the political context is challenging with the ban on CSE restricting the implementation of comprehensive in-school sexuality education. Partners in Uganda were forced by the Ministry of Education to implement sexuality education only by using the government materials (PIASCV). Kenya is facing challenges with service provision for other reasons, because of stock out and continuing strikes by health personnel.

The integrated approach to SRHR is part of the GUSO programme through the multi-component approach, which links education (demand) and services (supply) and creates an enabling environment. GUSO works on increasing demand and supply and, enabling the environment under the overarching multi-component approach. The importance of an integrated approach is also highlighted by Juane SS. One of the pathways of JCS is access to youth friendly sexual and reproductive health services. To work towards this goal health care staff is trained to improve the quality of the services. An ongoing concern in relation to this is availability of commodities. In all countries, collaboration has been sought with relevant stakeholders, especially UNFPA, but availability and affordability for young people remains a challenge. Stock out of commodities is highly linked to the lack of security in the zones and subsequent difficulty of distribution; nevertheless, it underscores the importance of taking all contextual aspects into account to try to the best of everyone's ability to ensure that where demand is created, availability can follow.

Implications for planning: Partners are well on track with their implementation and no big implications for planning have come up, but there are implications related to how to deal with a changing environment. For example, to be able to deal with restricting space and resistance against certain programme elements, in particular on CSE, partners have adopted and will have to continuously assess and possible adjust their approaches seeing to in and out of school information sharing. This might include duocd engaging with stakeholders like parents and community leaders, to ensure support for sexuality education in school.

<b>Result area 2</b>	<b>OUTCOME/OUTPUT</b>	<b>RESULT AREA</b>
SRHR	Outcomes	Improved access to contraceptives and medicines

**ASSESSMENT OF RESULTS**

**To what extent has the outcome been achieved?**

Overall access to contraceptives and medicines improved. More women and girls are now using modern contraceptives, although not as many extra women and girls as planned started using contraceptives. Also, the Product Development Partnerships successfully introduced new medicines to the markets for poverty related diseases. Though organisations such as GAVI and The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) vaccines and medicines have been made available. The number of people that is using anti-retroviral is developing according to plans. The Netherlands uses an integrated approach to SRHR and HIV/AIDS. This entails that there is a focus on prevention as well as treatment whilst also recognizing and working with the strong link between SRHR and HIV/AIDS.

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

Results differ per output. For example, results for the number of additional women and girls using modern contraceptives are not as high as the target that was set. Research & Development for sexual and reproductive health medicines (including HIV/AIDS medicines, vaccines and family planning commodities) took place and is progressing well under the Product Development Partnerships. Apart from the new products that have already been introduced, several products are currently 'in the pipeline' and being tested for actual use. The outputs contributed to continuous availability and affordability of SRHR and HIV/AIDS medicines, vaccines and commodities.

Access to contraceptives and medicines has improved. However, globally we are not on track to reach the FP2020 goal of 120 million extra women and girls using modern contraceptives. Worldwide, there are still around 200 million women and girls who want to use modern family planning but do not have access to these services. This is both due to the availability of funds as well as to the in-country distribution channels.

Indicator	Baseline + year	Target	Result	Source
A. Total Dutch ODA for RHD for essential SRH and HIV/AIDS medicines, vaccines and commodities: 0	MFA level only	MFA level only	20,603,811	Activity 27528 - Product Development Partnerships
B.# and type of new user-friendly SRH products on the market			17 (27528 Fund for PDPs B) 17	Progress report 2017 (27528 Fund for PDPs B)
C.1. # of children fully immunised	0 (27598 GAVI on 31 January 2016) 0	300,000,000 (27598 GAVI on 31 December 2020) 300,000,000	127,000,000 (27598 GAVI) 127,000,000	Progress report 2017 (27598 GAVI)
C.2. # of additional women and girls using modern contraceptives: 0	0 - 2012	4,000,000	2,499,288	FP2020 data <a href="http://progress.familyplanning2020.org/content/finance">http://progress.familyplanning2020.org/content/finance</a> <a href="http://progress.familyplanning2020.org/content/measurement">http://progress.familyplanning2020.org/content/measurement</a>
B.# of couples protected by various contraceptives over a 1-year period (couple-years protection)	32,700,000 (28458 Marie Stopes International in Sahel and Fragile Context (MSI)) 32,700,000	148,000,000 (28458 MSI) 148,000,000	48,000,000 (28440 PPF) 1,202,700 (28458 MSI) 31,700,000	Progress report 2017 (28440 PPF) Progress report 2017 (28458 MSI)
C.3. # and % of eligible PLHV receiving ART2		50% (400000000 GFATM Target for 2019) 50%	280,000, 52% (400000000) 280,000, 52%	Progress report 2017 (400000000) DSD contribution Global Fund (2017-2018)
4. # of people receiving interventions against TB, malaria, hepatitis and NTDs	1,238,883 (28437 INGO (International HIV/AIDS Alliance/HAA) HIV, Health and Rights: Sustaining Community Action (HAA)) 1,238,883	1,200,000 (28437 HAA) 1,200,000	10,048,874 (27528 Fund for PDPs B) 18,000,000 (28437 HAA) 1,048,874	Progress report 2017 (27528 Fund for PDPs B) Progress report 2017 (28437 INGO (International HIV/AIDS Alliance/HAA) HIV, Health and Rights: Sustaining Community Action (HAA))

**Assessment of the results achieved across the entire result area 2**

Assess achieved results compared to planning: B. Results achieved as planned

Reasons for result achieved: The Product Development Partnerships (PDPs) are performing according to planning. The pipeline of products is advancing and relatively few products are canceled or delayed. PDPs also focus increasingly on ensuring access to their products for the poorest and they contribute to increased R&D capacity in developing countries. GAVI has a strong focus on results, and is sufficiently funded. In its support to GAVI, the Netherlands has a specific focus on private sector involvement and creating partnerships with private entities. A specific team has been established for this within GAVI. Overall, targets have been achieved, however, the introduction of HPV is behind schedule and the input of HA, in the Board focuses on delivering on coverage and equity and innovation through public-private partnerships to reach the objectives (e.g. by establishing a partnership with G&E to stimulate the uptake of the HPV vaccine). For The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), progress varies. Overall, indicators related to impact (treatment coverage, distribution of bednets) 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. In many cases this is the result of a few countries that perform very poor, because of their fragile context or specific issues around key populations. The Mexico City Policy or Global Gag Rule has hit Marie Stopes International (MSI) heavily. This impact differs for each country MSI works in. In some situations such as in clinic ethics and other outreach were necessary. In fact the targets for the 2016 - 20 MSI strategy 'Scaling up Excellence' had to be down scaled from an endpoint of 50 million to 40 million CYPs per year. MSI is currently exploring new partnerships to cover the gap caused by decreased US funding. At the same time, MSI has increased its focus on the Sahel and kept its focus on the fragile contexts that it was already working. Specific results for these subcategories mentioned in the resultsframework of MSI's for couple year protection (CYPs) are therefore better.

Partners continued to provide integrated SRHR and HIV/AIDS services. For example, IHAA provided 958,555 integrated HIV/SRHR services. Also the work of GAVI is focused on the integration of HIV prevention and provision of SRHR services and products. This integrated approach, offering both SRHR and HIV/AIDS services and information remains relevant and one of the reasons why we achieve good results. SRHR and HIV/AIDS are strongly linked.

Implications for planning: 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 was started with UNFPA in 2019. The importance of our integrated approach, linking demand and supply, information with services and products as well as SRHR with HIV/AIDS shows that much of the work done under SRHR also contributes to HIV/AIDS prevention.

<b>Result area 3</b>	<b>OUTCOME/OUTPUT</b>	<b>RESULT AREA</b>
SRHR	Outcomes	Better public and private health care for family planning, pregnancies and childbirths, including safe abortions

ASSESSMENT OF RESULTS				
To what extent has the outcome been achieved?		Health systems are strengthened, both via contributions to global health funds, International NGOs as well as direct country contributors. 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. The private sector is an important partner to provide services and may increase sustainability or efficiency of public health programmes by contributing with specific assets (transport, private equity, supply management).		
To what extent have the outputs of this result area been achieved?		Outputs for services and training are well met. The indicator 'type and number of initiatives' aims out to be less relevant for assessing the level of engagement with the private sector. GAVI for instance, focused on contribution by the private sector, measured in total or in-kind contributions. IPA contribution to this objective but not counted in 'nr of activities'. It is counted in contribution by the private sector, being tracked through the PSD result framework. Three partnerships have been created, amounting to 7 million euro contribution by the private sector to GAVI. This is matched by 7 million euro of the Dutch government for GAVI programmes.		
Indicator	Baseline + year	Target	Result	Source
A.# of health workers trained in ANC and PNC, safe delivery and abortion care	(28438 Ipsa) 10,780 - 2012	(28438 Ipsa for 2014-2017) 32,000	9,580 (28438 Ipsa) 9,580 new participants clinically trained or oriented	Progress report 2017 (28438 Ipsa)
B.1.% of births attended by skilled health personnel			Check source, for indicator 3.1.2	<a href="https://amptjms.un.org/sgp/indicators/312table/">https://amptjms.un.org/sgp/indicators/312table/</a>
2.# of comprehensive safe (post-)abortion care services provided	(28438 Ipsa) 207-033 -2012	(28438 Ipsa for 2014-2017) more than a total of 1,000,000	2,076,179 (28440 PPF) 201,304 (28438 Ipsa) 1,200,000 (28438 Ipsa) 595,875	Progress report 2017 (28440 PPF) Progress report 2017 (28438 M5) Progress report 2017 (28438 Ipsa)
C.Type and number of initiatives to promote private sector involvement in SRV and HIV/AIDS services			99 28185 (part of GFATM activity) Improved TB/HIV prevention and care – Building models for the Future; former Challenge TB Global Fund) 84 4600000030 contribution Global Fund (2017-2018) 11	Progress report, Reporting period: 1st October 2016 – 30th September 2017 (2018) (part of GFATM activity) Improved TB/HIV prevention and care – Building models for the Future; former Challenge TB Global Fund Progress report 2017 (4600000030 DSD contribution Global Fund (2017-2018))
<b>Assessment of the results achieved across the entire result area 3</b>				
Assess achieved results compared to planning:		B. Results achieved as planned		
Reasons for result achieved:		Partners achieved good results. The overall contribution of the GFATM to health system strengthening is good. Despite the impact of the MCP/Global Gag Rule, MSI has managed to fully keep its global role in developing innovative approaches to increase access for adolescents/youth, including abortion services and working with public and private sector alike - adapting to country circumstances, including humanitarian ones like Yemen. Ipsa results regarding provision of services are much better than planned. Service provision was expanded geographically, health service systems were improved and Ipsa contributed to an improved enabling environment. Ipsa was registered in two additional countries: Benin and DRC. Ipsa continued to strengthen health service systems through e.g. training 5,170 health workers (90% of them mid-level) to provide comprehensive abortion care, post-abortion care and/or contraception, and through technical guidance documents (e.g. Bolivia, Guatemala and Myanmar (at government request)), Ipsa and partners advocated for enabling women to access safe and legal abortion in the DRC. Now that the Government of the DRC has allowed that women can access safe abortion under a broader range of conditions than before, Ipsa is supporting the Government in implementing this change. These elements combined have improved women's access and the higher numbers illustrate women's demand for services (comprehensive abortion care, post-abortion care and/or contraception). In humanitarian settings, Ipsa has both partnered with relevant partners and contributed to technical guidance as well as researched how better to reach women in need. This, too, has contributed to an improved enabling environment, better services and better access for women which is reflected in demand met. However, Ipsa does note a negative impact of the extended Mexico City Policy (MCP) on local implementing partners as well as on local government programs. Confusion and misinterpretation of the MCP lead to over-interpretation and avoiding abortion even though the MCP includes exemptions (e.g. in cases of abortion as a result of rape). In addition, the MCP goes against national laws allowing for safe abortion, as well as regional agreements like the Maputo Protocol at AU level. All this negatively influences the enabling environment for women's demand to be made visible and to be met.		
Implications for planning:		Although the MCP impact is real, it does not substantially change the assumptions at the heart of the ToCs and no adjusted planning is necessary.		

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 has the outcome been achieved?	
Despite many challenges in realizing respect for the sexual and reproductive rights of groups who are denied these rights, we see many improvements in laws, policies, guidelines and practices, at national and international level, that show we have achieved this outcome. Key populations have gained better access to SRH services and information. In contexts where there is aggravated pressure on these rights, efforts of partners have also contributed to prevent negative changes or softening of the impact on marginalized groups. Diplomacy by the Netherlands and advocacy by partners focuses on all aspects of SRHR and HIV/AIDS, without discrimination of any kind. Results can therefore be seen across the board, in laws and policies regarding access to information and comprehensive sexuality education, commodities and services including abortion, as well as ensuring cooperation within communities contributing to better access by marginalized groups.	
To what extent have the outputs for this result area been achieved?	
The outputs for this result area have been achieved. Through and with NGO partners, multilateral organizations and networks policy and legal changes have been advocated for, as well as for ending violence, stigma and discrimination and improving access to sexual and reproductive health information, education and services for all.	

Indicator	Baseline + year	Target	Result	Source
A.Whether and how SRHR frameworks have been adopted and incorporated into national policies (current and observable changes)			(27550 Partnership to Inspire, Transform and Connect the HIV-response (PTICH)) In Uganda, long-term campaigning and advocacy by PTICH partner Ugandan Harm Reduction Network resulted in securing a letter of support from the Ministry of Health and the approval of the standard operating procedure to pilot a needle exchange programme and medically-assisted therapy in the four government regional health centres. In Ukraine, a memorandum of understanding was developed with the Bila Zerkva city administration in the Kiev region to cooperate on the delivery of more gender-oriented services.	Progress report 2017 (27550 Partnership to Inspire, Transform and Connect the HIV-response (PTICH))
B.1.Changes in laws, guidelines, and (health) policies and practices leading to decrease of barriers to SRV and HIV/AIDS services etc	(28438 Ipsa number of countries where laws or policies have expanded women's access to safe abortion, among countries where Ipsa works) 8	(28438 Ipsa number of countries where laws or policies have expanded women's access to safe abortion, among countries where Ipsa works) additional 4-5	(28440 PPF) 8.3 (28438 M5) 16 (28439 PFI) 2 (28438 Ipsa number of countries where laws or policies have expanded women's access to safe abortion, among countries where Ipsa works) additional 5 (27550 Right Here Right Now (RHRN)) 5	Progress report 2017 (28440 PPF) Progress report 2017 (28438 M5) Progress report 2017 (28438 PFI) Progress report 2017 (28438 Ipsa) Progress report 2017 (28438 GUSO)
2.Satisfaction with degree to which SRHR barriers facing discriminated and vulnerable groups have been reduced 0:	34.6% - 2017	Satisfaction (minimal score 4 on a 1-5 scale) in 80% of the countries in which the SRHR partnerships are implemented	53%	SRHR Satisfaction Survey 2016, Ministry of Foreign Affairs - SRHR Partnership Fund report
C.Description of types and evidence of effective usage of accountability mechanisms to address violation of rights etc		(28437 HAA Number of countries where the Alliance is playing a role in holding governments to account in upholding human rights, enabling universal access to services and increasing domestic financing of the national HIV response) 15	(28437 HAA Number of countries where the Alliance is playing a role in holding governments to account in upholding human rights, enabling universal access to services and increasing domestic financing of the national HIV response) 16 (27550 Right Here Right Now (RHRN)) RHRN submitted reports to the UN Secretary General's Independent Accountability Panel (IAP) for its 2017 report - A youth consultation from RHRN members prepared in the Minister of Decriminalisation and Social Inclusion at HLPF that RHRN Honduras should be involved in national monitoring processes. RHRN Indonesia, Bangladesh, Honduras and Nepal engaged in their countries' Voluntary National Review (VNRs).	Progress report 2017 (28437 INGO International HIV/AIDS Alliance/HAA) HIV, Health and Rights, Sustaining Community Action (HAA)) Progress report 2017 (27550 Right Here Right Now (RHRN))
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	<a href="https://amptjms.un.org/sgp/indicators/511table/">https://amptjms.un.org/sgp/indicators/511table/</a>
2.# of recorded cases of discrimination and violence against key populations, women and girls in relation to SRHR issues etc			(28429 Bridging the Gaps) 2, 2,367	Progress report 2017 (28429 Bridging the Gaps) 2
E.1.# of key populations reached by communities and advocacy networks with SRHR and HIV/AIDS information		5,677,224 (26999 UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage) 5,677,224	8,301,346 (26999 UNFPA-UNICEF) 8,301,346 (27550 PTICH) Many PTICH partners have successfully influenced debates and policies to ensure equal and fair rights for key populations. PTICH has worked on movement building and capacity strengthening. It coordinated practice partners and policies towards people who use drugs in South-East Asia. PTICH continue to strengthen the cross-country exchange among term retention and human rights organisations.	Progress report 2017 (26999 UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage) Progress report 2017 (27550 Partnership to Inspire, Transform and Connect the HIV-response (PTICH))
2.# of key populations having received SRHR and HIV/AIDS services	1,024,066 (28437 INGO International HIV/AIDS Alliance/HAA) HIV, Health and Rights, Sustaining Community Action (HAA) 1,024,066	1,200,000 (28437 HAA) 1,200,000	2,278,561 (28429 Bridging the Gaps) 2 1,866,619 (28437 HAA) 411,932	Progress report 2017 (28429 Bridging the Gaps) 2 Progress report 2017 (28437 INGO International HIV/AIDS Alliance/HAA) HIV, Health and Rights, Sustaining Community Action (HAA))

Assessment of the results achieved across the entire result area 4	
Assess achieved results compared to planning:	
Reasons for result achieved:	
B. Results achieved as planned	
In terms of results, we see in a number of countries a worsening of the situation, e.g. increased homophobia, sexual and gender based violence and opposition against women's (reproductive) rights and the worrying trend of shrinking space for civil society. At international level, increased polarization on aspects of the SRHR agenda, (e.g. sexual diversity, access to safe and legal abortion, comprehensive sexuality education, recognition of sexual and reproductive rights, especially of adolescents), which goes beyond the classic 'North' and 'South' divide, challenges us in advancing the SRHR agenda normatively and in terms of implementation. This requires innovative approaches in building alliances, and increased synergies between national and international realities and accountability.	
The strategic partnerships under 'Dialogue and Dissent' and the SRHR framework are well on their way with implementation and will make use of shared knowledge and networks they built up. With and within these partnerships as well as through and with several other NGOs, multilateral organisations and networks we worked with key populations, by strengthening communities and networks that advocated effectively for de-stigmatization, decriminalization, legal changes and better service delivery. Despite the impact of the Mexico City Policy/Global Gag Rule on MSI the qualitative output of publishing operational research and working with governments on the enabling environment on all sensitive issues has not reduced.	
The Netherlands has a human rights-based, integrated approach to SRHR and HIV/AIDS. This means we emphasise the importance of prevention including access to information, education and products and services, as well as to treatment and care, without discrimination of any kind. We focus specifically on those groups whose sexual and reproductive rights are denied, including key populations. This integrated approach is also at the core of our international diplomatic work.	
Despite these and other improvements, much remains to be done to realise sexual and reproductive rights of all – in terms of access to services, information and education, in ending violence, stigma and discrimination, as well as in addressing the rights of certain marginalized groups and for those in vulnerable settings. Bilateral visits and conversations by officials from the Netherlands, who received briefing from DSD, including the SRHR-ambassador, has generated attention for the subject in various countries.	
In every part of the world, including the Netherlands, some people are denied their sexual and reproductive rights. Protecting, respecting and fulfilling sexual and reproductive rights is therefore a universal objective but at the same time the approach needs to be context specific. Changes in laws and policies, as well as public opinion, are happening slowly and results will take time and consistent effort. Legal reforms that are in line with internationally agreed human rights are important steps in fulfilling the sexual and reproductive rights of all. Besides legal and policy changes, the actual implementation is important too as this is what will make a real difference in people's lives. Implementation of sexual and reproductive health policies and guidelines remains a challenge in many countries. The same accounts for changing the public opinion, for instance regarding the rights of particular groups. After all, respecting people's rights requires a behavioural change, from the general population as well as from the professionals such as health workers, teachers, the police, and the legal forces. Power relations, cultural and religious barriers, different norms and values in communities are not easily changed and require time and consistent effort.	
The Netherlands will need to remain consistent in its message, diplomacy and investments in the rights of youth, sexual minorities and marginalised people, while building alliances with like-minded countries and partners. Attention will be given to the growing conservatism and pushback on SRHR topics, and the Netherlands will take a pro-active approach in dealing with opposition.	

Activity	Name	Actual expenditure in 2016	Named organization	Implemented by	Department/Embassy
400000030	The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)	53,733,333	The Global Fund to Fight AIDS, Tuberculosis and Malaria	multilateral organization	DSD
27598	GAVI N. 2016-2020	38,229,840	The GAVI Fund	multilateral organization	DSD
27223	UNFPA Global Programme	24,990,999.20	United Nations Population Fund	multilateral organization	DSD
27328	Fonds voor POP's III	20,690,922	Gezondheid Fund	research institutes and companies	DSD
400000067	PFM 2017-2020, GAVI save	14,448,666.00	International Finance Facility for Immunisation	multilateral organization	DSD
28429	SRHR partnership Bridging the Gap 2	9,791,651	Shelving Aids funds	NGO	DSD
28432	SRHR partnership Get Up Speak Out (GUSO) for youth rights	6,536,945	Ruipens	NGO	DSD
28431	SRHR partnership Yes! Do!	6,420,133	Plan Nederland	NGO	DSD
28438	IPAS	5,000,000	IPAS	NGO	DSD
28430	SRHR partnership More than Brides - Marriage: No Child's Play	4,188,149	Save the Children	NGO	DSD
28434	SRHR partnership Her Choice	3,707,309	Kleinverzoeken	NGO	DSD
28439	PFI	3,608,869	Population Service International	NGO	DSD
28440	PPF	3,600,000	International Planned Parenthood Federation	NGO	DSD
28437	HAA 2016-2020	3,443,478.26	International HIV/AIDS Alliance	NGO	DSD
28438	SRHR partnership Down to Zero	2,927,338	Fans Doe Homes	NGO	DSD
26201	Knowledge platform SRHR	2,154,000	Koninklijk Instituut voor de Tropen	research institutes and companies	DSD
27860	AE5 2016	1,900,000	International AIDS Society	NGO	DSD
400000082	Guttmacher	1,900,000	Guttmacher Institute	NGO	DSD
26185	KNOV on TBHV link	1,300,000	Tuberculosis Foundation	NGO	DSD
28438	M5	1,225,854	Mars Streeke International	NGO	DSD
400000070	Safe Abortion Action Fund, SAAP	979,440	Save Abortion Action Fund	NGO	DSD
28433	SRHR partnership Jeune S3 - My rights to sexual and reproductive health	791,895	Coraid	NGO	DSD
28441	Girls not Brides	500,000	Girls not Brides	NGO	DSD
28436	Access to Medicine Foundation	300,000	Access to Medicine Foundation	NGO	DSD
27800	ALL and fellows, Joep Lange	250,000	Joep Lange	NGO	DSD
26621	Amnesty Change	241,300	Amnesty Change	NGO	DSD
400000084	Partnership for Maternal, Neonatal & Child Health (PMNCH) for Every Woman Every Child 2017-2020	227,000	Partnership for Maternal, Neonatal & Child Health	NGO	DSD
26004	AFEM ECEA ADS 2016	69,225	ADS Foundation East West	NGO	DSD
400000082	Sustainable congress Naturalis	10,000	Naturalis	research institutes and companies	DSD
28136	Amptjms/Embassy CI	6,296	CHOICE	NGO	DSD
26999	UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage	0	UNICEF	NGO	DSD
26992	UNICEF social protection	0	UNICEF	multilateral organization	DSD