



## REPORT

**Share-Net International**

The Knowledge Platform on Sexual and Reproductive Health and Rights

**&**

**Share-Net Netherlands**

# Dissemination and Feedback Meeting of the IOB Evaluation on SRHR

**When: 4th of March 2014**

**Where: The Ministry of Foreign Affairs, Den Haag**

**Chair: Colin Dixon, Share-Net International**

The aim of this meeting was to present and discuss the IOB evaluation of 5 years Dutch support to SRHR with the SRHR community in The Netherlands. This session was also a moment of celebration, because the evaluation is rather positive about the impact of the investments in SRHR, in which many Share-Net partners have been involved. In addition, the report adds to the evidence base on successful approaches on aid and raises specific issues for the SRHR policies in the future.

### **1. Presentation IOB: evaluation approach and findings**

Marijke Stegeman (evaluator IOB) and Saskia Hesta (researcher IOB) are giving a presentation on the goal, the scope and the methodology of the evaluation. Also, the conclusions of the evaluation are presented. To read the entire evaluation, please follow this link: <http://www.iob-evaluatie.nl/en/srgr>

Saskia Hesta shows a short movie on the findings of the evaluation. Please find the movie by following this link: <http://www.iob-evaluatie.nl/SRGRfilmpje>

From the presentation, the main conclusions are<sup>1</sup>:

- Dutch SRHR policy is consistent.
- The decision to cut sector budget support is not evidence-based.
- In international policy-setting: successful contribution to upholding agreed SRHR language and incorporating Dutch priorities.
- Contributing factors to success: good knowledge, respect for other views, negotiating skills.
- Dutch support contributed to improved knowledge levels on SRHR, also among young people.
- Dutch support contributed to increased *availability* of SRHR commodities and SRHR related medicines.
- Dutch support contributed to increased *use* of SRHR services (e.g. ART, antenatal care, skilled birth attendance).
- But: Use of family planning services is lagging behind (e.g. Mali, Ghana). Positive exceptions: Bangladesh.
- Dutch support contributed to decreased incidence of HIV and a decline in child mortality and to a lesser degree to a decline in maternal mortality.
- Inequities in health have hardly been reduced. Examples were found in use of perinatal and maternal health services and family planning; and infant and maternal mortality rates.
- There is a discrepancy between policy and implementation.
- Insufficient attention to quality of services.

## **2. Presentation DSO-GA: policy implications**

Vincent Snijders (DSO/GA) is presenting the formal response of the ministry and the discussions in Parliament. Six action points which derive from the conclusions of the evaluation are highlighted in his presentation:

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<sup>1</sup> Please find the full presentation as an annex to this report.

- It is advisable to maintain the current focus on SRHR
- Strengthening health systems is key – budget support is important
- Intensify attention to inequalities
- Intensify support to safe abortion and key populations
- Reconsider the current choice of financing modalities and channels
- Enhance evaluation practice in the SRHR sector

The discussion in Parliament on 12 February 2014 focused on three issues: inequalities, funding channels and abortion. Regarding the topic of inequalities, shocking data is available. We should not focus on finding ‘poor’ countries, but ‘poor’ people within countries, for example middle income countries. Marginalised groups, key populations need to be supported. The knowledge platform can play a very useful role in identifying these groups in different countries.

When looking into the current funding channels, we can say that it is advisable to reconsider the current choice for financing modalities and channels. But minister Ploumen does not want to go into discussion about this topic in advance. We have to look for channels based on efficiency and effectiveness.

### **3. Discussion and feedback from the audience**

For the discussion session, the group is divided into 3 smaller groups. The three groups are giving their feedback on the evaluation from different points of view; methodology, policy implications and channels for funding.

#### Group 1: Methodology

- Mixed methods are desirable, qualitative methods are needed for process evaluations. This can also provide 'strong evidence'.
- Multicomponent designs are desirable.
- The funding of rigorous research processes, long term effect measurements included, is a challenge. Using existing data might help.

- Follow-up of evaluations studies (in this case findings re. abortion, equity) deserves attention.
- Involvement of beneficiaries in evaluation processes is needed.

### Group 2: Policy Implications

- Focus on middle income countries is strongly encouraged because this is crucial to reach key populations and goals around safe abortion.
- Gender inequality must remain prominent on the agenda
- Contraceptives should be included in the whole story. It seems to be missing.
- Development aid moves from countries to people. This requires changes in mind-set. This is hard, but crucial for policy to diminish inequalities. The Netherlands has a reputation of not shying away from controversial issues. This remains important and is and will be soaringly supported from civil society.
- Data collection about inequalities often does not happen and can be stimulated by NL. It also provides a base for the next recommendation.
- Keep a mix of funding channels and formulate specific indicators around inequalities. Link quality issues to those indicators. Possibly even consider to raise budget support based on good performance on these indicators.
- Health systems strengthening: back on the agenda!
- Religious institutions must be involved as implementing partners, more especially with controversial issues

### Group 3: Channels for funding

Multilateral institutions have their strengths in terms of norm setting and scale, but they are less strong in showing concrete results on the ground and addressing the 'difficult', more sensitive SRHR issues. They are often led by the opinion of countries, which is problematic where governments are conservative in relation to SRHR.

The Netherlands is particularly strong on the more controversial topics such as contraceptives (also for unmarried couples), comprehensive sexuality education, reaching particular vulnerable groups etc. We have to see who can best execute that agenda and remain critical about the impact that multilateral institutions have on the ground. Different funding 'channels' have to be considered and weighed in terms of their impact to see how the Netherlands can best achieve her SRHR policy objectives, as the IOB indicates. This also includes the funding for strategic partnerships where there could be particular attention to SRHR and the more difficult topics. All in all, a better and more transparent justification about the choices that are made is necessary.

#### Role Share-Net (International) can play:

Colin Dixon highlighted three potential roles for Share-Net international coming out of the discussions;

- A strong need was identified to better support marginalised groups/key populations. The knowledge platform can play a very useful role in identifying these groups and their needs in different countries, data collection and publicising work that is happening.
- With the knowledge platform's role in instigating and coordinating research It can ensure beneficiaries are meaningfully involved in evaluation processes.
- When selecting countries and areas to work in, the knowledge platform should take into account the needs, particularly with poor and marginalised groups, within middle income countries.