



Royal Tropical Institute

Initial scoping mission of sexual and reproductive health and rights networks and organizations for Share-Net international

Report visit to the Royal Netherlands Embassy in Bangladesh

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Anke van der Kwaak

a.v.d.kwaak@kit.nl

KIT Health, Amsterdam

Linnaeusstraat 35 F

PO Box 95001

1090 HA Amsterdam

Telephone +31 (0)20 568 8711

Table of contents

Acronyms	iii
Summary	01
1. Introduction	02
2. Bangladesh	03
3. Dutch policy and approach	04
Annex A Organizational structure KP	13
Annex B Steps to be undertaken by KP	14
Annex C Guidelines for situation analysis	15
Annex D List of respondents	15

Acronyms

BALIKA	Bangladeshi Association for Life Skills, Income and Knowledge for Adolescents
BAPSA	Bangladesh Association for the Prevention of Septic Abortion
BBC	British Broadcasting Cooperation
BLAST	Bangladesh legal Aid Services and Trust
BRAC	Bangladesh Rural Advancement Committee
BWHC	Bangladesh Women Health Coalition
CHC	Christina Hospital Chandragona
CTPC	?
DCED	Donor Committee for Enterprise Development
DFID	UK Department for International Development
DGIS	Netherlands Directorate-General for International Cooperation
DME	Directie Multilaterale Organisaties en Mensenrechten
DRC	Democratic Republic of Congo
DSK	Dushtha Shasthya Kendra
Eoi	Expression of Interest
EMOC	Emergency Obstetric Care
EMTCT	Ending mother to child transmission of HIV
EU	European Union
FBAP	Family Planning Association Bangladesh
FHI	Family Health International
GOB	Government of Bangladesh
HE	Health education
HNTPO	Health net TPO
HPNSDP	Health, Population and Nutrition Sector Development Program (
ICGLR	International Conference on the Great Lakes Region
ICDDR,B	International Centre for Diarrhoeal Disease Research, Bangladesh
IMC	International Medical council
INSP	Institut National de Santé Publique
IPPF	International Planned Parenthood Federation
IRC	International Water and Sanitation Centre
ISS	Institute of Social Studies
JICA	Japan International Cooperation Agency

KIT	Royal Tropical Institute, Amsterdam
KIT	Royal Tropical Institute
KP	Knowledge Platform
M&E	Monitoring and evaluation
MDF	MDF Training and Consultancy
MDG	Millennium Development Goal
MR	Menstrual regulation
MSI	Marie Stopes International
NGO	Non-governmental organization
NICHE	The Netherlands Initiative for Capacity development in Higher Education
NWO/WOTRO	Netherlands Organisation for Scientific Research)/Science for Global Development
OVC	Orphans and other vulnerable children
PBEA	Peace Building Education and Advocacy
PMNCH	Partnership for Maternal, Newborn and Child Health
PMTCT	Prevention from Mother to Child Transmission
PNSR	Programme National de Santé de la Reproduction
PSI	Population Services International
PSTC	Population Services and Training Center
RNE	Royal Netherlands Embassy
RHSTEP	Reproductive Health Services Training and Education Program
SAFE	Growing up safe and healthy
SHOKHI	Shastho, Odhikar o Narir Icchapuron
SRHR	Sexual and Reproductive Health and Rights
TVET	Technical and Vocational Education and Training
UBR	Unite for Body Rights
UCTS	Universal Cash transfers
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAW	Violence against women
WB	World Bank
WHO	World Health Organization

SUMMARY

The short scoping mission to the Royal Netherlands Embassies in Bangladesh aimed at informing the process of selecting and identifying a knowledge network or organization in the field of SRHR that can operate as Share-Net Bangladesh. In the coming months a process will be launched in which this will take place. During this mission in which two intensive conversations were held with the SRHR specialist in the embassy it became clear that in Bangladesh at the moment about 30.000 organizations are operational that work in the field of SRHR or related areas.

Moreover, in Bangladesh many networks exist and a coordinated action has to evolve around a special focus or theme such as private sector and SRHR. In Bangladesh the Netherlands focus on child marriage, adolescents and unintended pregnancies and there is a clear need to link to the private sector.

In Bangladesh the focus of the Netherlands SRHR development cooperation is mainly focused on SRHR and gender. In general there seem to be a lot of activities going on in Bangladesh. In the interviews with the embassy and others the focus was mainly on sexual and reproductive health and rights.

Besides this sector there is a lot of work going on in the field of HIV and AIDS, vulnerable populations such as sex workers and IDUs and work around rural development, gender and gender based violence, this has not been covered in this mission. For Bangladesh there is a need that a consultant consults with the identified networks in the field of SRHR to set an agenda for priorities and knowledge gaps.

The next step in this process will be a more comprehensive assessment of the SRHR situation on the basis of the findings of this mission.

1. INTRODUCTION

On September the 5th 2013 the Knowledge Platform for Sexual and Reproductive health and rights was launched in Utrecht the Netherlands. The Dutch government has the vision that people should be able to have a satisfying and safe sex life, the freedom to decide how many children they want and with whom, and access to good-quality care to meet their sexual and reproductive health needs. The Platform aims to make a contribution to achieving this vision by combining the expertise and strengths of Dutch organizations, Southern partners and key international actors working in the area of SRHR to achieve Millennium Development Goals 5 and 6 and contribute to the post-2015 agenda.

The Platform and its Secretariat are based in the Netherlands. The Department of Health of the Royal Tropical Institute in Amsterdam hosts the Secretariat of the Platform. The Platform will stimulate the sharing of existing knowledge among platform participants, the generation of new knowledge to address prioritized research gaps, and the translation of knowledge into formats appropriate for intended audiences, so as to contribute to the application of knowledge. The Platform's focus is on strengthening the role knowledge can play in developing evidence-based policies and practices and ensuring that resources are used strategically and to maximum effect, among others in relation to the four core areas of Dutch policy on SRHR.

The Knowledge Platform is an interactive structure that brings together different people, organizations and networks for a common purpose: the identification, generation, sharing, translation and use of knowledge relevant for improved SRHR, especially in the four core areas of Dutch SRHR policy.

In Annex A the Platform's organizational set-up is presented. In the section below we describe the Platform's different entities and the operationalization of the Secretariat's key tasks in relation to these entities.

In December 2013 the the Knowledge Platform was renamed Share-Net International, the Dutch node will be Share-Net NL. In this report we will however still use the old terms, as these names had not been approved by the Steering Committee at the time of the visit.

The communication and exchange will be done through the Dutch knowledge node, Share-Net Netherlands. A Steering Committee is in charge of providing substantive direction to the Platform and its Secretariat. In addition, the Platform will encompass national knowledge nodes in four countries. These nodes will serve as conduits for situation assessments, defining research priorities, facilitating research participation by country institutions and hosting the local knowledge base/platform. They will also stimulate the participation of key international partners and regional and national actors in SRHR, based in their countries.

This report presents the findings of a short scoping mission by the Interim coordinator to Bangladesh. In the beginning of December 2013 two meetings were held with the Royal Netherlands Embassy in Dhaka. Ella de Voogd, First Secretary-SRHR of the

Embassy of the Kingdom and Musfiqa Satiar the sexual and reproductive health specialist of the embassy. They are responsible for the gender and SRHR agenda. Without their help this report could not have been written

2. BANGLADESH

Bangladesh is a poor and populous country of 160 million (predominantly Muslim) people and is quickly urbanizing. The Gross domestic product of Bangladesh grew with 6,1% in 2011¹ and poverty declined during the last decade by 1% per year. However, high levels of inequality persist: 50% of the people living on less than \$1.25 per day and 81% on less than \$2.00. The demographic structure will cause the population to continue to increase and even if the fertility rate would decline to replacement level Bangladesh's population will continue to grow to an estimated 220 million by 2050. Bangladesh is hampered by low levels of education. The average literacy rate is 48%. A recent issue of the Lancet (November 2013) was totally focused on Bangladesh with the title innovating for health. The issue focuses on universal health coverage but also addresses the question why with so little financial input such enormous health advances have been made. The use of female agency and the unlocking of the 'power of women' playing a more active role in society and the economy has been an extremely productive move for Bangladesh².

Unfortunately, SRHR continues to have a low priority within the Government of Bangladesh (GoB)'s health agenda. The current curriculum in schools contains only minimal information about SRHR and often teachers are reluctant to even teach this content³ as SRH is a very sensitive issue in Bangladesh. Though confronted with manifold SRHR problems, women and men lack access to adequate health services, for example access to and acceptance of condoms is limited. For unmarried adolescents access to SRH services is even more restricted due to the strong social and cultural taboo. All underlying social determinants of health (poverty, access to medical care, education) and proximal causes (the low condom use, high number of sexual partners, and low sexuality and SRHR-related knowledge) make Bangladesh extremely vulnerable for sexual and reproductive ill-health and HIV⁴.

Bangladesh has a concentrated HIV epidemic. There are several groups at particularly high risk for HIV and who have been included in the National Strategic Plans: injecting drug users (IDU), male and female sex workers (M/FSW), males who have sex with males (MSM) and Hijras (transgender community). Large proportions of MSM and MSW, report STI symptoms (MSW more than MSM), multiple sex partners (including women), group sex (often associated with violence) and very low condom use with all types of

¹ Bangladesh Country Report: GDP data and GDP forecasts <http://www.gfmag.com/gdp-data-country-reports/321-bangladesh-gdp-country-report.html#axzz28cLo41Om>

² What's happening in Bangladesh? Lancet November 2013, p.2-4

³ Consultation workshop Oxfam Novib May 2011

⁴ Philip A Chan and Omar A Khan. Risk factors for HIV infection in Males who have Sex with Males (MSM) in Bangladesh (2007) <http://www.biomedcentral.com/1471-2458/7/153/>

partners (4% - lowest in the region). Sex between males is illegal under Penal Code 1860 Section 377 in Bangladesh.

In this context access to proper SRHR information and services is very important. Young people can easily be reached through schools for proper and healthy development of every person in terms of physical, mental, emotional, intellectual and social perspective. Despite an increasing number of adolescents entering schools at varying levels of education, there is no formal sexual and reproductive health and rights education in Bangladesh. Additionally, the numbers of SRHR professionals in schools are limited or have insufficient expertise to teach SRHR issues.

Below an overview will be given of the focus and projects funded by the embassy followed by a short presentation of ideas and suggestions for focus of the knowledge platform.

3. DUTCH POLICY AND APPROACH IN BANGLADESH

This ***Mission statement of the royal Netherlands embassy is:***

“The Netherlands Embassy in Dhaka helps improve living conditions for the poor, with particular emphasis on women through a result based coordinated effort, in an effective and efficient manner focusing on improving water management, food security and sexual reproductive rights. Special attention is given to addressing accountability and transparency.”

The Netherlands’ development cooperation with Bangladesh in the area of sexual and reproductive health and rights (SRHR) aims to increase knowledge, demand and utilization of services, and to improve service delivery to reduce maternal mortality. Emphasis is on adolescents (irrespective of their marital status), access to family planning, advocacy about SRHR that will influence national and local policy, and activities within the private sector⁵. In the Multiple Strategic Annual plan this is defined as follows

The Netherlands’ strategic plan aims to improve and increase awareness of sensitive topics such as menstrual regulation (MR), violence against women (VAW) and youth sexuality. This goal will be met through innovative education about sexual and reproductive health and rights, creating more demand for- and utilisation of- related SRHR services, in particular by adolescents and the poor in selected urban slums and rural districts, together with the government of Bangladesh (GoB) and non-governmental organizations (NGOs). The Program will look for ways to develop evidence based knowledge related to SRHR to better support policy decisions as well as to promote new strategies for effective implementation by sharing Dutch knowledge and expertise. The Embassy plans to promote corporate social responsibility (CSR) initiatives;

⁵ <http://bangladesh.nlembassy.org/services/development-cooperation/sexual-and-reproductive-health-and-rights>, accessed 16th of February 2014

the provision of reproductive health care for employees in the garment industry will be the cornerstone of these initiatives⁶.

The activities to achieve the goals from the Multi-Annual Strategic Plan of Dutch development cooperation with respect to SRHR include the following:

- Political dialogue to strengthen SRHR within the government's health policy and the health system which will take place through support of the Health, Population and Nutrition Sector Development Program (HPNSDP).
- Addressing sensitive topics such as menstrual regulation (MR), violence against women (VAW), and youth sexuality through innovative sexuality education and creating more youth friendly SRHR services, in particular for the poor in selected urban slums and rural districts. This will be done in partnership with non-governmental organizations (NGOs) and as much as possible in cooperation with the government of Bangladesh (GoB).
- Knowledge development through sharing Dutch knowledge and expertise, and carrying out evidence based research related to SRHR to better support policy decisions as well as to promote new strategies for effective implementation of SRHR activities.
- Promotion of CSR initiatives such as the provision of reproductive health care for employees in the garment industry.
- Improved comprehensive sexuality information and education, and more demand and utilisation of SRHR related services for young adolescents run by the GoB and NGOs.
- More involvement of men and other stakeholders such as service providers, law enforcers, and RMG management in SRHR related activities particularly in prevention of early marriage, violence against, and discrimination and exploitation of women.
- Greater empowerment and decision-making power of girls and women through education, knowledge, skills, and improved livelihoods using comprehensive community based interventions.
- Production of pro-poor accessible SRHR related products (sanitary napkins, contraceptives, medical abortion) through social marketing of private organizations⁷.

In the discussions with the embassy it became clear that the private sector and corporate social responsibility is a major focus. In relation to sexual and reproductive health there is a program and a recent study has been carried out. There is also a tender for a second NICHE programme involving the private sector.

⁶ Netherlands Embassy Dhaka – Bangladesh Multi-Annual Strategic PAn 2012-2015

⁷ <http://bangladesh.nlembassy.org/services/development-cooperation/sexual-and-reproductive-health-and-rights>, accessed 16th of February 2014

Recently a shift has taken place in the orientation of the embassy from education to sexual and reproductive health in which sector there are some very solid SRH programs namely :

Growing Up Safe and Healthy (SAFE, 2011 - 2014) Addressing sexual rights of and violence against adolescent girls and young women in urban Bangladesh, implemented by a coalition of ICDDR,B, Marie Stopes Clinic Society, Natri Maitree, We Can Campaign Alliance, Bangladesh legal Aid Services and Trust (BLAST), and Population Council in 19 slums of Dhaka. www.safeprojectbd.org.

Unite for Body Rights (UBR, 2010 - 2014) Addressing sexual and reproductive health and rights services and comprehensive SRHR education, implemented by a coalition of Family Planning Association Bangladesh (FPAB), RH-STEP, PSTC, DSK and Christian Hospital Chandraghona, donor partners: RutgerWPF, Simavi (both are members of Dutch SRHR Alliance) in 12 upazillas of 10 districts. www.ubr-bd.org.

Saving Women from Unwanted Pregnancies and Unsafe MR (MR Plus, 2012 - 2015) Increasing awareness, improving the quality of services and advocating for an enabling environment for family planning and violence against women. Implemented by Marie Stopes Bangladesh, Bangladesh Association for the Prevention of Septic Abortion (BAPSA), Phulki and Shushilan in 21 upazillas and 20 garment factories.

Bangladeshi Association for Life Skills, Income and Knowledge for Adolescents (BALIKA, 2012 - 2015) Delaying marriage for Bangladeshi adolescents, implemented by: Population Council Bangladesh, Population Services and Training Center (PSTC), m-Power and the Centre for International Development Issues Nijmegen (CIDIN) in 3 districts-Narail, Satkhira and Khulna.

Generation Breakthrough (2012 - 2018) Building healthy relationships for prevention of Gender Based Violence and meeting SRHR needs of adolescents in Bangladesh, implemented by UNFPA, PLAN Bangladesh, Ministry of Education and Ministry of Women and Children affairs of the Government of Bangladesh (GoB), private sector (ICT-company - Eminence), Media (BBC) and local NGOs implemented in 4 districts – Patuakhali, Barguna, Barisal and Dhaka.

Shastho, Odhikar o Narir Icchapuron (SHOKHI; Women's Health, Rights and Choices, 2013 - 2017) Improvement of the living circumstances of female slum inhabitants through their empowerment, increased knowledge of their rights and obligations and responsibilities, acquired skills to realize their needs related to their lives in the slums as well as their working circumstances, mainly in garment factories implemented by a consortium of BLAST (Bangladesh Legal Aid Services and Trust), Marie Stopes Bangladesh, Bangladesh Women Health Coalition (BWHC) and We Can Campaign Bangladesh in 16 slums of Dhaka⁸.

⁸ <http://bangladesh.nlembassy.org/services/development-cooperation/sexual-and-reproductive-health-and-rights/srhr-programs.html> accessed January 16th 2014

In most of the projects mentioned research is carried out. In addition there are studies done about the close to the community health workers, Liverpool, KIT and BRAC. HIV studies by UNAIDS, the National Commission on AIDS . A new project b ICCRD,B focuses on services in slums.

Although the gender budget of the embassy is shared by the three sectors: water, food security and SRH there is a stronger focus on gender than on HIV for instance and the following areas need more attention:

1. Safe abortion and awareness of young people, menstrual regulation was legalised in the 1970's and sponsored by the government. Aim should be to reduce maternal mortality due to this. In Bangladesh, approximately 33% of all births are unplanned. 45% of all the unplanned pregnancies end in menstrual regulation procedures and back-alley abortions. It is estimated that 25% of all clients presenting themselves at the MR clinics are refused services for various reasons, consequently pushing these women to resort to illegal and unsafe back-alley abortion clinics⁹.
- It is clear from the above that the prevention of unwanted pregnancy is a very important topic. Till now Marie Stopes and 5 other organizations are working in this field but there is a need for more solid evidence and ideas on what works best and how to be responsive to young's people's needs. ICCDRB is also looking at MR and unwanted pregnancies. How often it has been carried out, how often too late, taboo and stigma around it¹⁰.
2. Private sector and sexual reproductive health and rights from aid to trade; as mentioned, there are 30.000 NGOS in Bangladesh but progress is made with small steps only; Matt MacDonald has just published a scoping study on this topic. It would be good to combine MR and the garment factory life¹¹.
3. Child marriage; there is a need for more evidence; until now the Population Council mainly focuses on this topic. Terres des Hommes is also working on the issue. Since 1929 it is not allowed to marry under 18, but girls who have been married young can become important agents of change. Recently a study has been published by Matt Macdonald¹² . There are various programs and activities that are on-going in the areas of pre-and postnatal care, HIV/AIDS, nutrition, family planning, early detection of breast and cervical cancer, menstrual regulations (MR), occupational safety and general health. However, these

⁹ Menstrual regulation initiative Bangladesh Strengthening national menstrual regulation programme “Socio-cultural aspects and women’s perceptions on Menstrual Regulation and Menstrual Regulation services in Bangladesh” – A qualitative exploration Study conducted by ICCDR,B, Contributors to this report: Nabeel Ashraf Ali, Rasheda Khan, Rashida Akter, Afroza Khanom Roza, Marzia Sultana, Sayeda Bilkis Shelly year??

¹⁰ Also see Edilberto Loaiza Mengjia Liang, ADOLESCENT PREGNANCY: A Review of the Evidence, UNFPA New York, 2013

¹¹ Scoping study on SRHR activities within the Apparel and Textile sectors Embassy of Kingdom of Netherlands, Bangladesh, BMB Mott MacDonald Final Report September 2013

¹² Idem.

activities are sporadic and there is a need for a holistic approach in order to avoid overlap of activities and duplication of efforts. In addition to this, if SRHR within the context of Apparels and Textile industry is to be sustainable, private sector linkages are a necessity. It is within this context that this study has mapped existing programs; this report attempts to provide an overview of possible areas for improvement and linkages.

NICHE (Netherlands Initiative for Capacity development in Higher Education) is financing several projects in Bangladesh. As part of a consortium the Faculty of Social Sciences and Gender studies in Nijmegen has succeeded in winning a NUFFIC/NICHE tender in 'Bangladesh' entitled 'Developing TVET, HE and training on Sexual and Reproductive Health and Rights'. In cooperation with MDF Training & Consultancy (coordinator of the project), RutgersWPF and an NGO in India, Gender studies will contribute to curriculum development, staff- and PhD training. In four years, 3 PhD candidates will probably defend their thesis at Radboud University Nijmegen, the Netherlands.

Unite for Body Rights (UBR) already mentioned earlier is the sexual and reproductive health alliance for Bangladesh with as partners PSTC, FPAB, RHstep, CHC and DSK.

One of their focal areas are sanitary napkins together with UBR and Roby and Marie Stopes International, women earn an income by selling telephone cards and are able to buy locally produced napkins. They need to collaborate with the private sector and exchange best practices. There is a clear need for a change in the approach of NGOs; they need to collaborate with the private sector.

UNAIDS mentioned that there is a real need for further studies on sexual practices, HIV and MSM. The director calls MSM one of the main determinants of the silent epidemic. Then he also mentioned that there is a need for better evidence in the field of IDUs. An overview of the different networks existing in Bangladesh was shared by the embassy; this is not the complete list as there are more than 30.000 NGOs in Bangladesh and we have not covered gender, HIV, Sex workers and LGBTI networks:

1. NEAS: Local SRH Network consisting of grassroots NGOs. Objective is to share experiences and opt for joint programming.

Plan Bangladesh is part of this. Plan's work in Bangladesh focuses on 4 key areas, all of which are rooted in the rights of the child: child protection and participation, community learning, community managed health, disaster risk management. Plan Asia works on child marriage.

2. SRH alliance Bangladesh: Unite for Body Rights (UBR), chaired by Rutgers WPF and they work here with other partners such as STEPS, BONDHU, DSH, Family Planning organization

(mainly Dutch funded, from 2010-2011 also by ICCDR,B and Population Council)¹³

3. Coordination Commission on menstrual regulation. Government, DGFPL, in collaboration with MSI. Also Swedish support to Reproductive Health Services Training and Education Program (RHSTEP) & Bangladesh Association for Prevention of Septic Abortion (BAPSA). These two have focused on early abortion (MR), and have widened their scope to include SRHR in a broader perspective. They train hospital staff to perform MR at the request of the ministry, as well as provide services in their own clinics
4. Girls not Brides; focus on child marriages, secretariat at BRAC. Is a network with OXFAM, Save the Children. Also focused on (SRH) youth friendly services in hospitals.
5. Youth network or better NGOs working around adolescent issues: Plan, UNFPA, UBR, BRAC
6. Local consultancy group which hosts government and consultants for instance around the National Action Plan for Women, this is focused on gender and reproductive health but no attention for sexual health, sexuality and sexual rights. In the next sector plan this has to be integrated
7. Within the networks there are several research initiatives aiming at creating Communities of Practice; NEAS, Girls not Brides.

A new knowledge platform has to either strengthen one of the already existing initiatives or has to function as an agenda setting forum that also addresses gaps in knowledge and creates a community of practice. Then the question is whether such a forum should be a one topic knowledge node only for instance menstrual regulation, MSM or does it need to support a wider range of SRH themes. Has it to be seen as only working in one sector, namely SRHR, or should it be a multi-sectoral platform, which implies a wider scope of action. Another question is whether there is a need for an e-platform? A needs assessment and agenda setting is needed to answer these questions.

There is a need for an increase in knowledge of sexual reproductive health and rights among organizations, NGOS both local and international. It would be good to invite 8 organizations and ask them what is needed and come together to set an agenda. For

¹³ The Bangladeshi Programme —Unite For Body Rights The UFBR programme is working towards realizing an enabling environment in which each individual can exercise his/her sexual and reproductive rights. Access to services and education, supportive laws and legislation, and increased acceptance of sexuality and sexual rights of all people are the building blocks of such enabling environment.

The four key priorities of the programme are:

- (1) Improved sexual and reproductive health services
 - (2) Comprehensive sexuality education
 - (3) Sexual and gender-based violence
 - (4) Freedom of expression of sexual diversity and gender identity are interrelated and mutually reinforcing.
- <http://srhralliance.org/country-alliances/bangladesh/>

instance the organizations working on adolescents need to consider them more as partners and need to integrate a focus on sexuality and sexual health. Young girls are also the ones ending up in child marriages, working in garment factories or ending up with unintended pregnancies. They need to have more information but how? How can they be reached. New innovative approaches need to be tested and efforts of different organizations need to be combined.

It would be good if the Knowledge Platform would be able to target the private sector; there are different pharmaceutical companies but also other corporate industries which like to be involved in such initiatives. Ella de Voogd shared a very interesting piece of work of the Donor Committee for Enterprise Development.¹⁴ It would be good if a list of possible private sector partners (garment factories) will be obtained from the Chamber of Commerce. But there are many challenges in this field. For instance the provision of SRH information for garment factory girls is not easy at all. The owners are not happy to allow NGOs in and are not aware that actually their business may improve if living conditions of the workers and their knowledge increases. What is needed is an actual change of mind set. Lifelong learning and access of adolescents to education and SRH information is key. Skills development for both in and out of school youth and the empowerment of parents and teachers are prerequisites for a real change. In the study of ICCDRB in the slums the focus is also on language and discourse: how do you talk to parents? How do you ensure young people want to become change agents.

The embassy underlines that important (inter)national NGOs and knowledge institutes such as Population Council, ICCDR, B, BRAC University, Dhaka University, Asian Women University need to be at least consulted or play a more active role in the process of establishing a knowledge network related to SRHR.

¹⁴ The Donor Committee for Enterprise Development (DCED) enhances these efforts by sharing information about what works – based on practical experience, as well as research into businesses' views on their constraints and needs of support. The DCED currently has 24 members – bi- and multilateral donors and agencies as well as private foundations – who share the vision of making private sector development more effective.

4. CONCLUSION

The short mission to the Royal Netherlands Embassies in Bangladesh had the following objectives;

1.To get insight in the number of organizations that are active in the field of SRHR, their respective foci and the way in which they coordinate their activities

In Bangladesh where 30.000 NGOS are operational there is need for identifying a knowledge gap or to strengthen a network existing in the context of SRHR and gender.

2.To get insight into the different networks that are operational in SRHR and/or related development fields and the manner in which these networks are operational

In Bangladesh many networks exist and a coordinated action has to evolve around a special focus or theme such as private sector and SRHR.

3.To understand the policy context of SRHR and the degree of interest of the government (different sectors) in pursuing an SRHR agenda

There is a need for interviews with government officials and SRHR policy makers In addition it would be advised to consult with some universities and or knowledge institutes.

4.The focus of current SRHR interventions and research as well as future priorities.

There is a focus on adolescents and unintended pregnancies as a main priority. In both countries there is also a need for a so called Dutch approach with emphasis on gender equity, sexuality and sexual health integrated in policy and especially services and practice. In Bangladesh the focus could be more on linking and collaborating SRHR with the private sector.

5.The degree in which research has influenced current policy – analysis of facilitating and hindering factors.

Many studies are carried out but until now there is too little evidence which approaches work best to reduce unintended pregnancies and make SRHR services responsive to the needs and realities of young people. There is space and a need for additional research, especially action research.

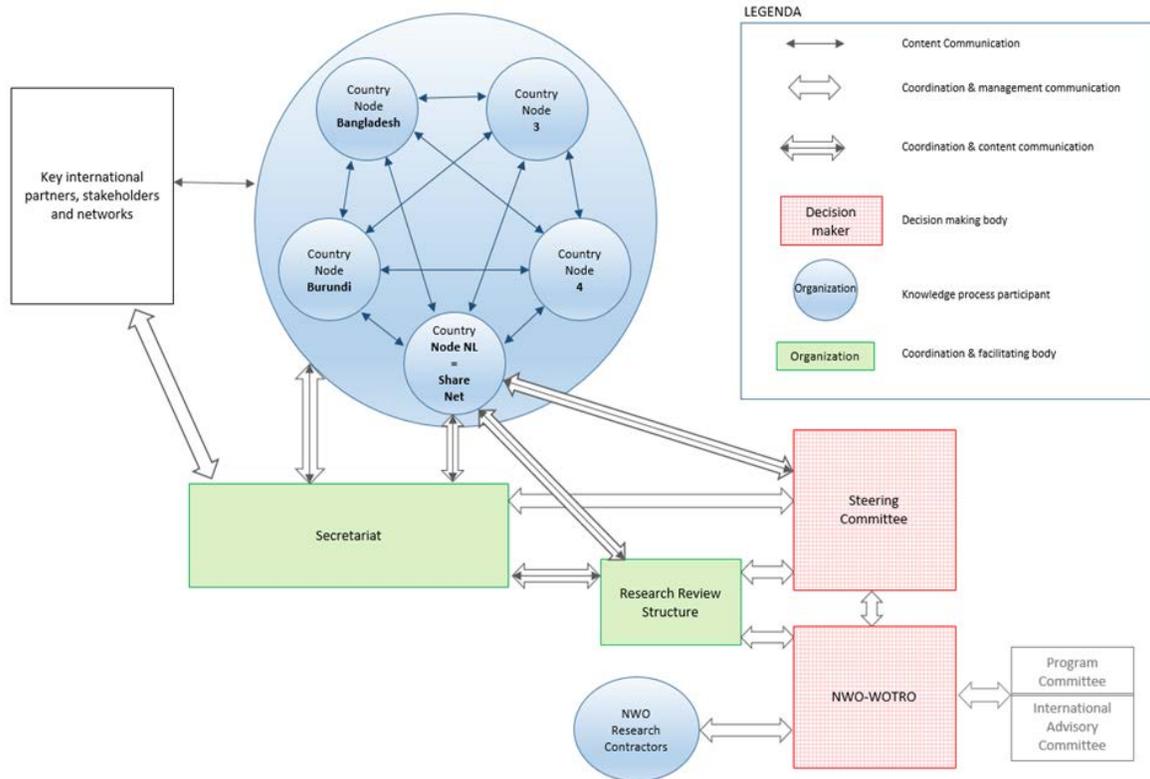
6.The gap in knowledge necessary to optimize the SRHR interventions, especially in the field of the 4 Dutch priority areas :

- Young people and sexuality
- Maternal and newborn health, including family planning, pregnancy, childbirth, newborn care, safe abortion and prevention of mother-to-child transmission of HIV (PMTCT), and with a focus on vulnerable populations, community-based interventions and performance-based financing;
- Sexual and reproductive health care, including access to reproductive health commodities;

- Equity and sexual and reproductive rights, including HIV prevention among key populations

There is a need for more evidence in the field of young people, especially young girls, gender based violence and child marriages

Annex A Organisational structure of the knowledge platform



Annex B Steps to be undertaken by the Secretariat of the Knowledge Platform

First Phase

1. The Royal Tropical Institute has been selected as host organisation for the secretariat on the basis of agreed criteria and process;
2. Dutch partners – diverse and multi-stakeholder involvement - will be invited to participate on the basis of the knowledge contribution. The Ministry will be actively involved together with NGOs, existing networks (e.g. Share-Net and GPHSR), universities and knowledge institutes. The Knowledge Platform will actively approach private sector organizations where there is interest in participation in the Knowledge Platform;
3. Organisation of communication among partners and alliances;
4. Country selection – initially activities will concentrate on four countries. Two countries have been selected by the ad-interim Steering Committee from the 8 SRHR partner countries in which DGIS is active, based on set criteria, a desk review and consultations with partners. Two other countries will be selected by the Steering Committee based on argued proposals from partners in the Knowledge Platform. The choice of countries will be based on the potential impact on the four core result areas and quality of the potential of local partner organizations and institutions in a given country. The four countries will include at least one fragile state/conflict country;
5. Other strategic alliances, such as the WHO and other important international or regional organizations (including private partners), will be informed and invited to collaborate;
6. Agenda setting in the selected countries and consultations with strategic alliances to identify key priorities in relation to the Dutch focus;
7. Development of a full work program by the secretariat.

Steps Second Phase

8. Selection of key areas for research calls and organisation of call (NWO/ WOTRO);
9. Seed grant programme to encourage funding leverage from other sources;
10. Knowledge sharing activities and development of data base;
11. Development of “knowledge to policy” strategy and activities;
12. Review of focus and strategy and of options for sustainability of platform activities

KP November 2013

Introduction

1. To get insight in the number of organizations that are active in the field of SRHR, their respective foci and the way in which they coordinate their activities
2. To get insight in the different networks that are operational in SRHR and/or related development fields and the manner in which these networks are operational
3. To understand the policy context of SRHR and the degree of interest of the government (different sectors) in pursuing an SRHR agenda
4. The focus of current SRHR interventions and research as well as future priorities
5. The degree in which research has influenced current policy – analysis of facilitating and hindering factors
6. The gap in knowledge necessary to optimize the SRHR interventions, especially in the field of the 4 Dutch priority areas

ANNEX D LIST OF RESPONDENTS AND SUGGESTED CONTACTS

Respondents Bangladesh

1. Ella de Voogd Voogd, ella-de.voogd@minbuza.nl
2. Mushfiqua Satiar mushfiqua.satiar@minbuza.nl
3. Dr. Leo Kenny, Director Unaid
4. Dr. Tasnim Azim, tasnim@icddrb.org

Possible resource persons Bangladesh:

Anny Peters Rutgers WPF

World Connectors

Pam Baatsen KIT

Samira Al-Zwaini Plan NL

Loes Keyzers ISS

Share-Net member organisations

