Share–Net
Bangladesh
The Knowledge Platform on
Sexual and Reproductive Health & Rights

EXAMINE THE ROLE AND ADDED VALUE OF EXPANDING SHARE–NET BANGLADESH IN THE SOUTH ASIA REGION

PREPARED BY

Professor Mohammad Bellal Hossain, PhD
Department of Population Sciences, University of Dhaka

Dr. Mohammad Bellal Hossain is working as a Professor at the Department of Population Sciences, University of Dhaka. Dr. Hossain was the Chairman of the same department from March 2012 to March 2015. He obtained his first post-graduate degree in Sociology from the University of Dhaka and another post-graduate degree in Sexually Transmitted Infections/HIV Related Medicine from the University of Sydney, Australia. Dr. Hossain obtained his Ph.D. in Public Health and Policy from the world-renowned London School of Hygiene & Tropical Medicine, UK. He is a British Commonwealth Scholar and also received the AusAID award. Dr. Hossain has around 20 years of teaching and research experience on various population and development-related issues in Australia, Bangladesh, and the UK. He has published over 40 journal articles in peer-reviewed journals, book chapters, and reports at home and abroad and presented many papers at various international conferences. Dr. Hossain is an Academic Editor of PLOS Global Public Health and PLOS ONE. He is also the Editor of the Journal of Population and Development. In addition, Dr. Hossain has provided consultancy services to various national, international, and UN agencies, including the Government of Bangladesh, UNFPA, UNICEF, ILO, EngenderHealth, World Vision International, Royal Tropical Institute (the Netherlands), Rutgers International (the Netherlands), Policy and Operations Evaluation Department (IOB) of the Netherlands Ministry of Foreign Affairs, and the IntraHealth International (USA). He also actively engages with various professional bodies, including the International AIDS Society and Asian Population Association.

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ACRONYMS

ANC	Antenatal Care
ASRHR	Adolescent Sexual and Reproductive Health and Rights
CBA	Cost Benefit Analysis
CM	Child Marriage
CoP	Community of Practice
COVID-19	Coronavirus Disease 2019
CSE	Comprehensive Sexuality Education
DHS	Demographic and Health Surveys
FP	Family Planning
GEWE	Gender Equality and Women's Empowerment
GNB	Girls Not Bride
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
INGO	International Non-Governmental Organization
LGBTQ	Lesbian, Gay, Bisexual, Trans, and Queer
LSbE	Life-Skill-based Education
MDG	Millennium Development Goal
MMR	Maternal Mortality Ratio
MSM	Men who have Sex with Men
NGO	Non-Governmental Organization
PNC	Post-natal Care

SBCC	Social and Behavioral Change Communication
SDG	Sustainable Development Goal
SGBV	Sexual and Gender-based Violence
SNB	Share-Net Bangladesh
SNI	Share-Net International
SRHR	Sexual and Reproductive Health and Rights
STI/D	Sexually Transmitted Infection/Disease
SWOT	Strengths, Weaknesses, Opportunities, and Threats
ToC	Theory of Change
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Fund For Population Activities
USAID	United State Agency for International Development

EXECUTIVE SUMMARY

Until recently, the Share-Net International (SNI) hubs have focused on individual countries to achieve their impacts and outcomes. However, during one of the strategic meetings in 2020, the SNI and the country hubs in Bangladesh, Burundi, Jordan, and the Netherlands discussed the 'regional approach' and aimed to implement the 'regional approach'. Under the regional approach, Share-Net International agreed to support some country hubs to explore the opportunities to work more regionally. In this regard, Share-Net Bangladesh (SNB), hosted by RedOrange Media and Communications, has been given the responsibility to explore the possibility of collaboration in the South Asia region regarding regional learning, knowledge sharing within the scope of SRHR on equality, and mutual respect. The countries of interest in the regional approach are India, Nepal, Pakistan, and Sri Lanka. Therefore, Share-Net Bangladesh likes to work together in the region to fight these common and highly concerning issues for SRHR. Against this backdrop, Share-Net Bangladesh (SNB) aims to conduct a situational and feasibility analysis to examine the role and added value of the expansion of Share-Net in the four countries mentioned above in the South Asia region.

This situational and feasibility analysis was conducted through an extensive review of secondary documents in SRHR in the South Asia region and the interview with the practitioners, activists, and researchers involved in SRHR issues in the South Asia region. A group of key people in the different organizations working in the SRHR was interviewed in-depth to explore the objectives of this consultancy. Thirteen key people were consulted (5 from India, 3 from Nepal, and 5 from Pakistan). The one-to-one consultation was conducted using an online platform, either Zoom or Google Meet, and the interview was recorded with permission from the respondents. The data generated through Web search and consultation

were analyzed, synthesized, and documented in a report. The primary data collected through consultation with the key people were analyzed thematically.

This situational and feasibility analysis shows a huge potentiality of setting up a knowledge platform for SRHR issues in the South Asian region, mainly focusing on Bangladesh, India, Nepal, and Pakistan. The countries of this region have many similarities with dissimilarities. Therefore, the respondents strongly agreed to develop a knowledge platform on SRHR issues for this region. The specific recommendations and action plan according to the experts interviewed as part of this assignment can be summarized as follows:

- ShareNet Bangladesh should open a regional knowledge hub on SRHR issues with a dedicated webpage where knowledge products can be reposited.

- Based on the report of this preliminary assignment, country-level mapping for the organizations and persons working on SRHR issues in each of these regional countries should be mapped.

- Country-level and regional communities of practice (CoP) on issues related to SRHR should be formed.

- Meetings of the regional CoP members could be organized periodically to share and learn from each other.

- Online knowledge fairs on SRHR-related issues can involve the regional organizations and persons working.

- Dedicated human resources should be recruited for ShareNet Bangladesh to oversight the activities of the regional approach.

- A steering committee should be formed to monitor the activities of the regional hub by engaging experts across the South Asian region.

In conclusion, it can be said that there is an opportunity for the SRHR-related organizations and networks working in South Asia to learn and share as the countries have significant commonalities in terms of culture, shared norms, and values. However, the quality of the selected knowledge products for repositioning in the knowledge hub, leadership to maintain the knowledge hub, and financial sustainability should be considered.

1. BACKGROUND

1.1. BACKGROUND OF THE ASSIGNMENT

The Share-Net International (SNI) is the knowledge platform on SRHR organized as hubs, and every hub constitutes communities of practice (CoPs) in different thematic areas of sexual and reproductive health and rights, which are involved in knowledge management. The Theory of Change (ToC) of SNI shows how the knowledge platform on SRHR aims to achieve impact and outcomes across the following pathways of knowledge management[1]:

- **Knowledge generation**, which addresses priority knowledge gaps through research and further analysis and synthesis of existing data;

- **Knowledge sharing** disseminates both new and existing knowledge through a wide range of channels and tools as available research findings are often not known by those who should use them;

- **Knowledge translation** ensures evidence is presented in formats appropriate for the intended audience so that it can be accessed, understood, and used by advocates, policymakers, program managers, practitioners, the private sector, users, the media, and researchers;

- **Promotion of knowledge use** which promotes the use of knowledge products and formats by policymakers and practitioners for improving policy and practice; and

- **Network development** creates national Communities of Practice (CoPs) and links with international level (partners).

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1   *Theory of Change: The Knowledge Platform on SRHR. Five Year Strategic Plan (2018-2022). Available from: https://share-netinternational.org/wp-content/uploads/2018/08/theory-of-change-August-9.pdf*

The SNI is a Dutch network on sexual and reproductive health and rights (SRHR), which has been in operation since early 2001 and currently has a country hub in the following seven countries: The Netherlands, Bangladesh, Burundi, Jordan, Burkina Faso, Colombia, and Ethiopia. However, the Burkina Faso, Colombia, and Ethiopia hubs are new and have not fully operated. The Royal Tropical Institute (KIT) initiated the SNI network with financial support from the Dutch Ministry of Foreign Affairs (MoFA). The SNI is a membership network of non-governmental organizations (NGOs), researchers, policymakers, implementers, advocates, students, the media, and companies operating in the SRHR field, working closely with a wide range of partners across the globe.

Up until now [2], the SNI hubs have focused on individual countries to achieve their impacts and outcomes. However, during one of the strategic meetings in 2020, the SNI and the country hubs in Bangladesh, Burundi, Jordan, and the Netherlands discussed the 'regional approach' and aimed to implement the 'regional approach in the next approaches with the following shared vision:

- Facilitate regional learning and knowledge exchange to influence and improve SRHR policy and practice in line with SNI's vision and unique point of exploration;

- Increase the visibility and recognition of SNI and the particular Share-Net country hub across the respective region;

- Strengthen and expand the SNI network by increasing the membership base with SRHR actors and building strategic partnerships with SNI and the specific country hub to exchange best practices and accumulate knowledge findings, and

2   *Theory of Change: The Knowledge Platform on SRHR. Five Year Strategic Plan (2018-2022). Available from: https://share-netinternational.org/wp-content/uploads/2018/08/theory-of-change-August-9.pdf*

- Connect and link members in different countries in the region to work on context-relevant SRHR topics.

Under the regional approach, Share-Net International agreed to support some country hubs to explore the opportunities to work more regionally. In this regard, Share-Net Bangladesh (SNB), hosted by RedOrange Media and Communications, has been given the responsibility to explore the possibility of collaboration in the South Asia region regarding regional learning, knowledge sharing within the scope of SRHR on equality, and mutual respect. The countries of interest in the regional approach are India, Nepal, Pakistan, and Sri Lanka. The SNB hand as decided on these countries for regional approach as they have very similar trends in SRHR indicators, such as the high prevalence of child marriage and gender-based violence, social stigma, taboo concerning SRHR practices, lack of awareness for gender equality, and a high percentage of young populations without proper SRHR services knowledge. Therefore, Share-Net Bangladesh likes to work together in the region to fight these common and highly concerning issues for SRHR.

1.2. OBJECTIVES OF THE ASSIGNMENT

The Share-Net Bangladesh (SNB) aims to conduct situational and feasibility analysis to examine the role and added value of the expansion of Share-Net in the four countries (India, Nepal, Pakistan, and Sri Lanka) of the South Asia region. The specific objectives of this consultancy titled "Examine the Role and Added Value of Expanding Share-Net Bangladesh in the South Asia Region" is expected to perform the following tasks:

- Assessment to avoid overlapping of similar activities in the region;

- Map potential organizations and networks to partner for becoming a member of the network;

- Cost-benefit analysis with a framework of the expansion;

- A SWOT analysis with regards to expanding regard Net Bangladesh in South Asia; and

- Assessment and forecast funding opportunities to organize regional activities or set up a regional hub with feasible recommendations.

1.3. UNDERSTANDING REGIONAL APPROACH

Share-Net International envisions its regional approach as a gradual process towards an inspiring and organic network of organizations and practitioners working on sexual and reproductive health and rights and gender equality and women's empowerment (GEWE) in the geographical regions of the existing country hubs, which meets the needs and opportunities of each region, building on the Share-Net values. However, the 'regional approach' concept is not new. Rather it is closely connected with 'regional integration' and 'south-south cooperation'. Regional cooperation is when neighbouring countries agree to upgrade cooperation through common institutions and rules[3] under a pre-defined thematic area. The objectives of the regional agreement could range from economic to political to environmental and other cross-cutting issues as aligned. However, it has typically taken a political economy initiative where commercial interests focus on achieving broader socio-political and security objectives, as defined by national governments. Regional cooperation has been organized either via supranational institutional structures or inter-governmental decision-making, or a combination of both.

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3   *Wikipedia entry on 'regional integration'. Available from https://en.wikipedia.org/wiki/Regional_integration*

A growing body of evidence suggests that learning and cooperation among developing nations increased through south-south cooperation. However, an internationally accepted definition of South-South Cooperation is yet to be formulated. The United Nations Population Fund (UNFPA) has defined South-South Cooperation in its Policy and Procedure Manual[4] as "a means of development by an exchange of knowledge, experience, technology and information and capacity development between and among developing countries through governments, civil society organizations, academic institutions, national institutions, and networks to accelerate the implementation of the ICPD agenda and achievement of MDGs in participating countries".

South-South cooperation has been complex and has not lent itself to a single definition. However, according to the Framework of operational guidelines on United Nations support to South-South and triangular cooperation by UNDP, South-South cooperation is defined[5] as "a process whereby two or more developing countries pursue their individual and/or shared national capacity development objectives through exchanges of knowledge, skills, resources and technical know-how, and regional and interregional collective actions, including partnerships involving Governments, regional organizations, civil society, academia, and the private sector, for their individual and/or mutual benefit within and across regions".

South-South Cooperation has been defined as an exchange of expertise between governments, organizations, and individuals in developing nations. Through this model, the developing countries help and support each other with

4   http://partners-popdev.org/docs/PPD_South-South_Book.pdf

5   Framework of operational guidelines on United Nations support to South-South and triangular cooperation SSC/17/3 (2012) Note by the Secretary-General, High-level Committee on South-South Cooperation Seventeenth session New York, May 2012. http://undocs.org/SSC/17/3

knowledge, technical assistance, and investments. South-South Cooperation inherently means that the Southern countries take ownership of development and lead technical cooperation, a goal that development agencies worldwide espouse. Moreover, it promotes the transfer of practical experience among contexts that, while certainly differing, often share characteristics and constraints. As a result, the Southern solutions to development problems can often be better adapted to local conditions than northern-inspired solutions. The evidence suggests that south-south cooperation has expanded beyond economic cooperation; south-south cooperation now encompasses health, education, communication, research, and development. People across nations are banding together as peers to find new and innovative solutions to development issues as they share common backgrounds and challenges. Evidence suggests that learning through sharing is often effective in developing the countries' capacity.

The regional approach, which has emerged from the philosophical premise of south-south cooperation, is generally appreciated as an essential complement to the different national country programs on health, education, communication, research, and development. A regional approach is needed to enhance cooperation for policy change at the national and regional levels. There is a need for linking advocacy efforts in different countries to put pressure on national and regional bodies, which in turn, through their decisions, may provide guiding standards and execute pressure on national governments. A regional approach meets a need among local NGOs for exchange and learning – a need usually overlooked and poorly funded but a constant demand from partners. Sharing, shared learning, and cooperation in civil society throughout a region complement and strengthen local research, program quality, and advocacy for policy change.

2. METHODOLOGY

2.1. METHODOLOGY FOR CARRYING OUT THE ASSIGNMENT

This situational and feasibility analysis was conducted through an extensive review of secondary documents in SRHR in the South Asia region and the interview with the practitioners, activists, and researchers involved in SRHR issues in the South Asia region. The specific activities that were carried out as part of achieving the deliverables of this consultancy are discussed below:

2.2. DESK REVIEW

The desk review was conducted using international sources, reports from NGOs, multilateral or regional actors, donors, and published scientific reports. The literature for desk review was generated through web-based data extraction. The web-based data extraction primarily focused on identifying organizations and people working on SRHR-related issues in the said four countries of South Asia. The desk review also enabled the preparation of the data collection tool. The data were extracted using PubMed, Google search, Google Scholar, Academia, ResearchGate, and LinkedIn.

2.3. DEVELOPMENT OF DATA COLLECTION TOOL

In the second step, a data collection tool was developed based on the desk review and finalized through consultation with the SNB authority. Appendix I shows the data collection tool that was used for collecting primary data.

2.4. CONSULTATION WITH KEY PEOPLE

A group of key people working in the different organizations

working in the SRHR was interviewed in-depth to explore the objectives of this consultancy. The finalized tool was used to collect data from the identified individuals through the web search mentioned above and snowballing. The consultation explored ideas, desires, needs, expectations, and regional expertise on SRHR among the organizations and individuals working in the South Asia region. A total of 13 key people was consulted (5 from India, 3 from Nepal, and 5 from Pakistan) through 52 email invitation made with a request to participate in this consultation process. Appendix II shows the list of individuals who were invited to participate in the consultation and who responded. The one-to-one consultation was conducted using an online platform, either Zoom or Google Meet, and the interview was recorded with permission from the respondents.

2.5. DATA ANALYSIS AND REPORTING

The recorded consultations were listened to and re-listened for preparing a detailed transcription. The data generated through Web search and consultation were analyzed, synthesized, and documented in a report. The primary data collected through consultation with the key people were analyzed thematically. The report has been organized according to the objectives of this consultancy to reflect the recommendations and argumentation towards facilitating a regional approach in the knowledge platform on SRHR to influence and improve SRHR policy and practice in South Asian countries.

3. FINDINGS

3.1. SRHR STATUS IN THE SELECTED SOUTH ASIAN COUNTRIES

The primary geographic focus of this regional approach was India, Nepal, Pakistan, and Sri Lanka. Thus, this section illuminates the SRHR status of these countries.

3.1.1. SRHR–RELATED KNOWLEDGE

SRHR status in the selected South Asian countries reflects a mixed status. Table 1 shows that both married men and women in this region knew modern contraceptive methods well. However, married women had very poor knowledge regarding the fertile period. For example, only 8% of women in Pakistan knew about the fertile period, which was 17.5% among Indian women, 26.7% among Nepali women, and 33.8% among Bangladeshi women. The correct knowledge about the fertile period was highest in Sri Lanka. The table thus shows a great diversity in levels of knowledge of the fertile periods among married women in these five countries.

Table-1: SRHR Knowledge among women (%) in the Selected South Asian Countries

SRH-related Knowledge	Country				
	India	Nepal	Sri Lanka	Pakistan	Bangladesh
Correct knowledge of the fertile period (married women)	17.5a	26.7b	57.7c	8.0d	33.8d
Knowledge of any modern method of contraception (married women)	99.0a	100.0b	99.7c	98.1d	100.0d
Knowledge of any modern method of contraception (married men)	98.8a	100.0b	NA	98.6d	99.9d

Note: a 2015-16 DHS; b 2016 DHS; c Sri Lanka DHS 2016; d 2017-18 DHS; NA-Not Available

3.1.2. MARRIAGE AND SEXUAL ACTIVITY

Overall, the countries in South Asia had a high rate of child marriage and early sexual activity. Table 2 shows that Bangladesh has the highest rate of child marriage. About 60 percent (58.9%) of women aged 20-24 years married before 18 years. The second-highest rate of child marriage among these five countries was in Nepal, followed by India, Pakistan, and Sri Lanka. Followed by the high rate of child marriage, Bangladeshi women also had early exposure to sexual activity. It shows that 54.9 percent of women aged 20-24 years had their first sexual intercourse before 18 years, followed by Nepal, India, Pakistan, and Sri Lanka.

Table-2: Marriage and Sexual Activity (%) in the Selected South Asian Countries

Marriage and Sexual Activity	Country				
	India	Nepal	Sri Lanka	Pakistan	Bangladesh
Women aged 20-24 first married by the exact of age 15	5.4 a	7.0 b	0.9 c	3.6 d	19.3 d
Women aged 20-24 first married by the exact age of 18 years	25.3 a	39.5 b	9.8 c	18.3 d	58.9 d
Median age at first marriage of women aged 20-24	NA	19.0 b	NA	NA	17.3 d
Women aged 20-24 first sexual intercourse by the exact age of 15 years	3.3 a	6.7 b	1.0 c	3.1 d	16.5 d

Marriage and Sexual Activity	Country				
	India	Nepal	Sri Lanka	Pakistan	Bangladesh
Women aged 20-24 first sexual intercourse by the exact age of 18 years	21.7 a	38.4 b	10.1 c	16.6 d	54.9 d
Median age at first sexual intercourse of women aged 20-24	NA	19.0 b	NA	NA	17.6 d

Note: a 2015-16 DHS; b 2016 DHS; c Sri Lanka DHS 2016; d 2017-18 DHS; NA- Not Available

This high rate of child marriage and early exposure to sexual activity also produced a high teenage/adolescent pregnancy (Figure 1). The figure shows that 27.7 percent of women in Bangladesh experienced teenage childbearing/adolescent pregnancy, followed by Nepal (16.7%).

Figure-1: Teenage Childbearing/Adolescent Pregnancy (%) in the Selected South Asian Countries
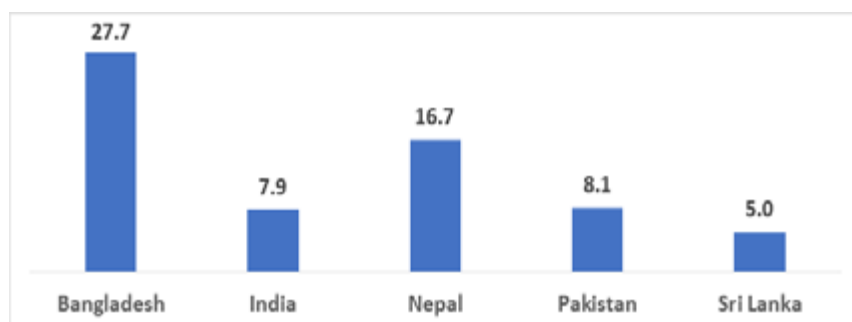
Notes: Bangladesh: 2017-18 DHS; India: 2015-16 DHS; Nepal: 2016 DHS; Pakistan: 2017-18 DHS; Sri Lanka: 1987 DHS

3.1.3. FAMILY PLANNING AND FERTILITY STATUS

Table 3 shows that Sri Lanka had the highest use of any modern methods of contraception (53.6%), followed by Bangladesh (51.9%), while Pakistan had the lowest use of any modern methods of contraception (25.0%). Nepal's highest unmet need for contraceptive methods (23.7%) was followed by Pakistan (17.3%). The highest age-specific fertility rate among teenagers (15-19 years) was in Bangladesh (108 per 1000), followed by Nepal (88 per 1000).

Table-3: Family Planning and Fertility Status in the Selected South Asian Countries

Family Planning and Fertility	Country				
	India	Nepal	Sri Lanka	Pakistan	Bangladesh
Current use of any modern method of contraception (married women)	47.8 a	42.8 b	53.6 c	25 d	51.9 d
Unmet need for family planning	12.9 a	23.7 b	7.5 c	17.3 d	12.0 d
Age-specific fertility rate: 15-19 years	51 a	88 b	22 c	46 d	108 d
Women aged 20-24 giving birth by the age of 15 years	1.0 a	1.1 b	0.2 c	0.8 d	5.6 d
Women aged 20-24 give birth by the age of 18 years	9.3 a	16.1 b	3.4 c	7.4 d	32.1 d

Note: a 2015-16 DHS; b 2016 DHS; c Sri Lanka DHS 2016; d 2017-18 DHS; NA-Not Available

3.1.4. MATERNAL HEALTH STATUS

Table 3 shows that Nepal had the highest percentage of 4+ANC visits (69.4%), followed by Pakistan (51.4%) and India (51.2%), while Bangladesh had the lowest 4+ ANC Visits (47.0%). The highest rate of home delivery was in Bangladesh (51.0%), followed by Nepal (41.4%) and Pakistan (33.7%). On the other hand, Sri Lanka had the highest percentage of delivery assisted by a skilled provider (99.5%), followed by India (81.4%) and Pakistan (69.3%), while Bangladesh had the lowest rate of delivery assisted by a skilled provider (53.0%). Among these countries, Nepal had the highest rate of maternal mortality ratio (MMRatio) per 100000 live births (186), followed by Bangladesh (173), India (145), and Pakistan (140), while Sri Lanka had the lowest MMRatio (36).

Table-4: Maternal Health Status in the Selected South Asian Countries

Maternal Health	Country				
	India	Nepal	Sri Lanka	Pakistan	Bangladesh
Antenatal Care Visit (4+ times)	51.2 a	69.4 b	NA	51.4 d	47 d
Place of Delivery: At Home (%)	20.8 a	41.4 b	0.1 c	33.7 d	51 d
Assistance during delivery from a skilled provider (%)	81.4 a	58.0 b	99.5 c	69.3 d	53 d
Postnatal checkup for mother within first two days (%)	30.3 a	41.5 b	99.2 c	35.9 d	47.5 d
Maternal Mortality Ratio	145 a	186 b	36 c	140 d	173 d

Note: a 2015-16 DHS; b 2016 DHS; c Sri Lanka DHS 2016; d 2017-18 DHS; NA-Not Available

3.1.5. GENDER–BASED VIOLENCE

Table 5 shows that Bangladeshi women (54.7%) experienced the highest percentage of physical or sexual, or emotional violence committed by husbands' partners in the 12 months, followed by Pakistan (24.8%) and India (24.6%). On the other hand, the highest 44.6% of Indian women justified the wife-beating for at least one specific reason, followed by Pakistani women (41.1%).

Table-5: Gender-based Violence in the Selected South Asian Countries

Gender-based Violence	Country				
	India	Nepal	Sri Lanka	Pakistan	Bangladesh
Physical or sexual or emotional violence committed by husband/ partner in l12 month	24.6 a	13.5 b	17.0 c	24.8 d	54.7 d
Wife beating justified for at least one specific reason [women]	44.6 a	28.5 b	NA	41.1 d	20.1 d
Wife beating justified for at least one specific reason [men]	31.7 a	22.9 b	NA	37.4 d	31.9 e

Note: a 2015-16 DHS; b 2016 DHS; c Sri Lanka DHS 2016; d 2017-18 DHS, e 2007 DHS; NA- Not Available

3.1.6. MENSTRUAL HYGIENE MANAGEMENT AT THE HOUSEHOLD LEVEL

Table 6 shows that 98.8 percent of households in India have a private place to wash and change sanitary pads at home, while this rate is 86.6 percent in Nepal. About 40 percent of women

in India and 25.8 percent of women in Bangladesh used single-used sanitary pads. The rate of cloth use was highest in Nepal (93.3%), followed by Bangladesh (72.4%) and India (62.1%). However, no household-level data for menstrual hygiene management is available for Sri Lanka. For Pakistan, provincial-level data is available, but not national-level data.

Table-6: Menstrual Hygiene Management at the Household Level in the Selected South Asian Countries

Menstrual Hygiene Management	Country				
	India	Nepal	Sri Lanka	Pakistan	Bangladesh
Have a private place to wash and change sanitary pads at home	98.8	86.6	NA	NA	96.7
Menstrual Materials used					
Single-use sanitary pads	41.8	-	NA	NA	25.8
Reusable sanitary pads	16.3	-	NA	NA	-
Cloth	62.1	93.3	NA	NA	72.4
Nothing	0.5	6.1	NA	NA	-

Notes: India: NFHS 2016; Bangladesh: MICS 2019; Nepal: MICS 2019

The discussion regarding the status of SRHR portrays some similarities and differences among the five countries of this region. The status regarding the discussed indicators is truly mixed. There is also a scarcity of data. We are heavily dependent on demographic and health surveys (DHS) to get a picture of the SRHR situation of these countries. However, countries like Sri Lanka do not have a DHS for quite a long time.

3.2. KEY AREAS OR CHALLENGES IN SRHR IN THE SELECTED SOUTH ASIAN COUNTRIES

The consultation with the key people emerged some areas of SRHR that are challenges for the countries. The following are such issues:

- Child marriage
- Youth-friendly family planning services/contraception provision for the unmarried population
- Menstrual hygiene
- Provision for antenatal care (ANC)
- Institutional delivery
- Provision for post-natal care (PNC)
- Infertility
- Low knowledge about the fertile period
- Pre-marital sexual relations
- Comprehensive sexuality education/sexuality education
- STI/HIV
- Sexual health
- Abortion care
- Gender equality and equity
- Key population, including MSM, transgender, LGBTQ

A respondent from India who worked more than 35 years in an international research-based non-government organization (NGO) on population-related issues and wanted to be anonymous stated that:

Child marriage is a huge issue in India which has come down to 27% from 47%. However, more than 1 in 4 girls are married before 18 years. Also, as more young people stay in educational institutions than ever, the

chances of pre-marital sexual affairs are higher. That is why providing family planning services in a youth-friendly environment is a crucial need. However, though the policy paper permits access to FP services to young people, there are various cultural and other barriers, such as young people do not feel comfortable dealing with health providers and vice versa. Then, menstrual hygiene is another important issue. Then taboos, misperceptions, and other issues also need to be addressed. Also, pregnancy-related care and low post-partum care need attention. Institutional delivery remains far from 100% despite various incentives and interventions. Infertility continues to be a concern. Finally, other issues include pre-marital sexual relations. Not to forget gender-based violence. More than 30% of women experience intimate partner violence. Among the unmarried, a large proportion said that their first or subsequent sexual intercourse was with their boyfriends, and they were forced or coerced. Then CSE, STI/STDs are also issues of concern in India. However, consideration of regional, rural-urban other differentials is important in every area of SRHR.

Another respondent from India who is also working in an international NGO on SRHR issues mentioned two challenging issues:

There are particularly two areas that I want to mention first. The first one includes adolescent girls, and we have seen how adolescents have been marginalized in the discussions of SRHR. The child marriage issue is another important one. I am particularly interested in the declining trend of women's labour force

participation, especially during the COVID-19 pandemic. You know it has so many implications for the caregiving roles and their SRHR. I think that sorts issues we can learn from each other in the SA countries. (Dr. Ravi K Verma, ICRW)

Dr Sunil Mehra, who is the Executive Director of a national NGO named MAMTA: Health Institute for Mother and Child, identified the following challenges in SRHR:

Let me divide the SRHR issues into two parts: sexual health and reproductive health. Usually, RH covers the whole SRH, but that undermines the SH issues. First, in India, we are still struggling with sex education. Second, contraceptive provision to unmarried people is still a huge issue. Then the third issue would be the high prevalence of child marriage. Gender equality and equity are themselves big areas under the SRHR. Abortion care within the legal structures suffers from a lack of quality-of-service issues. Also, the acceptability of abortion as a procedure is still a huge challenge. Lastly, another neglected aspect that I will mention is the key population like MSM, transgender, and LGBTQ population covers huge areas that are unaddressed in terms of their SRHR. For example, Section 377 has been abolished, but an MSM still can't seek health care services like that of other people. The effect of that law remains, and it will take some time to be translated into the community.

There were similarities between the countries, while dissimilarities also exist. In terms of dissimilarities, a Pakistani respondent stated:

I think in Pakistan, acceptance is the key challenge. In Pakistan or Bangladesh, or other countries that are influenced mainly by the Muslim community and have a culture influenced by Islam, the acceptance of the RH issues is one of the major challenges. Although now things have changed, and people started listening to the issues. Earlier it was not possible, you know 10-20 years back. My organization faced many challenges. I was thrown into jail, you know, because of talking about these SRHR issues. People said, "Look! They are the agents of the West, and they have their western interests. And they are anti-Islamic and pro-Jews." and whatnot. So now society, as well as parliamentarians, bureaucrats, military personnel, and all-everybody, listens. So, the major issue was acceptance, and we created that acceptance. (Mr. Zia Ur Rehman, AWAAZ)

This respondent continued to describe the SRHR-related challenges:

Key challenges also include ensuring the rights of young people, particularly that of young women, and even the rights of older women. As you know patriarchal mindset is in operation everywhere. I was in Bangladesh as part of a training session in 1996. At that time, we did a study on women's rights in Bangladesh. Moreover, after several years we did the same study in Pakistan, and we found quite the same results. Because women were accepting the male hegemony, they were considering beating by husbands as okay for us. "We don't like the man who doesn't beat", they said. Thus, intimate partner violence and its impact on relationships is another issue. We also focused on marital rape

issues, live-in relationships, sexual violence in those relationships, dynamics of relationships in love vs. arranged marriage, and joint family vs. nuclear family. (Mr. Zia Ur Rehman, AWAAZ)

Ms Aisha Ijaz, the Program Director of a Pakistani national NGO named AAHUNG, has focused on some different challenges related to SRHR in Pakistan. She said:

Puberty issues in terms of ASRHR (adolescent sexual and reproductive health and rights) are constantly being flagged as a gap. We are trying to reduce that stigma and mainstream it through our LSbE (life-skill-based education) program, like the CSE (comprehensive sexuality education) following the UNESCO guideline. However, young people have some serious information gaps regarding the issues like puberty and menstruation. These are very highly stigmatized topics. In general, ASRH issues are highly stigmatized. Until or unless we break that stigma down, I think, a lot of what we want to do will not happen. Another cross-cutting priority area would include gender-based violence. In Pakistan, it is just becoming worse day by day. Then, child sexual abuse is another area that is very close to AAHUNG. Child and forced marriage is another priority area as recently it has been discovered that it is not just an issue in rural areas rather more and more data are coming from urban areas too. Finally, family planning is another priority area in Pakistan for a long time. There is a lot of money on this and a lot has been done. But unfortunately, it is not improving. The challenge is to reach the bulk majority of young people who are not in school. We have to adopt different strategies

like creating youth spaces and reaching out to them through theatres.

The Rehnuma Pakistan Family Planning Association (FPAP) representative, Mr Sarfraz Kazmi Khan, stated that the abortion issue is number one, then HIV/AIDS and STIs as challenging areas of SRHR. On the other hand, Dr Yasmeen Sabeeh Qazi, the Senior Advocacy Advisor to the Bill and Melinda Gates Foundation, identified the following three challenges for SRHR in Pakistan:

I think the top three areas would be family planning, early and forced marriage, and abortions. Pakistan has done some excellent work in delaying CM regarding policies and laws, though implementation is still weak.

Dr Anand Tamang, the Director of an NGO in Nepal for more than 25 years, mentioned that Nepal is doing well; however, there are some challenges. He said:

We have a few challenges, like the high maternal mortality ratio of 239/100000 live births. Then unintended pregnancy among adolescents is another key area of concern as well as among migrant workers' families. Then, the unmet need for contraception is as high as 24%. Then child marriage is as high as 39.5% (among aged women 20-14 years). Though abortion has been legalized in 2002, women tend to engage in unsafe abortions like buying and using drugs from pharmacies which often leads to deadly complications. For example, the NDHS 2016, found that 72% of women have sought medicine from pharmacies to terminate their pregnancies and only 15% of women visited a government hospital/service center for abortion. Broadly, Adolescent SRHR is gaining more attention

nowadays in Nepal. Recently, USAID has called for a service as well as a research call on a 5-year tenure on the ASRHR issues.

Dr Mahesh Puri, also working with Dr Anand Tamang, added more challenges. He stated:

Our reproductive health strategy has identified eight key areas of SRHR in the context of Nepal. Among them, I think adolescent SRH issues are of utmost importance. Then, family planning received very high attention till 2010. However, after 2010, the attention on FP issues diminished. The Ministry of Health is trying to revitalize the FP issues. However, this is still an issue, especially among marginalized population groups. Then, gender-based violence is another key area because about 50% of women and girls experience violence in Nepal. Though we have improved abortion-related service delivery and legal issues, it is still a major challenge. Recently we conducted research where we found that 58% of abortions occur in the country illegally though it is completely legal. In Nepal, abortion is up to 12 weeks or 28 weeks for other cases (e.g., rape). Then, post-partum care in the continuum of care is another key area where challenges remain.

3.3. MAPPING AVAILABLE KNOWLEDGE HUBS IN SOUTH ASIAN COUNTRIES

The organizations working in the countries are producing a significant amount of knowledge products through program implementation, research, advocacy, and capacity development. This section explored the process of knowledge dissemination and the existence of any knowledge hub in this region.

3.3.1. APPROACHES OF KNOWLEDGE DISSEMINATION

The evidence shows that organizations in these regions have adopted few strategies to disseminate the knowledge products they developed. These strategies are:

• Community-level dissemination

• Web-based dissemination

• Dissemination through mainstream and social media

• Dissemination through peer-reviewed journals

• Dissemination through network platforms (mini knowledge hub)

Interestingly, a single organization is using multiple channels to disseminate its knowledge products. For example, Mr Zia Ur Rehman of the AWAAZ Foundation, which is a Pakistan-based NGO, stated:

There are many ways we use to disseminate our knowledge products. For example, we have recently conducted a study on the 'Status of SRHR in Pakistan', the first of its kind. In the history of Pakistan, there was no such study, particularly with a focus on adolescent rights issues. So, we shared the findings of that study with larger community stakeholders, including parliamentarians and policymakers, government officials, media personnel, and others. In addition, we have documented the findings of the study in 5 different languages (Balouchi, Pasto, Seraiki, Urdu, Panjabi) and shared them with common people through mainstream media and social media. So, we have created a knowledge hub under UJAALA that contains all these resources in one platform. We have also prepared various regional Fact Sheets on sexual

and gender-based violence, early marriages, and other issues related to SRHR. In total, four fact sheets are available. During the COVID-19 pandemic period, we have also conducted other studies on trends and dynamics of SGBV during the pandemic across 48 districts in Pakistan. Also, the government initiated some programs supporting marginalized population groups, and we- the partners of UJAALA- did the monitoring. The UJAALA knowledge hub constitutes 48 other partner organizations. Its main activities include creating a knowledge base, disseminating the knowledge, and doing much advocacy. There is a dedicated website where you can find all of our work.

Ms Aisha Ijaz, the Program Director of AAHUNG, has stated how her organization disseminates the knowledge products they develop.

In the last couple of years, we have conducted various research and published many scholarly papers, but they are mainly from international audiences and intellectual and scholarly audiences. One other way is that disseminate the evidence with the government stakeholders. That is something we have been doing for the last 10-11 years. Moreover, the third level of dissemination occurs at the community level. We disseminate the knowledge through community-based events, training, or by using radio or cable TV.

The Rehnuma Pakistan Family Planning Association (FPAP) representative, Mr Sarfraz Kazmi Khan, stated that his organization disseminates knowledge through organizing seminars. He said:

We invite various Parliamentarians, Govt. Officials, officials of INGOs, and NGOs in dissemination meetings. We also provide soft copies of the research findings. In pre-pandemic times, we used to hold seminars and other things at various hotels. However, you know, during COVID-19, it has become straightforward. You can hold Zoom meetings and other online platforms and disseminate the results.

Dr Ravi K Verma, Regional Director of the ICRW (an international NGO) based in Delhi, stated how his organization disseminates knowledge products.

First, we share the knowledge products with relevant stakeholders. So, for example, if it is a pilot project, we look for relevant players interested in scaling up the project. Also, we disseminate our products with other organizations through formal meetings, conferences, and other places. So, in that way, we have both the targeted approach where we reach out to the communities and the stakeholders, and then there is a generic approach of reaching out to the larger platform to see where it takes us. Also, you can receive updates on our work through our website.

Dr Pranita Achyut, also working with the ICRW, stated how her organization disseminates knowledge products.

Predominantly whatever knowledge product we develop, we share with the practitioners, organizations working with the SRHR issues, academicians, politicians, and government officials. They are our national-level stakeholders. At the international level, we held various workshops, meetings, and conferences. Other than these, we have our website where we put

our publications and study reports so that everyone can have access to these resources.

Dr KG Synthia, working with Population Council, India Office, based in Delhi, narrated how the council is disseminating its knowledge products.

There are multiple ways through which we disseminate our knowledge products. Our HQ is in New York. HQ-based website is one channel through which we get our product out to international audiences. At the country level, we collaborate with government officials with both provincial and national governments. We also collaborate with other civil society organizations and with academic institutions. We have some major data sets that are made publicly accessible. For example, in our HQ, we have a group called Girl Center, perhaps the largest data repository on girls from across the world where organizations can collaborate. Then we have traditional ways like conference presentations and other academic ways too.

The Nepali organizations are also following similar approaches in disseminating SRHR-related knowledge. Dr. Anand Tamang said:

Before the pandemic, we disseminated our findings by holding national seminars and through the media. However, as the government has restricted large gatherings due to COVID-19, we disseminate the findings via the internet, Zoom meetings, and other virtual media. Then we also prepare the newsletters, policy briefs, etc., circulate them to our various stakeholders, and upload them to our website. Then, we also publish articles in various reputed journals for wider international audiences.

Dr Mahesh Puri stated:

We utilize various mediums to disseminate our findings. However, broadly we follow two approaches: one is for the international and another one for the national audiences. For international audiences, we have various publications on our research projects as well we present our papers at conferences. In addition, we conduct various dissemination meetings with our stakeholders and the general public in the national context through mass media. We engage in one-to-one dissemination of research findings with key stakeholders for sensitive issues.

3.3.2. NON–AVAILABILITY OF KNOWLEDGE HUB: THE 'SILO' APPROACH OF KNOWLEDGE DISSEMINATION

A knowledge hub is an institution or network dedicated to capturing, sharing, and exchanging development experiences with national and international partners to accelerate development [6]. However, the above description of the approaches used by different organizations for disseminating their knowledge products reflects that the organizations in these countries have adopted a 'silo' approach to disseminate their knowledge products. They truly do not have a centralized place where their knowledge products have been placed using a 'repository approach'. In a few cases, a small-scale knowledge hub exists within the organizations that have a network relationship. The organizations that are not members of these networks cannot access the resources available in these hubs.

An anonymous Indian scholar stated that "I don't think such a thing exists. I don't think anything specific exists in India.

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6   https://collaboration.worldbank.org/content/sites/collaboration-for-development/en/groups/knowledge-hubs.html

However, passively, knowledge sharing exists." Dr Ravi K. Verma of ICRW said, "I don't think anything of that kind exists, but we are not a knowledge hub. To my understanding, a knowledge hub is like a library but somewhere in the cloud on the internet to where everyone has access. So, they can navigate and see what the resources available can benefit one." Dr Pranita Achyut of ICRW echoed Dr Ravi of ICRW and stated, "To my knowledge, nothing of that sort exists. I don't remember. For different issues, we need to go to different websites of organizations working on that particular issue. That's why I think having such a comprehensive platform can be very useful for all." Dr KG Synthia of the Population Council, India Country Office, stated, "I'm not quite sure that anything of that sort exists in India. Besides, some alliances like the Girls Not Bride (GNB) on child marriage issues exist."

On the other hand, the Pakistani respondents echoed in the same direction. Mr Zia Ur Rehman of AWAAZ Foundation said, "This was a gap in Pakistan which is why we have created this UJALA project. I have not seen such a hub other than ours. However, some organizations like AAHUNG work with SRHR issues in Karachi. Some other organizations are also working, but they are not very vocal." It should be mentioned here that UJALA is a National Network of 48 partner organizations in 46 districts of Pakistan, including all four provinces and two independent regions of Pakistan, and is being led by AwazCDS-Pakistan. The organization outside this UJALA network can access the resources of this network. However, non-members cannot reposit their resources on this UJALA network website.

Ms Aisha Ijaz, Program Director of AAHUNG, stated,

> *"I think there are some regional networks who take part in the different regional dialogue, but to my knowledge, nothing of that sort exists which is more formalized and with long-term planning." Ms Saba*

Ismail, the Co-Founder of Aware Girls, mentioned that "I think Rehnuma- FPAP is working like that. They also produce their knowledge products and disseminate them to others. Also, the 'Right Here Right Now' network was limited to a few organizations. However, as far as I know from my long experience working with SRHR issues in Pakistan, there is no such hub to share our work and learn from each other. That's when you invited me for this meeting; I was particularly interested in being a part of the knowledge hub."

Dr Yasmeen Sabeeh Qazi, the Senior Advocacy Advisor to the Bill and Melinda Gates Foundation, noted that

"As a centralized hub, I don't think anything of that sort exists. However, as I said, we created the Communities of Practice (CoP) for Social and Behavioral Change Communication (SBCC), which we hope to have an archive in which there will be a structural knowledge management platform. Right now, it is in its inception phase. However, we plan to make it a central platform and present it to the government when we have something to present. Right now, we have only members from selected invitations and are not open to all. Nevertheless, eventually, we will take it to a place where all have access to it."

It should be mentioned here that the National SBCC CoP for Family Planning Pakistan is currently being steered by a core group led by Pathfinder International Pakistan in collaboration with M&C Saatchi World Services, UK, with representatives from the Foreign Commonwealth Development Office (FCDO), UK, and the Bill and Melinda Gates Foundation (BMGF) in

advisory roles. The objectives of the CoP are to facilitate SBCC learning across family planning programs, identify and facilitate building synergy in SBCC programs among CoP members, contribute to Technical Thought Leadership in SBCC, and advocate for investments for SBCC in Pakistan. Since its inception in August 2020, the SBCC CoP has expanded to include 16 organizations in its membership roster, including INGOs, local NGOs, and an international advertising agency working on SBCC for FP.

In the context of Nepal, the Nepal Health Research Council has a website where they accumulate and upload all the relevant research from academic institutions and other NGOs working on various issues. However, these include only the links to published articles in peer-reviewed journals. They do not hold any research reports published by the NGOs. In this regard, Dr Anand Tamang said that "institutions have their websites where they store their publications, like IOM. However, at the moment, we do not have such a common platform for all the organizations."

3.4. MAPPING POTENTIAL ORGANIZATIONS AND NETWORKS FOR BECOMING A MEMBER OF THE KNOWLEDGE HUB

This consultancy aimed to map the potential organizations and networks to partner with to become a network member. Though it was possible to conduct only 11 consultation meetings with representatives from 10 national, international, and UN agencies, many organizations could be part of this network. Therefore, some potential organizations and networks or alliances could join this knowledge hub. For example, Mr Zia Ur Rehman of AWAAZ Foundation stated:

We are willing to collaborate with such a knowledge hub. We applied for membership in the South Asian Alliance on SRH but didn't receive any response later. Some guy from India was leading the alliance then. So, I think like-minded organizations should collaborate. In Pakistan, Bangladesh, India, and even Nepal, we have similar cultures. We have the same faces. Most of us have the same kind of beliefs. So, to me, we can collaborate to share our experiences and learn from each other. You know we listen to songs of different nations, so why not these SRHR issues?

The following list shows the potential organizations and networks or alliances that could join this knowledge hub.

3.4.1. POTENTIAL ORGANIZATIONS IN INDIA:

3.4.1.1. NGO:

1. Anjali – Mental Health Rights Organisation
2. Centre for Health Education, Training and Nutrition Awareness (CHETNA) (https://www.chetnaindia.org/)
3. Family Planning Association of India
4. https://hlfppt.org/adolescent-healthcare/
5. https://snehamumbai.org/
6. MAMTA: Health Institute for Mother and Child
7. Population Association of India
8. Pravah
9. Rural Women's Social Education Centre (RUWSEC)
10. Sahaj – Society for Health Alternatives
11. Sahayog (https://sahayogindia.org/our-work)
12. SRHR Alliance in India (http://www.srhralliance.in)
13. Tarshi

14. The Coalition for Maternal-Neonatal Health and Safe Abortion (CommonHealth)
15. The YP Foundation
16. Women and Health: Together for the Future (WHTF)

3.4.1.2. INGO/INTERNATIONAL RESEARCH ORGANIZATIONS:

17. CREA
18. Save the Children Country Office
19. International Center for Research on Women Country Office in India
20. Plan International Country Office
21. Population Council
22. Marie Stopes Country Office
23. Girls Not Bride Alliance
24. More Than Bride Alliance

3.4.1.3. UN AGENCIES:

25. UNFPA Country Office
26. UNICEF Country Office
27. WHO Country Office

3.4.2. POTENTIAL ORGANIZATIONS IN NEPAL:

3.4.2.1. NGO:

1. Center for Research on Environment Health and Population Activities (CREHPA)
2. AIDS Alliance Nepal
3. Beyond Beijing Committee (BBC)
4. Child and Women Empowerment Society Nepal
5. FAITH- Friends Affected & Infected Together in Hand

6. Family Planning Association of Nepal

7. Loom

8. Saathi

9. Samjhauta Nepal

10. STEP Nepal

11. The Women's Foundation Nepal

12. Women's Rehabilitation Center (WOREC) Nepal

13. Yuwa

3.4.2.2. INGO/INTERNATIONAL RESEARCH ORGANIZATIONS:

14. Marie Stopes Country Office

15. Plan International Country Office

16. Save the Children Country Office

17. South Asian Initiative to End Violence against Children

3.4.2.3. UN AGENCIES:

18. UNFPA Country Office

19. UNICEF Country Office

20. WHO Country Office

3.4.3. POTENTIAL ORGANIZATIONS IN PAKISTAN:

3.4.3.1. NGO:

1. AAHUNG

2. AMAL Human Development Network

3. Aman Foundation

4. Aware Girls

5. AWAZ CDS

6. Bedari

7. Blessing Welfare Association

8. Chanan Development Association (CDA)

9. Greenstar

10. Health and Nutrition Development Society (HANDS)

11. Idara e Taleem o Agahi (ITA)

12. Madadgaar National Helpline

13. Pakistan Voluntary Health and Nutrition Association (PAVHNA)

14. Participatory Integrated Development Society (PIDS)

15. Rahnuma Family Planning Association of Pakistan

16. Root Work Foundation (RWF)

17. Rozan

18. Sahil

19. Shirkat Gah- Women's Resource Centre

20. Sindh Community Foundation (SCF)

21. VISIONARY FOUNDATION

22. Women's Rights Association Pakistan

23. Youth Advocacy Network (YAN)

3.4.3.2. INGO/INTERNATIONAL RESEARCH ORGANIZATIONS:

24. International Research and Development (IRD)

25. Marie Stopes Society-MSS

26. More Than Bride Alliance

27. PACKARD FOUNDATION

28. Plan International Country Office

29. Population Council

30. Save the Children Country Office

3.4.3.3. UN AGENCIES:

31. UNFPA Country Office
32. UNICEF Country Office
33. WHO Country Office

3.4.4. POTENTIAL ORGANIZATIONS IN SRI LANKA:

3.4.4.1. NGO:

1. AIDS Foundation
2. Centre for Women Research (CENWOR)
3. Equal Ground
4. Family Planning Association of Sri Lanka
5. Suriya Women's Development Centre (SWDC)
6. Women and Media Collective
7. Women Development Center (WDC)
8. Women in Need (WIN)

3.4.4.2. INGO/INTERNATIONAL RESEARCH ORGANIZATIONS:

9. Marie Stopes Country Office
10. Plan International Country Office
11. Save the Children Country Office

3.4.4.3. UN AGENCIES:

12. UNFPA Country Office
13. UNICEF Country Office
14. WHO Country Office

3.5. COST–BENEFIT ANALYSIS WITH A FRAMEWORK OF THE EXPANSION

A cost-benefit analysis (CBA) is a process that is used to estimate the costs and benefits of decisions to find the most cost-effective alternative [7]. A CBA is a versatile method often used for business, project, and public policy decisions. An effective CBA involves the assessment of both costs and benefits. In this case, the following costs are assessed: direct costs, indirect costs, intangible costs, opportunity costs, and costs of potential risks. On the other hand, the following benefits are also assessed: direct, indirect, total benefits, and net benefits. Thus, cost-benefit analysis involves numerical outweigh of benefits than costs. However, it was not easy to assess the costs and benefits using a numerical lens in this assignment. Thus, a perception-based cost-benefit analysis has been performed where respondents acknowledged the benefits of establishing such a knowledge hub in the South Asian Region.

Ms Aisha Ijaz, Program Director of AAHUNG, justified the benefits of having a knowledge hub in the South Asia region. She stated:

I think Pakistan can learn from other countries in the area of family planning. For example, Bangladesh has demonstrated remarkable success in FP in this. There are also several other Muslim countries with success stories too. So, we can learn from them. Similarly, with the LSbE that we are working on, we can share our experiences with others. Also, the Lady Health Worker program can shed important experiences that we can share with other countries. So, I think there is actually a lot to learn, and we can share our experiences as

7   *https://www.projectmanager.com/blog/cost-benefit-analysis-for-projects-a-step-by-step-guide*

well. For that, we need a platform or hub that regularly comes together in some formal setup. Having such a knowledge hub will be very useful, and a lot of learning and sharing can happen between the regional countries.

Mr Sarfraz Kazmi Khan of Rahnuma FPAP stated that

"Definitely. It will be a great help if we have such a knowledge hub. Because though countries and their population dynamics are different, we still can learn from each other's experiences." On the other hand, Saba Ismail, the Co-Founder of Aware Girls, also positively supported the idea of having such a centralized knowledge hub. She said, " I think it's an excellent opportunity. Moreover, as we are part of South Asia and share the same cultural background and laws and regulations on SRHR are similar, having such a knowledge hub will certainly influence our governments to change things. More people will have access to the resources, and they will understand what we are doing and talking about. I think all can benefit from such a hub."

Dr Yasmeen Sabeeh Qazi, the Senior Advocacy Advisor to the Bill and Melinda Gates Foundation, supported the necessity of having such a hub. She stated that

" I think there's always such opportunities. And I am for that. For example, we had a regional network of the Women's Health and Rights Advocacy Partnership. I was part of such a network which consists of typical SA countries like Bangladesh, India, Nepal, and Pakistan.

We had several meetings on the issue and it continued for 6-7 years. Then for some reason, funding stopped, and it fell apart. So I'll be supporting having a regional knowledge hub."

It should be mentioned here that the Women's Health and Rights Advocacy Partnership (WHRAP) positioned itself as an international partnership with a regional voice. This was a partnership, not a knowledge hub. The partnership brought together women-led organizations and other civil society actors for evidence-based advocacy on sexual and reproductive health and rights (SRHR). The WHRAP-South Asia was implemented as a partnership program between five leading national women's organizations, including Beyond Beijing Committee (BBC) in Nepal, Bangladesh Women's Health Coalition and Naripokkho in Bangladesh, Shirkat Gah in Pakistan, Centre for Health Education, Training and Nutrition Awareness (CHETNA), and SAHAYOG in India as national partners; their selected community-based partners that worked directly with the women on the ground; and the Asian Pacific Resource and Research Centre for Women (ARROW) as its regional partner. In addition, the program was conducted in cooperation with and funded by the Danish Family Planning Association (DFPA). WHRAP-South Asia began as a project in 2003.

Dr Ravi K. Verma of ICRW explained why he supports the idea of a regional knowledge hub. He said:

I think this is very interesting. There is always some certain desire to know about the regional countries and who is doing what. However, we often lack enough resources to do that. Also, there are some reasons why such initiative is not so visible, including the working

nature of organizations that work in siloes. So, sharing and adopting a multi-disciplinary approach is not so much ingrained. In other words, we are not open. Also, if we take a particular issue of climate change, it significantly affects development, impacting SRHR, especially for young women and girls. So, I think Nepal has something to teach in terms of experiences in this context. Similarly, Bangladesh, India, and other south Asian countries can learn from each other. So, we can also learn from each other adolescents' SRHR issues like how to integrate them, and what works and what doesn't work. Same for the child marriage and women's work issues. It's the same in our regions due to patriarchy and other cultural forces. So, I think we have a lot to learn from the regional countries.

Dr Pranita Achyut of ICRW justified:

Of course, having a knowledge hub with adequate resources makes things easier for practitioners and researchers—no doubt about it. However, I think one crucial consideration for that should be the audience of that knowledge hub and how customized that hub is in terms of tailoring as per the needs of diversified audiences. For example, I know that if I need resources on men and masculinity, I can visit the platform Men Engage or Promundo. So, how easily accessible the resources around the knowledge hub should be a key concern.

Dr. Sunil Mehra, Executive Director of MAMTA supported the idea of a knowledge hub and explained why the initiative is necessary. He said,

"We strongly believe that! That's why we conducted that intervention on child marriage reduction in India, Nepal, and Bangladesh. The issues and determinants of CM are similar in this region. So, we need an institution like South Asia Initiative to End Violence Against Children (SAIEVAC) in Nepal. Right now, we have a project with SAIEVAC working on CM in India and Nepal. We can also go for SAARC funding as a joint application by India, Nepal, Bangladesh, and neighbouring countries."

Similarly, Dr KG Synthia of the Population Council stated that

"In terms of a regional approach, I think there is a need to learn from each other among the SA countries. However, I don't think any central platform exists in this context. So, for cross-country learning, we can have such a platform and conduct cross-country research."

The participants from Nepal also echoed the benefit of having a knowledge hub. For example, Dr Anand Tamang said:

"I think it will be more beneficial for all the researchers, academicians, organization personnel, and donors. So, I think it is a wonderful idea."

On the other hand, Dr Mahesh Puri stated:

"I think there is a huge kind of opportunity and need as well of such kind of a platform. So, I think it will highly benefit all the policymakers, researchers, academicians, and appropriate organization personnel."

3.6. A SWOT ANALYSIS FOR EXPANDING SHARE–NET BANGLADESH IN SOUTH ASIA

The discussion in the previous section highlights the strengths and opportunities of establishing a knowledge hub in South Asia with a regional approach. However, the respondents also expressed their concerns regarding challenges related to establishing and maintaining a knowledge hub. Therefore, this section will explore the weakness and threats of establishing a knowledge hub with a regional approach.

Ms Aisha Ijaz, Program Director of AAHUNG, identified the challenges of establishing and maintaining a knowledge hub with a regional approach. She stated:

> *I think resources might be the first challenge that might pop up in my mind. Moreover, other issues like where it will be housed and how it will be housed, and who will be managing it- are some technical challenges that may come the way. So, before doing such a thing, we need to do an in-depth mapping of existing organizations to get a clear picture. Also, in the context of Pakistan, the quality of the content can be a major challenge. So, there should be a mechanism to ensure that the data, knowledge, and evidence are of quality products. Because if I am honest with you, I must admit that there are issues like data fuzzing and other things in the Pakistan context. So, it will need to have stringent regulations or some quality-ensuring mechanism.*

Mr Sarfraz Kazmi Khan of Rahnuma FPAP stated:

> *Getting materials and knowledge products from other organizations might be a big challenge. Because the*

majority think this is my research, this is my baby, and I'm not going to share it with others. This is unfortunate. If somebody needs anything like that, s/he needs to pay for it. I think this culture is prevalent everywhere and not only in Pakistan.

Saba Ismail, the Co-Founder of Aware Girls, identified the following challenges:

I think it depends on what kind of funding is available because funding is important. And another thing is having a dedicated team to update and coordinate the knowledge hub, for example, the website of the hub. Other than these two- funding and manpower- another challenge might be that some organizations don't want to share their work with others. So, bringing them on board could be a challenge. Regarding the quality of the content shared and uploaded on the website, I think there should be a provision to assess the quality of the content that the partner organization will be submitting. So, if that quality assessment can be done while uploading in the hub, it is not that big of a challenge to ensure the quality of the content.

Dr Yasmeen Sabeeh Qazi, the Senior Advocacy Advisor to the Bill and Melinda Gates Foundation, identified the following challenges:

Of course, there will be some challenges because not every organization is the same level of understanding. So initially, we might get a very low response. But once it reaches the government, maybe everyone will be part of it. Then leadership can be another challenge. You know the secretariat should be very strong. If

any INGO or NGO or even an academic institution can manage the hub, they can very well hold the secretariat. However, I think it should be decided based on consensus. Nevertheless, I will not go to the government to manage such a kind of secretary. Then another challenge would include whether we can maintain such a large hub. Right now, we don't see that capacity. Then, of course, there is the challenge of funding in terms of the program's sustainability. Then the quality of the content could be a challenge when dealing with a large body of materials. I think that needs to be tackled with well-thought quality control mechanisms.

Dr Ravi K. Verma of ICRW has emphasized the challenges related to resources. He said:

See, the only challenge that may lie ahead is that of resources. If such a hub is based on the right kind of institution or setting with adequate resources, then it's not a problem. Also, there should not be any compromise on the quality of the content front. Also, in recent times, a new challenge is that donors have cut down the funding. So, will it be challenging to get a donor(s) to fund a knowledge hub on SRHR issues- this needs to be addressed first. It needs to be properly managed and regulated so that it doesn't die off.

Dr Pranita Achyut of ICRW identified the following challenges:

I think one should be very mindful about developing and maintaining such a hub. For example, what will be the process of selecting those publications? Because otherwise, it can also be a mechanism to

promote something that is not of any quality. Also, the selection criteria should be very transparent and articulated. Apart from that we must make it user-friendly and popularize it so that people know such a thing exists. Also, initial support from a big funder will be necessary. There could be some other donors who might be interested in providing funding for his hub. Besides, there should be some nominal membership charges for the organizations and other members. Challenges might include covering as many diversified organizations as possible working on various SRHR issues; as you mentioned, India is a very big country. However, in India, we have some technical support units in various work areas, such as Jhpiego is providing technical support to the government on adolescent health. So I think it will be useful to map some of these organizations beforehand.

Dr Sunil Mehra, Executive Director of MAMTA, also discussed the challenges of establishing and maintaining such a knowledge hub. He said:

"You have to be very careful and sensitive to individual countries' political, cultural, and religious contexts, especially as you're dealing with sensitive issues of SRHR. There should be some quality-checkin g mechanism, and the evidence should be robust."

Dr KG Synthia, Senior Associate of the Population Council India Office stated the challenges. He said:

"The first thing that comes to my mind is that you need someone to run it, right? Like a secretariat to facilitate the platform. So there should be some strong financial

support to develop and run it. Moreover, as people voluntarily maintain or regulate the platform, there can be maintenance challenges as everybody has different commitments and challenges. The other thing is quality control. If the platform doesn't ensure some degree of quality, then it is problematic."

Dr Anand Tamang, the Director of Nepali NGO CREPHA, talked about the challenges of running such a knowledge hub. He said:

"Of course, the challenges must be having a technical person looking over the maintenance of the hub like screening the submitted products, assessing their quality, reformatting the products, and all." Dr Mahesh Puri also stated: "I see the challenge regarding the implementation. Like continuous monitoring of what is being uploaded to the platform. Then secondly, we should assess the quality as well as rigorousness of the research before making it available to all as well as to use it for policy design."

Table-7: SWOT Analysis of Using Regional Approach for SRHR-related Knowledge Hub

Strength/ advantages	Weakness
• Learning from each other • Learning makes it easier for practitioners and researchers • User-friendliness/accessible information • Lower cost of knowledge dissemination, management/ secretariat	• Quality of the content • Not getting materials and knowledge products from the relevant organizations/low response because of silo's • Shortage of professional human resources • Process of selecting quality publications • Benefits are not clear to all organizations nor evenly shared among the countries • Lack of resources and ineffective coordination
Opportunities	**Threat**
• Members could make use of socio-cultural similarities among the countries • Possibility of introducing nominal membership charges • Possibility of covering many diversified SRHR-related organizations as members • Opportunities as a result of COVID-19 induced online learning platform • Joint research, applications/ proposals, training • learnings in one country could catalyze processes in other countries • covering different countries with the same knowledge materials • linking nationally available SRHR hubs	• Sustainability of economic resources • Complications about ownership or management (Where it will be housed; How it will be housed; Who will be managing it) • Patriarchal societies • Political/socio-cultural resistance in one country could delay progress in other countries

3.7. ASSESSMENT AND FORECASTING FUNDING OPPORTUNITIES TO ORGANIZE REGIONAL ACTIVITIES OR SET UP A REGIONAL HUB

The interview with the key people identified the following organization as the potential for funding for establishing a knowledge hub with a regional lens:

• Akedna Foundation

• Amplify Change

• Azim Premji Foundation

• Bill and Melinda Gates Foundation

• FCDO

• Ford Foundation

• MaCarthur Foundation

• NORAD

• Oak Foundation

• Rohini Nilekani Foundation

• The David and Lucile Packard Foundation

• UNFPA

• UNICEF

• USAID

4. DISCUSSION, RECOMMENDATIONS, AND CONCLUSION

4.1. DISCUSSION

This consultancy was assigned to conduct situational and feasibility analysis to examine the role and added value of the expansion of Share-Net Bangladesh in the South Asia region. The consultant collected primary data from key people from the three South Asia region countries and reviewed available literature to serve the purpose.

One of the objectives of this consultancy was to assess the existence of any national and regional knowledge hub on SRHR in the South Asia region. Fortunately, the data gathered show no such knowledge hub available on SRHR-related issues in this region. However, it has been observed that in the national context of India and Pakistan, there exist some small-scale hubs where mainly organizations working under a network can share and learn from each other. Therefore, the non-existence of a knowledge hub in this region will allow the organizations to share and learn from other organizations.

A mapping of the potential organizations and networks was conducted to determine which organizations can partner to become members of the knowledge hub on SRHR/network. The respondents who participated in the consultation process conducted by the consultant showed huge interest in participating in a regional knowledge hub. This would create an opportunity for them to learn and share a lot as the countries in this region share similar cultures and values. In addition, the respondents also identified thematic areas where the organizations can learn from other countries. For example, the success of Bangladesh in the family planning aspects of SRHR

can be a learning point for other countries in the region. As a result, a list of more than 90 organizations and networks have been listed that can be approached for joining the knowledge hub. However, a more thorough assessment is required to onboard the organizations in the regional knowledge hub.

A perception-based cost-benefit analysis instead of a numerical cost-benefit analysis was conducted. As a result, the respondents believed that forming a regional hub with a relatively low cost would have a considerable benefit. As part of this consultancy, the respondents believed that a 'silo' approach to knowledge dissemination would not benefit the organizations. A 'silo' approach to knowledge dissemination is where individual organizations keep their knowledge products either in their library or website, and users visit these libraries and websites to receive necessary knowledge products. Instead, the respondents preferred a 'hub' approach for knowledge dissemination where users can receive knowledge products from a single place/web. The respondents also believed that this approach would create the opportunity to reduce costs.

A SWOT analysis concerning expanding Share-Net Bangladesh in South Asia was conducted. The respondents identified the following strengths: (1) a hub will help to learn from each other, (2) it will make learning easier for the practitioners and researchers, (3) the hub will ensure user-friendliness, and (4) it will lower the cost of knowledge dissemination. On the other hand, the analysis identified some weaknesses, including (1) ensuring the quality of the knowledge product, (2) not getting materials and knowledge products from the relevant organizations/low response, (3) shortage of human resources, (4) process of selecting publications, and (5) uneven benefits among the organizations. The SWOT analysis identified some opportunities that included: (1) similar socio-cultural situations among the countries; (2) the possibility of introducing nominal

membership charges, (3) the possibility of covering many diversified organizations as members, and (4) opportunities as a result of COVID-19 induced online learning platform. Finally, the SWOT analysis identified financial sustainability as a significant threat to developing a regional knowledge hub, followed by the organization's strength, which will take the secretariat role in running the hub.

The consultancy also landscaped the funding opportunities to organize regional activities or set up a regional hub with feasible recommendations. However, many respondents narrated that donors have shifted their priority from funding these kinds of activities. However, the respondents provided the name of some donors as potential funders for this activity. However, the potentiality of these donors was not assessed directly as the time did not allow that.

4.2. RECOMMENDATIONS

The findings and discussion presented above in this assignment show a huge potentiality of setting up a knowledge platform for SRHR issues in the South Asian region, mainly focusing on Bangladesh, India, Nepal, and Pakistan. The countries of this region have many similarities with dissimilarities. Therefore, the respondents strongly agreed to develop a knowledge platform on SRHR issues for this region. The specific recommendations and action plan according to the experts interviewed as part of this assignment can be summarized as follows:

- ShareNet Bangladesh should open a regional knowledge hub on SRHR issues with a dedicated webpage where knowledge products can be reposited.
- Based on the report of this preliminary assignment, country-level mapping for the organizations and persons working on SRHR issues in each of these regional countries should be mapped.

- Country-level and regional communities of practice (CoP) on issues related to SRHR should be formed.
- Meetings of the regional CoP members could be organized periodically to share and learn from each other.
- Online knowledge fairs on SRHR-related issues can involve the regional organizations and persons working.
- Dedicated human resources should be recruited for ShareNet Bangladesh to oversight the activities of the regional approach.
- A steering committee should be formed to monitor the activities of the regional hub by engaging experts across the South Asian region.

4.3. CONCLUSION

In conclusion, it can be said that there is an opportunity for the SRHR-related organizations and networks working in South Asia to learn and share as the countries have significant commonalities in terms of culture, shared norms, and values. The South Asian countries will highly benefit from this regional approach to mitigate these countries SRHR related challenges. The South Asian regional platform on SRHR will open a new era for the people and organizations working on SRHR issues by working together.

APPENDIX I: DATA COLLECTION TOOL

- Name:
- Organization working:
- Work focuses of the organization:
- Position:
- Work focuses of the person:
- Years of work experience with the present organization:
- Total years of work experience in SRHR areas:
- Do you involve in producing any knowledge of SRHR issues?
- Does your organization's work involved in producing any knowledge on SRHR issues?
- What are the key SRHR issues for your country? (It will be probed-Child marriage, ASRHR, menstrual health and hygiene, family planning, teenage pregnancy, abortion/ menstrual regulation services, antenatal care, delivery care, post-natal care, infertility, STI/HIV, gender-based violence, comprehensive sexuality education, sexual diversity, infertility, social stigma and taboo concerning SRHR practices, lack of proper SRHR services and knowledge among the young population, etc.)
- Is there any regional variation on SRHR issues within your country?
- Can you please explain why the regional variation exists?
- Could you mention some SRHR issues that require a regional approach (i.e., collaboration, and knowledge sharing between countries)?
- What organizations (UN, INGO, NGO, CSO) work in your country/state/province on the SRHR issues?

- What are these organizations doing? Research, Program Implementation, Advocacy, activism, etc.?

- Is there any opportunity for you to learn from other organizations regarding what and how they are working?

- How can you learn from other organizations?

- Any challenges/limitations of learning the way you are learning at present?

- Is there any knowledge platform on SRHR in your country/province/state where you can:

- share existing knowledge,

- get help to generate new knowledge to address prioritized research gaps, and

- Translate knowledge into formats appropriate for intended audiences to contribute to the development of better policy and practice?

- Please note these platform's names and web addresses (if available)

- What is needed is to strengthen collaboration and increase the knowledge platform to inform the various organizations' work to other agencies.

- Do you consider connecting and linking members in different countries in the SA region to work on context-relevant SRHR topics? Why? Why not?

- Do you think you/your organization should/can learn from other regional organizations working in other SA countries? Why? Why not?

- How will learning from other regional organizations help you/your organization?

- How can we facilitate regional learning and knowledge

exchange to influence and improve SRHR policy and practice in your country? Having access to knowledge platforms, organizing regional events like knowledge fairs, organizing regional workshops, conducting joint research, developing knowledge products, getting grant information, etc. (probe).

• Do you think who/which agency/donor can fund this knowledge platform for organizing regional activities? National government? INGOs? UN agencies?

APPENDIX II: LIST OF PEOPLE INTERVIEWED

1. **Dr Ravi K Verma**
   Regional Director for Asia, International Center for Research on Women. New Delhi, India

2. **Dr. Sunil Mehra**
   Executive Director, MAMTA: Health Institute for Mother and Child, New Delhi, India

3. **Dr. KG Santhya**
   Senior Associate, Population Council India Country Office, India

4. **Ms. Pranita Achyut** Director of Research and Programs, International Center for Research on Women. Country Office in India. New Delhi, India

5. **Dr. Shireen J Jejeebhoy**
   Independent Consultant, India

6. **Mr. Sarfraz Hussain Kazmi**
   Regional Director, Rahnuma Family Planning Association of Pakistan, Karachi, Pakistan

7. **Mr. Zia Ur Rehman**
   AWAZ CDS, Islamabad, Pakistan

8. **Dr. Yasmeen Sabeeh Qazi**
   Senior Advocacy Advisor, Bill and Melinda Gates
   Foundation, Pakistan

9. **Ms. Aisha Ijaz**
   Program Director, AAHUNG, Pakistan

10. **Ms. Saba Ismail**
    Co-Founder, of Aware Girls, Pakistan

11. **Dr. Eshani Ruwanpura**
    Child Protection Specialist, UNICEF Regional Office for
    South Asia, Kathmandu, Nepal

12. **Mr. Anand Tamang**
    Director, Center for Research on Environment Health and
    Population Activities (CREHPA), Nepal

13. **Dr. Mahesh Puri**
    Anand Tamang, Co-Director, Center for Research on
    Environment Health and Population Activities (CREHPA),
    Nepal

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