**Background**

[IOB](https://www.iob-evaluatie.nl/) is the independent evaluation department at the Dutch Ministry of Foreign Affairs. [IOB has evaluated Dutch policy on SRHR between 2012 and 2022](https://www.iob-evaluatie.nl/resultaten/srgr-beleid). During that period, the ministry allocated 10% of the Dutch development-cooperation budget to this theme, nearly EUR 5 billion. The ministry focused on ten specific ‘SRHR target countries’ and provided support to multilateral organisations, international funds and (I)NGOs.

With its international cooperation policy, the Netherlands strives to contribute to commitments made in the Sustainable Development Goals (SDGs), such as targets on maternal and child mortality and achieving universal access to sexual and reproductive health and rights. Although certain countries have recorded advancements on certain SDGs, numerous SDG targets continue to be out of reach in Dutch SRHR target countries (see annex on page 3).

The Netherlands is one of the few donor countries that has supported projects on SRHR issues that are considered ‘sensitive’ in large parts of the world, such as abortion, LGBTI+ rights and sex workers. Across the globe, civic space for supported organisations active on these issues has been shrinking and issues important to the Netherlands have become increasingly under pressure.

**IOB evaluation on SRHR**

The main question that guided the evaluation is:

*To what extent has the Netherlands contributed to the improvement of Sexual and Reproductive Health and Rights and contributed to halting the spread of HIV/AIDS in low- and lower-middle-income countries and what lessons can be learned for future policy?*

The [IOB evaluation](https://www.iob-evaluatie.nl/resultaten/srgr-beleid) is based on more than 300 interviews, 44 spot checks, and 24 weeks of primary data collection in Bangladesh and Uganda. It incorporates findings from a [comprehensive literature review](https://www.iob-evaluatie.nl/resultaten/publicaties/deelstudies/2021/12/10/srgr-evidence-gap-map) and numerous underlying evaluation reports.

**Highlights from the evaluation report**

1. The IOB evaluation concludes that the ministry’s efforts resulted in a variety of effects.

* The Netherlands contributed to improving access to and the use of reproductive health commodities, including family planning methods and antiretroviral therapy. This has contributed to decreasing global HIV-related incidence and mortality.
* The Netherlands also intended to contribute to improved SRHR through lobby and advocacy related interventions, but it remains unclear how effective that approach was.
* Most supported activities didn’t bridge ‘the last mile’ in reaching the most isolated and economically-deprived people.

1. Another finding is that cost-efficiency and cost-effectiveness analyses were uncommon and, therefore, it remains unclear if the policy was efficient. However, IOB’s evaluation identified operational inefficiencies in multilateral organisations and in NGO partnerships. Many NGO partnership projects had complex organizational structures across different layers and countries, which led to bureaucratic programme management, high indirect costs and delays in implementation.

* Therefore, IOB recommends reassessing the current setup of NGO partnerships, and formulating a strategy to allocate direct core funding to national NGOs responsible for implementing activities.

1. The ministry’s current annual results framework on SRHR strains the capacity of implementing organisations and the ministry itself. Many of the reported results in the annual framework, at the same time, are not reliable and are not valid.

* IOB therefore recommends to invest more in independent external evaluations to assess the results achieved, and rely less on annually reported results of implementing organisations.

**All conclusions from the IOB evaluation**

1. Dutch policy on SRHR has been consistent over the years and has simultaneously responded to the existing and emerging needs of intended target groups in low- and lower-middle-income countries. However, key policy assumptions were often not clearly articulated, and policy choices were not always evidence-based.
2. Efforts towards enhancing SRHR and addressing the spread of HIV/AIDS in low- and lower-middle-income countries have resulted in a variety of effects.
3. Although Dutch parliament and the general Dutch public are annually informed of the results achieved on SRHR, the M&E systems have several limitations that hinder the validity and reliability of reported results, especially at outcome and impact levels.
4. Economic efficiency of supported SRHR projects and interventions is unknown. The organisational efficiency and timeliness of supported organisations presents a mixed picture, with room for improvement, both for multilateral and international organisations and for NGO partnership projects.
5. Coherence within and between instruments and organisations supported by the Netherlands was insufficient.
6. SRHR projects generally come to a halt once Dutch funding ends, since there are hardly any stakeholders willing and able to take over supported activities. In addition, there is only limited insight into the sustainability of results achieved.

**All recommendations from the IOB evaluation**

1. Clearly formulate the ministry’s policy on SRHR in an updated policy document, which should include the objectives, policy choices, priorities, channels and the relationship of SRHR with the Dutch global health strategy. The updated policy document should consider high-quality evidence to inform policy decisions.
2. The ministry should attach more weight to programme management, balancing it with diplomatic and ad-hoc activities (such as answering parliamentary questions and preparing materials for the minister) of the policy staff responsible for SRHR.
3. To reduce high management costs and fragmentation at the country level, reconsider the current strategic-partnership operational model. Future subsidy frameworks should:
   1. reconsider the added value of multi-layered and multi country setup and;
   2. formulate a strategy to allocate direct core funding to national NGOs and CSOs and;
   3. reconsider the focus on lobby and advocacy at the expense of service delivery;
4. Have a realistic outlook on the limited possibilities to achieve continuation of activities beyond project support. Given the human-rights-based approach of Dutch SRHR policy, and considering the often limited national and international ownership, possibilities to hand activities over are inherently narrow.
5. Be cautious about what can realistically be monitored at the outcome and impact levels. Indicators at these levels are beyond the sphere of influence of the implementing agencies and generally require independent evaluations of good quality.
6. Improve the quality of evaluations of implementing organisations, and those commissioned by the ministry. Amongst other things, IOB recommends to conduct ex-post evaluations, assess the economic efficiency, and hire evaluators before project implementation.

**Annex. Progress on SRHR-related SDG indicators in 10 Dutch SRHR target countries, Sustainable Development Report.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Bangladesh** | **Benin** | **Burkina Faso** | **Burundi** | **Ethiopia** | **Mali** | **Mozambique** | **Niger** | **Uganda** | **Yemen** |
| SDG 3. **Maternal mortality** rate per 100,000 live births. |  |  |  |  |  |  |  |  |  |  |
| SDG 3. **Neonatal mortality** rate per 1,000 live births. |  |  |  |  |  |  |  |  |  |  |
| SDG 3. New **HIV infections** per 1,000 uninfected population |  |  |  |  |  |  |  |  |  |  |
| SDG 3. **Universal health coverage** index of service coverage |  |  |  |  |  |  |  |  |  |  |
| SDG 5. Demand for **family planning** satisfied by modern methods |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
|  | Decreasing |
|  | Stagnating or increasing at less than 50% of required rate |
|  | Moderately improving, insufficient to attain goal |
|  | On track or maintaining SDG achievement |
|  | No information available |

Source: Sachs, J.D., Lafortune, G., Fuller, G., Drumm, E. (2023). Implementing the SDG Stimulus. Sustainable Development Report 2023. Paris: SDSN, Dublin: Dublin University Press, 2023. 10.25546/102924. See also: <https://dashboards.sdgindex.org/map>