Ministry of Foreign Affairs of Denmark
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EVALUATION OF THE DANISH STRATEGY FOR THE PROMOTION OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS 2006-2013

Synthesis Report

Evaluation 2014.03

Evaluation of the Danish Strategy for the Promotion of Sexual and Reproductive Health and Rights 2006-2013

Pathways to Change in SRHR

Synthesis Report

KIT

EURO HEALTH GROUP

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Abbreviations and Acronyms

CAC	Comprehensive Abortion Care
CEP	Citizen Engagement Programme
CHAG	Christian Health Association of Ghana
CNCS	National AIDS Commission of Mozambique
CPD	Commission on Population and Development
CPR	Contraceptive Prevalence Rate
CSO	Civil Society Organisation
CSW	Commission on the Status of Women
DAC	Development Assistance Committee of the Organisation for Economic Cooperation and Development
Danida	Not an acronym but refers to Danish international development assistance
DFID	Department for International Development, Government of the United Kingdom
DP	Development Partner (Donor)
EmONC	Emergency Obstetric and Newborn Care
ENRECA	Danish Research Network for International Health
FGM	Female Genital Mutilation
FP	Family Planning
FSW	Female Sex Worker
GAC	Ghana AIDS Commission
GBV	Gender-Based Violence
Global Fund	Global Fund to Fight AIDS Tuberculosis and Malaria
GHS	Ghana Health Service
GOG	Government of Ghana
GOM	Government of Mozambique
HQ	Headquarters
ICPD	International Conference on Population and Development
INGO	International Non-Governmental Organisation
IOD PARC	The trading name of International Organisational Development Ltd.
Ipas	Formerly International Pregnancy Advisory Services now simply Ipas
KIT	Royal Tropical Institute of the Netherlands
MAF	MDG Acceleration Framework
MARP	Most at Risk Populations
MASC	Portuguese Acronym for Civil Society Support Mechanism
MDG	Millennium Development Goal
MFA	Ministry of Foreign Affairs of Denmark
MMR	Maternal Mortality Ratio
MOH	Ministry of Health
MSI	Marie Stopes International
MSM	Men having Sex with Men
NACP	National AIDS Control Programme
NGO	Non-governmental Organisation
NHIS	National Health Insurance Scheme
ODA	Official Development Assistance
PFM	Public Financial Management
PGB	Geração Biz Programme
PLHIV	People Living with HIV and AIDS

POA	Programme of Action (of the ICPD)
PPAG	Planned Parenthood Association of Ghana
RDE	Royal Danish Embassy
RED	Network for the Defence of Sexual and Reproductive Rights
SAAJ	Youth Friendly Services Centre
SBA	Skilled Birth Attendance
SBS	Sector Budget Support
SRHR	Sexual and Reproductive Health and Rights
TFR	Total Fertility Ratio
THE	Total Health Expenditure
TOC	Theory of Change
UGS	Department for Development Policy and Global Cooperation, Ministry of Foreign Affairs
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USD	United States Dollar
WEOG	Western European and Others Group
WHO	World Health Organisation
WLSA	Women and Law in Southern Africa

Executive Summary

Introduction

In 2013, Danida decided to carry out an evaluation of Denmark's Strategy for the Promotion of Sexual and Reproductive Health and Rights (SRHR). The Strategy was launched in 2006 and provides the framework for Danish support to SRHR. The decision to undertake an evaluation was based on the continued priority of place given to SRHR in Danish development assistance and the expectation that the Strategy will continue to guide engagement in the area. The Evaluation was carried out by the Euro Health Group of Copenhagen in collaboration with the Royal Tropical Institute of the Netherlands from December 2013 to August 2014.

Denmark's Strategy for the Promotion of SRHR

The Strategy is grounded in the Programme of Action (POA) of the International Conference on Population and Development (ICPD) along with additional goals and indicators adopted in subsequent international agreements. As well as being linked to the global normative framework for SRHR, it is consistent with Denmark's 2002 *Strategy for Gender Equality in Danish Development Cooperation and the 2012 Right to a Better Life: Strategy for Denmark's Development Cooperation.*

The overall goal of the Strategy is to contribute to the ICPD goal of universal access to SRHR. It recommends actions for Danish support and cooperation at the international level and at country level within four thematic areas:

- Promoting gender equality and empowering women;
- Improving sexual and reproductive health;
- Young people's access to information and services; and
- Linking the response to HIV and AIDS and SRHR.

The Strategy identifies a range of different instruments used by Danida to support SRHR including: policy dialogue and advocacy, financial support, technical support, strategic partnerships and learning processes. Denmark also provides its support through multiple channels including Danish, international and local NGOs, multilateral agencies, bilateral programme support and research programmes. Support to SRHR is integrated to varying degrees in Danida's bilateral health sector support in Ghana, Kenya, Mozambique, Tanzania and Uganda.

Denmark's Support to SRHR

For 2014, Danida's planned expenditures in SRHR are estimated by the Ministry of Foreign Affairs' Department for Development Policy and Global Cooperation (UGS) at DKK 1,359 million with DKK 479 million (35%) in direct and DKK 880 million in indirect expenditures.

Since the beginning of the Strategy, Danida disbursements to multilateral agencies and International Non-Governmental Organisations (INGOs) engaged in SRHR have risen from DKK 725 million in 2006 to DKK 856 million in 2013. Also in 2013, DKK 372 million (43%) of the total can be seen as a direct contribution to SRHR as it was provided by Denmark to the UN Population Fund and to the INGOs with a core mandate in SRHR. The remaining DKK 484 million was disbursed to support multilateral agencies with mandates which include but are not solely focused on SRHR: including UN Women, UNICEF, the WHO, UNAIDS, and the Global Fund to Combat AIDS, Tuberculosis and Malaria. As such these disbursements should be seen as indirect investments in SRHR.

Similarly, bilateral programme disbursements to Ghana, Kenya, Mozambique, Tanzania and Uganda under SRHR related OECD/DAC expenditure codes rose from DKK 471 million in 2006 to a high of DKK 638 million in 2010, before declining to DKK 401 million in 2013. These expenditures are in areas relating to primary education, the health sector, human rights, good governance and women's empowerment. They illustrate the potential of Denmark's bilateral programming to support results in SRHR rather than direct expenditures on SRHR.

Purpose and Objectives of the Evaluation

The purpose of the Evaluation was to evaluate Denmark's contribution to SRHR outcomes in the four thematic areas of the Strategy.

The Evaluation had a two-fold objective:

1. To document the results that have been achieved at the international level in terms of promoting the SRHR agenda, and at the country level concentrating on documenting the results of Danish assistance to the health sectors in Mozambique and Ghana on SRHR

2. To inform future support for SRHR in light of the strategic decision to place Denmark in the forefront of international advocacy for progress for SRHR and provide evidence for Ministry of Foreign Affairs staff, like-minded stakeholders and development partners for the promotion of SRHR in their programmes, policy dialogue and advocacy work.

Approach and Methodology

The Evaluation was designed from its beginning to respond to the challenge of documenting and verifying in a credible and rigorous way the **contribution** made by Danish support to the achievement of results under all four themes of the Strategy. It did this by using **contribution analysis** as its primary analytical method. This required first identifying the potential causal linkages between Danish support and results in SRHR in each main area of support: which the Evaluation termed **Contribution Pathways**. These were then tested against specific contribution analysis criteria (necessity, the clarity of causal links to results in SRHR, the significance of Danish support, the immediacy of results and effectiveness in dealing with risk). The Evaluation then documented the type and level of results achieved and mapped those against the Contribution Pathways: all to develop a credible assessment of Denmark's contribution to SRHR.

The Evaluation assessed Contribution Pathways at both international and country levels.

International Level Policy Area Pathways	Country Level Programme Area Pathways
1. Engaging in negotiations in international treaty bodies 2. Engagement with the EU 3. Engaging multilateral agencies in rights-based advocacy 4. Engaging Danish and International NGOs in rights-based advocacy	1. Support to health systems 2. Support to HIV and AIDS programmes 3. Support to UNFPA programmes 4. Support to national adolescent and youth programmes 5. Support to INGOs 6. Bilateral Programme Support to Civil Society Organisations (CSOs)

For country level Programme Contribution Pathways Denmark's financial support is supplemented by technical assistance, advocacy and policy dialogue.

The Evaluation also carried out an analysis of how Danish support to SRHR reflects the principles of a rights-based approach to development cooperation: its normative content, its commitment to equity, its effort to enhance participation, and its effort to improve transparency and accountability.

The Evaluation relied on three main components: country studies of Danida's support to SRHR in Ghana and Mozambique; an on-line survey of key stakeholders in SRHR in Kenya, Tanzania and Uganda; and a separate analysis of the results of Danish support to SRHR at international level. The results of all three are synthesized in this Report. The Evaluation also covered all five evaluation criteria of the Development Assistance Committee (DAC) of the OECD: relevance, efficiency, effectiveness, impact and sustainability. The extent of Evaluation coverage of the DAC criteria is presented in Annex A.

Conclusions: Denmark's Support to Sexual and Reproductive Health and Rights

Millennium Development Goal Results Relevant to the Strategy
The Strategy notes that its effective implementation should make a contribution to the achievement of MDGs Three, Five and Six.

On MDG Three: Promote gender equality and empower women, the Evaluation focused on areas most directly linked to the Strategy, especially access to effective family planning services, access to safe abortion, and an improved legal framework for the sexual and reproductive rights of women and sexual minorities. In Ghana, the Evaluation found that the government and its INGO partners were engaged in an important effort to improve access to safe abortion but more effort was required to improve uptake of family planning. In Mozambique, there is an ongoing effort, led by local CSOs, to strengthen the legal framework and protect the sexual and reproductive rights of women and of sexual minorities.

On MDG Five: Improve maternal health, the Evaluation found that both Ghana and Mozambique had made significant progress in reducing Maternal Mortality Ratios (MMR) during the evaluation period but not at a pace which will allow them to meet their goals for 2015. In Ghana, the most significant contributor was improved access to safe, legal abortion services. Both countries also improved levels of skilled birth attendance and Ghana reported some progress in improving contraceptive prevalence rates, an area where Mozambique was not able to report progress. Tete Province in Mozambique, with Danish support, has been able to report more positive results than the country as a whole, especially in family planning.

On MDG Six: Combat HIV and AIDS, malaria and other diseases, Ghana has achieved positive results in combating HIV and AIDS through a targeted approach, reducing the estimated HIV prevalence rate among adults from 1.9% in 2006 to 1.4% in 2012, and has steadily reduced the number of new infections and AIDS related deaths. Mozambique has not had similar success with HIV prevalence remaining above 11% from 2006 to 2013 and with just 40% of those requiring anti-retroviral therapy receiving it by 2013.

At international level the key result associated with Denmark's efforts has been the maintenance of the full meaning of ICPD Programme of Action in the global normative framework for SRHR. Denmark has made a consistent effort to ensure language on sexual rights is included in international agreements on SRHR in the face of considerable resistance.

Summary Conclusion: Denmark's Contribution to Results in SRHR

In concert with its partners' efforts, Denmark's support has made a significant and credible contribution to results in SRHR at both the international and country levels. It has achieved this result through the pragmatic and complementary use of a variety of Contribution Pathways. At both international and country level, Danish support has contributed to results under all four themes of the Strategy.

Detailed Conclusions

Results at international level: Denmark's contribution to the international agenda for SRHR

1. Denmark has been, and continues to be, effectively engaged in the ongoing process of advancing the international agenda on SRHR by engaging with like-minded countries, multilateral organisations, and international and Danish NGOs in consultations and negotiations in international bodies important to the agenda. In doing so it has made effective use of all four International Pathways:

   a. Engaging in negotiations in international treaty bodies;

   b. Engagement with the EU;

   c. Engaging multilateral agencies in rights-based advocacy; and

   d. Engaging international and Danish NGOs in rights-based advocacy.

   By advancing the concept of the right to sexual and reproductive health in all its dimensions Denmark's international work contributes to results under all four themes of the Strategy.

2. The Evaluation has documented Denmark's leadership in forming coalitions to effectively negotiate in international bodies to protect the full meaning of the ICPD POA and entrench language on sexual and reproductive rights. Denmark retains a position of leadership in this area.

3. Denmark has made effective and complementary use of a network of international and Danish NGOs to advance the global normative agenda for SRHR.

4. Denmark has effectively supported UNFPA as the most important United Nations organisation with a mandate for SRHR through a combination of core and earmarked funding and collaboration in negotiations. UNFPA has been an effective ally to Denmark in the conduct of international negotiations relevant to SRHR.

5. The Ministry of Foreign Affairs (in Copenhagen and at the Permanent Missions to the UN and to the EU) has relied on an effective and committed team of advocates for SRHR including the Permanent Representatives. As a result of previous reductions in staff specialized and experienced in SRHR, there is concern within Danida and among partners in Denmark and abroad whether Danida can continue to be an effective and engaged partner on policy development and advocacy rather than just a funding agency.

6. Danida support to Danish and international NGOs and research organisations, including research networks, has been a positive factor in promoting research on long lasting, women controlled contraceptive methods, on safe abortion methods and services and on operational methods for more effective service delivery at country level. It has also contributed to synthesizing research results for use by policy makers. However, the Evaluation did not find evidence of an overall, cohesive strategy for Denmark's support to research.

Linking the International and Country Level of Danish Support to SRHR

7. The results of international negotiations on the normative framework for SRHR have an important influence on developing country plans, programmes and policies related to SRHR. The international normative framework is more than a symbolic factor in decision making.

8. There has not been an effective, systematic translation of Denmark's position as one of the leading **advocates** for SRHR internationally to a similar position at developing country level. Danida recognises the need to develop instruments and methods to better communicate the priority it places on support to SRHR at country level, especially in relation to effective engagement by the Royal Danish Embassy (RDE) in political and social advocacy for sexual and reproductive rights

Results at country level: Denmark's contribution to achieving the themes of the Strategy

9. At country level, Denmark has used a mix of Pathways to contribute to SRHR and in doing so has contributed to results under all four themes of the Strategy. Its bilateral support has combined funding, technical assistance, advocacy and policy dialogue. The six Pathways are:

    a. Support to health systems centrally and at provincial or regional level;

    b. Support to HIV and AIDS programming;

    c. Core support to UNFPA;

    d. Support to national programmes for young peoples' SRHR;

    e. Core support to INGOs engaged in SRHR; and

    f. Bilateral programme support to national CSOs.

10. Some Pathways are more effective in supporting different themes. For example, Pathway a) support to health systems makes its strongest contribution to theme three, improving sexual and reproductive health (most effectively centrally in Ghana and in Tete Province in Mozambique). Pathway e) support to INGOs contributes to all four themes but makes its strongest contributions to theme one, gender equality and women's empowerment and to theme three, improving sexual and reproductive health.

11. When a Contribution Pathway fails to make an expected contribution to results (in SRHR and other programme areas), Danida has shown its readiness to take action and shift resources to other programme areas or to seek other partners.

12. Four of the six Programme Area Pathways (a, b, d and f) supporting SRHR at country level are dependent on the use of the bilateral funding channel, specifically in the health sector. Past experience shows clearly that if Danida is not able to engage in bilateral programming for health it will lose an effective platform and source of political capital for engaging in policy dialogue and advocacy on SRHR and will need to explore other entry points.

13. Core funding of INGOs active in advocacy and service delivery for SRHR has been shown to be an effective means of supporting SRHR at country level. This applies particularly to countries like Ghana where a number of INGOs have significant SRHR programmes. Danida support to INGOs for the promotion of safe abortion is particularly crucial.

14. At country level, UNFPA is not able to undertake the same level and intensity of advocacy for controversial elements of the Strategy (especially for safe abortion care) as at international level or to be as effective as a committed bilateral development partner like Danida.

Applying the Rights-Based Approach in Danida Support to SRHR

15. The clear intent of much of Denmark's engagement in international consultations and negotiations is to advance or to defend language on sexual and reproductive rights. This is consistent with a rights-based approach to implementing the Strategy at international level.

16. Danida's support to SRHR at country level reflects the application of the principles of a rights-based approach (normative content, non-discrimination and equity, participation, transparency and accountability). The Pathways which most clearly reflect a rights-based approach are e) support to INGOs and f) support to national CSOs.

Efficiency and the Complementary Use of Mechanisms and Support Channels

17. At international and country level, the Evaluation found that the coherent use of a mix of sector budget support, earmarked funding, long-and short-term technical assistance, policy dialogue and advocacy has been effective in contributing to results in SRHR.

18. At international and country level, bilateral programming, core funding of multilateral organisations and funding of INGOs and CSOs have all demonstrated their fitness in different roles in support of SRHR.

Sustainability

19. The key issue for the sustainability of services in SRHR at country level concerns securing adequate levels of financing, especially for family planning, safe abortion and SRH services for marginalized groups. Danida has supported efforts to address this challenge in some countries, but there is scope for greater engagement.

20. The Geração Biz Programme in Mozambique provides an important lesson regarding sustainability. Its effectiveness as a progressive programme to provide integrated, youth- friendly services in SRHR to young people and adolescents was undermined by an administrative and technical support structure which was multilayered and not financially sustainable if it was to be assumed by the Government of Mozambique.

21. At country level, Denmark's advocacy and policy engagement (by the RDE and Danish technical advisers in concert with other development partners) to sustain the profile of SRHR as a development, and not just a technical, priority has been an effective strategy. Where this engagement is lacking, SRHR may decline in priority with consequences not only for SRHR outcomes in health, but also for sustainable, equitable development.

Recommendations and Opportunities

The Evaluation has identified a number of opportunities for Denmark to continue to strengthen its support and contribute to results in SRHR:

1. At international level it is important that the Ministry of Foreign Affairs retains at least the current level of technical capacity and experience in SRHR at the Department for Development Policy and Global Cooperation and at Permanent Missions to the UN and EU, if it is to remain effective in its efforts to strengthen the international normative framework for SRHR. This is essential for effective engagement in partnerships with multilateral agencies and international and Danish NGOs and to avoid becoming "merely" a funding agency.

2. The recently developed joint Denmark/Netherlands Advocacy Fund, with a strong focus on capacity development for CSOs in developing countries to effectively engage in advocacy for SRHR, represents a needed and potentially effective mechanism for countering increasing resistance to the rights focus of the Strategy. However, it is important that the structure of the Fund (with an external management team making allocation decisions based on applications received from CSOs) should strengthen rather than weaken the relationship between the MFA and its key partners among international and Danish NGOs and the relationship between the RDEs and their CSO partners at country level.

3. Consideration of core-support to INGOs remains important as a key pathway to achieving SRHR outcomes, particularly in bilateral settings where direct support for SRHR is lacking.

4. There is a need for the Department for Development Policy and Global Cooperation to develop and make available to its partners a more explicit overall strategy for support to research activities and organisations in SRHR. This is needed to guide support to international and Danish NGOs and research organisations (and networks).

5. It is essential that Denmark recognises that decisions taken at an overall development policy level can reduce its ability to support SRHR as envisioned in the Strategy. If Danida is not engaged in social sector programming, particularly in the health sector, in countries where there is still the need to make much more rapid progress in key areas such as family planning, its ability to effectively support SRHR will be constrained. It will lose its ability to be a key voice in technical and policy discussions relating to the sector and cannot expect multilateral organisations to fully compensate for its absence in these discussions.

6. There is an opportunity for RDE staff to promote national investments in SRHR, especially family planning, as an important contributing factor to equitable and sustainable development and economic empowerment.

7. The Evaluation has shown that Danida has made effective use of a mix of different funding channels (bilateral, multilateral and NGO) and intervention types (core financing, sector budget support, earmarked funding, technical assistance, advocacy and policy dialogue) to provide support to all four themes of the Strategy. It is important that RDEs continue to have access to an appropriate mix of different funding channels and intervention types to contribute to the themes of the Strategy.

8. There are opportunities at country level to improve coherence in SRHR support by ensuring that senior management in the RDEs, up to and including ambassadorial level, become more actively engaged in advocacy for SRHR, including in political forums. This can be facilitated by drawing on the experience of already engaged RDEs, as in Ghana. It provides a means to effectively translate Denmark's position as a leading international advocate for SRHR to developing country level.

9. There are opportunities to increase the coherence of Danida support to SRHR at country level by explicitly linking programmes outside the health sector, most obviously in good governance and human rights and especially the gender equality elements of human rights programmes (as well as programmes in other sectors) to activities in support of SRHR.

10. As Denmark, at least in some countries, moves away from bilateral development assistance into more political and commercial relationships in the future, it will be important to find new ways to sustain its contribution to results in SRHR. Some avenues for supporting SRHR which are under exploration in country programmes, and merit further attention include:

    a. Promoting linkages in health (among private sector firms and through INGO social franchising) to engage in knowledge transfer in, for example, new methods of contraception or medical abortion;

    b. Promoting the use of social impact bonds and other forms of support as a form of corporate social responsibility to securing financing for small scale initiatives in SRHR;

    c. Linking Danish centres of excellence in SRHR (for example, the appropriate units of Denmark's Ministry of Health and selected university faculties) to their counterparts at country level in an effort to expand learning for both; and

    d. Promoting the use of technical innovations such as mobile phone technology and mobile phone banking and payment systems to accelerate the use of family planning by making distribution and sale of contraceptives more efficient.

    e. Maintaining close dialogue with ministries and agencies engaged in SRHR as a platform to strengthen cooperation between Denmark and the country in international forums.

11. There is an opportunity to strengthen the monitoring of results in SRHR at international and country levels. At international level it would be useful for the Department for Development Policy and Global Cooperation (in concert with Permanent Representations to the UN and the EU) to prepare an annual report on results achieved in negotiations in support of the global normative framework on SRHR. A similar report on the results of investments in research would also be useful. At country level, RDEs supporting bilateral programmes for health can work to ensure that joint monitoring and review mechanisms for the health sector track essential indicators of results in SRHR.

1 Introduction and Background

In 2013, Danida commissioned Euro Health Group (EHG) in collaboration with the Royal Tropical Institute of the Netherlands to carry out an evaluation of the Danish Strategy for the Promotion of Sexual and Reproductive Health and Rights (SRHR) 2006-2013. This report presents the results of the Evaluation. It draws on: country studies of Denmark's contribution to SRHR in Ghana and Mozambique; an on-line survey of stakeholders in SRHR in Kenya, Tanzania and Uganda; and an analysis of Denmark's contribution to SRHR at international level.

1.1 The Evaluation of the Danish Strategy for SRHR

Purpose and objectives of the Evaluation
The overall purpose of the Evaluation is to evaluate Denmark's contribution to SRHR outcomes in the four thematic areas of the Strategy: "promoting gender equality and empowering women; improving sexual and reproductive health; young people's access to information and services; and linking the response to HIV and AIDS and sexual and reproductive health and rights".[1]

The Evaluation has a two-fold objective:

1. To document the results that have been achieved at the international level in terms of promoting the SRHR agenda, and at the bilateral level concentrating on documenting the results of Danish assistance to the health sectors in Mozambique and Ghana on SRHR; and

2. To inform future support for SRHR in light of the strategic decision to place Denmark in the forefront of international advocacy for progress for SRHR and provide evidence for Ministry of Foreign Affairs staff, like-minded stakeholders and Development Partners (DPs) for the promotion of SRHR in their programmes, policy dialogue and advocacy work.

Scope of the Evaluation
At both international and country level, the Evaluation assesses Denmark's use of a range of intervention types to promote SRHR including: direct engagement in international negotiations, policy dialogue and advocacy, long- and short-term Technical Assistance (TA) and research. It also examines the use of different funding channels including bilateral programming managed by Royal Danish Embassies (RDEs) provided as Sector Budget Support (SBS) and earmarked funding as well as core and earmarked funding of multilateral organisations and local, Danish and International Non-Governmental Organisations (INGOs) and coalitions.

1 Ministry of Foreign Affairs of Denmark, The Promotion of Sexual and Reproductive Health and Rights: Strategy for Denmark's Support (2006), p. 7.

The Evaluation also examines how Danish support to SRHR reflects the principles of a rights-based approach: its normative content; its commitment to equity; its effort to enhance participation; and its effort to improve transparency and accountability. It also takes account of the efforts of Denmark's partners and the economic and social context of Danish support.

1.2 Analytical Approach: Contribution Analysis

The Evaluation's fundamental analytical approach has been the use of contribution analysis to link observed results in SRHR to support provided at international and country level and thereby provide plausible evidence of Denmark's contribution (while taking account of alternative explanations and influences). The application of contribution analysis by the Evaluation is discussed in detail in Annex B.

2 Danish Support to SRHR in Context

This chapter provides a brief description of the highlights of Denmark's Strategy for the Promotion of SRHR (the Strategy) and describes recent developments in SRHR and their implications for Danish support. Finally, it provides an overview of the volume of Denmark's support to SRHR internationally and at country level during the evaluation period (2006-2013).

2.1 Key Characteristics of the Strategy

Rights-based and linked to a global agenda
The rights focus of the Strategy is explicit from its opening sentences:[2] "Sexual and reproductive health is a human right which is essential to good health and human development. For Denmark the rights issues is key. People should be able to take their own decisions about their sexual and reproductive lives and have the means to do so. This includes access to reproductive health services and information and to safe and legal abortion." The Strategy goes further (p.12) to point out its deliberate use of the word "sexual" to underline that sexuality is not limited to reproduction and that sexual rights include those of homosexuals.

Written in 2006, the Strategy is based on and committed to the Programme of Action (POA) of the 1994 International Conference on Population and Development (ICPD) and the additional goals and indicators adopted at the Special Session of the United Nations General Assembly (UNGASS) in 1999 (ICPD+5): subsequently reaffirmed in ICPD+15 and ICPD+20. Its goal is to contribute to the ICPD goal of universal access to SRHR, including for youth. It also focuses on Millennium Development Goals (MDG): MDG 3 (promote gender equality and empower women); MDG 5 (improve maternal health); and MDG 6 (combat HIV and AIDS). The Strategy links a rights-based approach to the results of the 1995 Fourth World Conference on Women in Beijing with its definition of sexual rights as women's right to have control over and decide freely and responsibly on matters related to their sexuality[3].

Consistent with Danish values and development policies
As well as being linked to the global normative framework for SRHR, the Strategy operates within an interlocking set of Denmark's own development policies. It refers to the sexual and reproductive rights component of gender equality in the 2004 Danish strategy of the same name.[4] It is also consistent with the 2012 Danish strategy for development cooperation with its commitment to a rights-based approach and link to international agreements:

"International human rights are part of our core values and are a driver of change, precisely because they are based on commitments made by the countries themselves.

2 Ministry of Foreign Affairs, (2006), p. 6.
3 *Beijing Declaration and Platform for Action. Para 96.*
4 Ministry of Foreign Affairs of Denmark, *Strategy for Gender Equality in Danish Development Cooperation* (Ministry of Foreign Affairs, 2002).

Accordingly, we will make more systematic use of UN human rights conventions, standards, norms and instruments in our development cooperation."[5]

Committed to leadership on SRHR
An approach paper for this Evaluation prepared by IOD PARC[6] for the Evaluation Department of the Ministry of Foreign Affairs of Denmark (MFA) noted that Denmark has positioned itself as a leader in maintaining the focus on the ICPD POA.[7] This is reflected in a common perception among MFA staff at headquarters, in Permanent Missions to the UN and the European Union (EU), and in RDEs in developing countries. The Evaluation was often told in interviews that Denmark perceived itself as a "thought leader" in advocating for continued strengthening of the normative framework for SRHR at international and country level.

2.2 The International Context for SRHR

The global SRHR agenda: progress and resistance
Denmark's support to SRHR does not operate in an unchanging environment. The changing nature of the international context is a key factor in understanding Danish support.

International Agreements and SRHR: From the 1994 ICPD to the Post-2015 Development Goals
As highlighted in the Strategy and re-affirmed by key informants from the MFA and like-minded bilateral partners, and from international and Danish NGOs, "it all goes back to the ICPD POA in 1994". Indeed, as noted in the Strategy, the full implementation of the ICPD POA is "central to the achievement of the MDGs and thus to poverty reduction, which is the overall objective of Danish development assistance." The ICPD POA was reinforced one year later by the Declaration of the Beijing Conference which reaffirmed reproductive rights as basic human rights and by the additional goals adopted at UNGASS in 1999 (ICPD+5).

In 2000, under the UN's Millennium Declaration, the MDGs were adopted, providing a common framework for international development assistance and developing country programming for the ensuing decade and a half. At first there were no specific targets for reproductive health under MDG 5 (Reduce Maternal Mortality) despite the Declaration's reiteration of a commitment to all UN conferences, including Cairo. Reportedly due to strong international lobbying efforts led by the International Planned Parenthood Federation (IPPF) and the United Nations Population Fund (UNFPA), in 2005 General Assembly Resolution 60/1 added target 5B: achieve by 2015, universal access to reproductive health[8]. Throughout the period from 2006 to 2013, Denmark continued to work with like-minded countries, multilateral organisations and international and Danish NGOs to influence the global agenda for SRHR.

5 Danish Government, *Right to a Better Life: Strategy for Denmark's Development Cooperation* (2012), 7.
6 IOD PARC is the trading name for International Organisational Development Ltd.
7 Mary Jennings and Sadie Watson, *Approach Paper for Evaluation of the Danish Strategy for the Promotion of Sexual and Reproductive Health and Rights* (Sheffield: IOD PARC, 2013).
8 http://unpan1.un.org/intradoc/groups/public/documents/un/unpan021752.pdf

Resistance to progress in advancing the global agenda for SRHR surfaced strongly at the time of the Millennium Declaration, preventing the adoption of MDG 5B until 2005/6. The Strategy (p.10) refers to growing international pressure which had "weakened political and financial support for reproductive health and rights". Interviews with a wide range of stakeholders involved in international negotiations have confirmed increasing levels of resistance, especially to language on sexual and reproductive rights in international negotiations. This resistance has become especially important since 2010, as the Rio Process has evolved into the preparatory phase for the development of post-2015 Development Goals to replace the MDGs. This process has also become operationally linked to the ICPD Beyond 2014 Review Process (ICPD+20).[9]

Financial support to SRHR: Global Level

At a global level, UNFPA tracks annual financial flows in support of the ICPD agenda under five headings: Family Planning (FP); other Reproductive Health; HIV and AIDS; Basic Research and General Contributions. Table 3.1 provides an overview of assistance to the ICPD POA as reported by UNFPA from 2006 to 2013. All figures are in million USD. In the table, financing from all sources refers to financing by developed countries, the UN system and international Foundations and NGOs. It also includes grants and loans by development banks.

Table 2.1 Global Funding of the ICPD POA (USD billion)

Source of Financing	2006	2007	2008	2009	2010	2011	2012 (estimated)	2013 (projected)
All Sources	7.380	8.732	n/a	10.386	10.927	11.429	11.372	11.643
Developed Countries	6.626	7.488	n/a	9.329	10.062	10.396	10.653	10.922

Source: UNFPA Financing the ICPD POA 2007 to 20014 (No data found for 2008).

The important point to note from Table 2.1 is that global assistance to FP, to other elements of sexual reproductive health, to HIV and AIDS, and to Population Research increased steadily from 2006 to 2011 but seems to have levelled off since then. The UNFPA data also highlights the gap between the financing needed to fund the ICPD POA, (estimated at USD 68.6 billion in 2013) when compared to projected assistance of USD 11.6 billion[10].

Not evident from the table but also of note is the strong shift in external financing away from FP and towards funding for HIV and AIDS. In 1995, FP accounted for over 50% of all financing but declined to under 10% by 2004 and remained at that low level in 2011, the last year with available actual expenditure data. In the same time period external financing for HIV and AIDS programming rose to over 70% of the total in 2008 before declining slightly in later years.

9 Flow diagram of ICPD Beyond 2014 Review Process and the Post-2015 Development Goals Process and discussions with MFA Department for Development Policy and Global Cooperation, March 2014.

10 UNFPA, Financing the ICPD Programme of Action, 2014. P. 2.

2.3 The Context for SRHR at Country Level

The Evaluation's overview of the context for SRHR at country level draws on the results of the on-line survey in Kenya, Tanzania and Uganda[11] and the country studies of Ghana and Mozambique. A more complete overview of the local context is provided in Annex E.

Progress and disappointment
In both Ghana and Mozambique, the Evaluation found examples of progress against some of the most important indicators of SRHR.

On MDG Three: Promote gender equality and empower women, the Evaluation focused on assessing progress in areas most directly linked to the Strategy, especially access to effective family planning services, access to safe abortion, and an improved legal framework for the sexual and reproductive rights of women and sexual minorities. In Ghana, the Evaluation found that the Ministry of Health (MOH) and the Ghana Health Service (GHS), supported by key INGOs, was engaged in an important effort to improve access to safe abortion and address the consequences of unsafe abortion but more effort was required to improve the uptake of family planning. In Mozambique, there is an ongoing effort, led by local Civil Society organisations (CSO), to strengthen the legal framework and protect the sexual and reproductive rights of women and of sexual minorities.

On MDG Five: Improve maternal health the Evaluation found that Ghana made some progress in improving the Contraceptive Prevalence Rate for the use of modern methods of contraception from 13.6% in 2006 to 16.6% in 2008 and an estimated 23.4% in 2012. Ghana has also recently made progress in the provision of safe abortion services. It has also reduced the level of unmet need for family planning during the Evaluation Period and steadily reduced the Maternal Mortality Ratio from an estimated 470 maternal deaths per 100,000 live births in 2005 to 380 in 2013. The proportion of deliveries benefiting from skilled birth attendance has risen from 35.1% in 2007 to 58.5% in 2012.

For Mozambique, positive progress includes a decline in MMR from 680 in 2005 to 480 in 2013 and a rise in skilled birth attendance levels from 48% in 2005 to 60% in 2013. Unfortunately Mozambique has not been able to report any notable improvement in CPR, which declined from 12.2% recorded in the 2008 Demographic and Health Survey (DHS) to 11.3% in 2011. There is some indication, at least recently, that Danida support to Tete Province in Mozambique has helped it to record more positive results than Mozambique as a whole; with recent gains reported in FP measured by both CPR and couple years of protection along with improvements in safe birth attendance.

In both Ghana and Mozambique the reduction in MMR, while substantial, has been too slow to achieve the targets set for 2015 and in Ghana the level of progress achieved is perhaps less than expected given the level of national and international investment.

11 The Evaluation conducted an on-line survey sent to 67 potential respondents identified among development partners, host government agencies, multilateral organisations and international and national NGOs in Kenya, Tanzania and Uganda and received 27 completed responses. The information from the on-line survey is used in the Chapter 5 to help illustrate the context of Denmark's support to SRHR at country level.

On MDG Six: Combat HIV and AIDS, malaria and other diseases Ghana has achieved very positive results in combating HIV and AIDS and has reduced estimated HIV prevalence among adults from 1.9% in 2006 to 1.4% in 2012. It has also steadily reduced the number of new infections and the number of AIDS related deaths while increasing the number of affected persons with access to antiretroviral therapy. Mozambique has not had similar success with HIV prevalence remaining above 11% from 2006 to 2013 and with just 40% of those requiring anti-retroviral therapy receiving it by 2013.

Facilitating factors and barriers to results

Ghana

An important positive factor for SRHR in Ghana has been its decreasing dependency on external finances as the internationally funded share of total health expenditures has fallen from an estimated 53% in 2005 to 9.2% in 2012 (National Health Accounts 2012), although the rising share of health expenditures accounted for by private funding is a concern from an equity perspective. Of equal importance has been the stability and professionalism of middle and senior managers in the MOH and the GHS. This professionalism has been important in allowing the health system to respond positively to support and to effectively collaborate with Danida supported INGOs, especially on safe abortion care.

On the negative side in Ghana, factors include a relatively low share of the national budget expended on health care (in comparison to the amounts nominally allocated to health in the budget) and the large share of health budgets allocated to salaries. The conservative nature of Ghanaian society and the strong role of religion are also cited by many key informants as factors restricting progress in controversial areas of SRHR, especially safe abortion care and access to contraception for youth and adolescents.

Mozambique

In Mozambique Danish support to SRHR is facilitated by the strong role in advocacy for SRHR currently played by a network of effective, national CSOs. It is also strengthened by the professionalism and dedication of managers and health sector staff in the Provincial Health Directorate (DPS) and health facilities in Tete Province where Danida has a significant programme presence. In contrast to Ghana, the capacity of central ministries and agencies of the Government of Mozambique (GOM), especially the MOH and the National Aids Commission (CNCS) with a very small cadre of trained and experienced managers at all levels represents a serious barrier to achieving results in SRHR. As in Ghana, social and cultural factors also limit the achievement of results with a similarly conservative society and a powerful Catholic Church.

Kenya, Tanzania and Uganda

Respondents to the on-line survey reported challenges to effectiveness in similar areas to those encountered in Ghana and Mozambique: weaknesses in human resources, infrastructure and funding in the health system. They also reported a more restrictive legal and policy environment than the Evaluation documented in either Ghana or Mozambique. In Uganda, the recent anti-homosexuality bill was reported as a threat to most SRHR focused organisations. The laws on abortion were a barrier to providing safe abortion and post-abortion care in all three countries. In all three counties, respondents to the on-line survey noted harmful socio-cultural practices and beliefs which discourage health seeking behaviour as a challenge to effective support to SRHR.

2.4 Danish Support to SRHR at International and Country Level

This section puts into perspective trends in Danish multilateral and bilateral funding of SRHR from 2006 to 2013. The specific forms of Danish support to SRHR in terms of financial Sector Budget Support (SBS) and earmarked funds, long and short-term TA, policy dialogue and advocacy are dealt with in more detail in the country studies and in Chapters 4 and 5.

Estimating total Danish expenditures on SRHR
There are fundamental problems in verifying the actual level of Danish financial disbursements to SRHR in any given year. These reportedly arise partly from changes in Denmark's Finance Act during the evaluation period and partly from inconsistencies in the application of Development Assistance Committee (DAC) financial codes by the different Representations in the field.

Nonetheless, Danida estimates total planned expenditures in SRHR for 2014 will amount to **DKK 1,359 million** with DKK 479 million or 35% in direct expenditures (including all funding to UNFPA and IPPF for example). At an estimated DKK 880 million, indirect expenditures account for almost twice the level of direct expenditures.

Danish funding to multilateral organisations engaged in SRHR
Total Danish funding to multilateral organisations and INGOs engaged in SRHR has tracked in a band between the low of DKK 725 million in 2006 to the highest figure of DKK 856 million in 2013. UNFPA received the most support over the evaluation time-frame, followed by UNICEF, the Global Fund and UNAIDS. In 2013, 372 million (43%) of the total of 856 million disbursed to multilateral agencies could reasonably be seen as direct expenditures in SRHR and the remaining DKK 484 million is best seen as an indirect investment in SRHR.

Table 2.2 Danida Disbursements to Multilateral Agencies Engaged in SRHR

Reported Danida Disbursements to Multilateral Agencies and INGOs Engaged in SRHR (DKK 000)									
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**Total**
PART ONE: DIRECT SRHR									
UNFPA	190,000	180,000	230,000	230,000	204,965	225,000	250,000	245,000	1,754,965
IPPF and Other SRHR INGOs (Ipas, Marie Stopes International, Population Council, etc.)	61,496	61,590	58,056	76,999	112,061	122,000	67,800	126,803	686,805
Total Direct Funding	**251,496**	**241,590**	**288,056**	**306,999**	**317,026**	**347,000**	**317,800**	**371,803**	**2,441,770**
PART TWO: INDIRECT SRHR									
UN Women	5,000	5,000	10,000	10,000	14,000	20,000	40,000	66,089	170,089
UNICEF	204,989	180,000	180,000	180,000	155,000	155,000	165,000	175,000	1,394,989
WHO Development	40,000	40,000	40,000	40,000	40,000	40,000	40,000	40,000	320,000
UN AIDS	40,000	40,000	40,000	40,000	40,000	40,000	50,000	50,000	340,000
GFATM	140,000	140,000	175,000	175,000	175,000	175,000	145,000	145,000	1,270,000
Other HIV and AIDS Programming	43,462	71,840	78,077	40,000	91,940	10,224	8,832	7,994	352,369
Total Indirect Funding	**473,451**	**476,840**	**523,077**	**485,000**	**515,940**	**440,224**	**448,832**	**484,083**	**3,847,447**
Total Direct and Indirect Funding	**724,947**	**718,430**	**811,133**	**791,999**	**832,966**	**787,224**	**766,632**	**855,886**	**6,289,217**

Source: Danida financial system output: Multilateral direct and indirect funding for SRHR, August 2014.

SRHR related Danida funding in five countries in Africa

The size and scope of Denmark's contribution to SRHR at country level can be illustrated by the level of Danida's SRHR related disbursements in Ghana, Kenya, Mozambique, Tanzania and Uganda. These can be estimated from Danida's financial reporting system by including expenditures under DAC codes related to SRHR. The codes themselves mainly track expenditures in the health sector (health policy, health services, basic healthcare, control of sexually transmitted diseases) but they also include human rights programming, funding women's equality organisations, basic life skills (including programmes providing HIV and AIDS prevention skills to youth and adolescents) and primary education. These different categories of disbursements, while potentially covering actions in SRHR, also include expenditures outside the area. They are provided here as an indication of the volume of Danida financial support which could potentially have contributed to outcomes in SRHR from 2006 to 2013.

Table 2.3 Danida Bilateral Disbursements under DAC SRHR Related Expenditure Codes

Danida Bilateral Disbursements Under DAC SRHR Related Expenditure Codes to Five Concentration Countries in Sub-Saharan Africa 2006 to 2013 (DKK 000)

	2006	2007	2008	2009	2010	2011	2012	2013	Total
Ghana	77,782	80,297	89,926	121,415	198,280	126,431	134,171	139,813	968,115
Kenya	68,388	63,099	63,910	82,064	96,620	94,601	69,090	39,298	577,070
Mozam-bique	58,856	71,514	52,607	80,564	83,780	101,008	44,773	68,360	561,462
Tanzania	138,853	105,445	123,736	139,917	186,940	197,019	216,045	151,752	1,259,707
Uganda	127,260	136,926	94,837	139,001	72,550	9,224	3,818	1,636	585,252
Totals	471,140	457,281	425,016	562,961	638,170	528,283	467,897	400,859	3,951,607

Source: Danida financial system output: Bilateral funding SRHR related DAC codes, January 2014.

Table 2.3 illustrates that Danida's bilateral programming in all five countries disbursed significant levels of funding with the potential to support the achievement of results in SRHR. Chapter 5 explores the question of how much of that potential was converted into results.

3 Applying Contribution Analysis to Denmark's Strategy for SRHR

3.1 From Theories of Change to Contribution Analysis

The Evaluation uses contribution analysis to examine its central question: what contribution has Denmark's support made to the achievement of results in SRHR in the four thematic areas of:

1. Promoting gender equality and empowering women;

2. Improving sexual and reproductive health;

3. Young people's access to information and services; and

4. Linking the response to HIV and AIDS and SRHR.

The Inception Phase of the Evaluation resulted in the development and presentation of four different intervention models of Denmark's support to SRHR: a global model combining international and country level support; an international model, and models for support to Ghana and Mozambique. The process of building on these intervention models (which identified key assumptions and risks for support to SRHR) as the basis for applying contribution analysis is described in detail in Annex B on Methodology.

Essentially contribution analysis required the Evaluation to identify the most important Pathways for Danida support at international and country level to contribute to results in SRHR and to test those against a consistent set of criteria (the necessity of the intervention; the clarity of causal links from Danida support to results in SRHR; the significance of Danida support; the immediacy of expected results; and effectiveness in dealing with risk). By using these criteria, the Evaluation was able to both test key assumptions on Denmark's role in the context of other contributions and to assess each Pathway's capacity to deal with identified risks.

After assessing each Pathway, the Evaluation identified the outcomes achieved and mapped its contribution to results in SRHR. The results of the analysis of each Policy and Programme Area Pathway were then combined in intervention models of international and country levels.

3.2 Presenting the Results of Contribution Analysis

The results of the contribution analysis of the Policy and Programme Area Pathways are presented in Chapters 4 and 5. At country level, the Evaluation combined those Contribution Pathways in Ghana and Mozambique which had strong common elements. As a result, four Policy Area Pathways at international level and six Programme Area Pathways at country level have been assessed. In each case the Evaluation provides a brief overview of Danida support and its context followed by the assessment of the Pathway based on the five contribution analysis criteria. This is followed by a discussion of the results achieved and a summary of Denmark's contribution to results in SRHR through the Pathway being assessed.

The Evaluation then presents the Pathways in a single graphical presentation describing Denmark's contribution to SRHR first at international (Section 4.6) and then at country level (Section 5.8). This provides a concise visual summary of the Pathways of Danish support to SRHR and their contribution to the four themes of the Strategy.

4 Contributing to SRHR at International Level

This chapter presents the Evaluation's findings on the effectiveness of Danish support to SRHR at the international level. It focuses on efforts to strengthen the international normative framework for SRHR.

4.1 A Focus on International Policy Pathways

Focussing on the normative framework through case examples
Support to multilateral organisations, and international and Danish NGOs is addressed here as the means by which Denmark engages with these organisations to influence the international agenda for SRHR. The country level results of this support are addressed in Chapter 5.

Since much of Denmark's engagement in SRHR at international level aims to influence the results of international consultation and negotiation processes, the Evaluation examines them through the lens of case examples. Table 4.1 lists the case examples used to illustrate results for each Pathway. The case examples were chosen because they provide important insights into the evolution of the global normative agenda for SRHR at a critical point in time as Denmark and like-minded partners prepare for the development of the Post-2015 development goals.

Table 4.1 International Policy Area Pathways and Related Case Examples

Policy Area Pathway	Case Examples
1. Engagement in Multilateral Negotiations	a) Brokering progressive resolutions in CPD 45 and 47 b) Including sexual rights language in CSW 57 and 58
2. Negotiations at the EU	a) Developing a common EU position on the Post-2015 development goals
3. Support to Multilateral Agencies	a) UNFPA
4. Support to international and Danish NGOs	a) Support to INGOs b) Support to Danish NGOs c) Support to Women Deliver

Engagement in Multilateral Negotiations (International Pathway One)

Background and Context
Influencing political and technical norm setting bodies is critical to promoting SRHR and the full implementation of the ICPD POA. This involves Denmark in engaging in an interlocking set of consultations, preparatory meetings and negotiations in bodies which can influence the global agenda on SRHR. The Strategy notes the importance, among others, of the Commission on the Status of Women (CSW), the UN Commission on Population and Development (CPD) and the Council on Human Rights (UNCHR) as bodies with an important influence on the global agenda for SRHR. "Influencing

these political and technical norm-setting organisations to further promote SRHR and the implementation of the ICPD POA is central to this Strategy".

Virtually all key informants interviewed (officials from Denmark and like-minded countries, staff of multilateral agencies, Danish and INGO staff members engaged in advocacy, and researchers working in SRHR) pointed out that negotiations in international bodies have reached a critically important point in recent years due to two inter-related factors:

1. Increasing resistance to progressive language (in particular the inclusion of sexual and reproductive rights) in international agreements on the part of some countries which threatens even the accepted statements of international goals in the ICPD POA; and

2. The parallel process of the ICPD beyond 2014 Review Process interlocking with the Rio+20 process: which has now advanced to the development of the Post-2015 Development Goals to be discussed at a planned UN summit in September 2015.

Resistance
On the question of resistance, stakeholders indicated that negotiations have reached a stalemate in recent years over the same issues with high symbolic power: abortion and sexual rights. Parties in the multilateral negotiations tend to focus on the most controversial points in the SRHR agenda, with the result that areas of potential agreement are missed. Successes in securing progressive language in one arena are cancelled by backlash in another round of negotiations. As one example, in 2013, the Nordic countries together with UNFPA and like-minded countries brokered a progressive resolution including strong sexual rights language in the CSW. This progressive 'win' was then met by a stronger conservative opposition in post ICPD negotiations in the CPD (CPD 47). Given this resistance, key informants pointed to the need for Denmark and its allies to engage effectively to defend the ICPD POA from encroachment.

The link between the CPD and the Post-2015 Development Agenda
According to key informants, the strong link between the results of negotiations in the CPD and the development of the Post-2015 Development Goals is a result of the 2010 resolution of the UN General Assembly extending the ICPD POA indefinitely, but with a requirement that the Secretary General report on its implementation in 2014 (ICPD+20). The requirement for a report from the Secretary General set in motion a series of preparatory meetings, regional consultations, and reports which culminated in the Secretary General's Global Report on the Status of ICPD Implementation in February 2014. This was an important input (along with the outcome documents of regional consultations) into the deliberations of CPD 47 in April 2014.

The results of the ICPD+20 consultation and review process will be discussed in a Special Session of the Generally Assembly on the ICPD review in September 2014. At that meeting, the Secretary General will present an "Index Report" on the ICPD. These reports are seen as an important enabling factor including SRHR targets and language in the Post-2015 agenda.

Assessing International Pathway One: Engagement in Multilateral Negotiations
Assessed against the Evaluation's contribution analysis criteria, Denmark's engagement in negotiations in multilateral treaty bodies of importance to SRHR was strongly rated.

Table 4.2 Assessing International Pathway One: Engagement in Multilateral Negotiations

Assessment Criteria	
1. Necessity	High
2. Clarity of linkages to results in SRHR	High
3. Significance of Danida's Role	High
4. Immediacy of Results	Short and Longer Term
5. Effectively Addressing Risks	Moderate

The ***necessity*** of Denmark's engagement relates directly to the current context of negotiations and the need to ensure that the global normative agenda for SRHR is not weakened in light of opposition to the ICPD POA and that SRHR targets are reflected in the Post-2015 agenda. The ***clarity of the linkages*** from effective engagement in negotiations in CSW, CPD and the Post-2015 process to results in SRHR is rated high, partly based on the importance that policy makers at country level gave to international treaties as the basis for health policy. They repeatedly cited the ICPD POA, MDG 5B, and the Maputo Framework of Action[12] and POA as a strong influence on objective setting in health programmes.

The ***significance of Danida's role*** in strongly advocating for progressive wording on SRHR in international negotiations has been confirmed by all the different categories of stakeholders interviewed. Key informants provided examples of Denmark's leadership in many situations and consistently saw Denmark among the most committed advocates for strong language on SRHR.

The ***immediacy of results*** for Denmark's participation in international negotiations concerning SRHR has been rated both short and longer term by the Evaluation. In the short term it can strengthen SRHR language in declarations, POAs and development goals and form the basis for continued advocacy. This can, in turn, drive longer term trends in national policies and programmes and in international development cooperation for SRHR.

The Evaluation assessed the ***effectiveness of addressing risk*** in multilateral negotiations as moderate. There is always the risk of not achieving an agreement where one is needed or surrendering to language that does not support SRHR. The question here is one of tactics and some key informants (like minded country officials, UN agency staff, INGO staff, MFA staff) have suggested that Denmark (and other countries) had not yet developed effective strategies for addressing strong opposition to progressive language in a non-confrontational way. Of course, others suggested that like-minded countries must maintain a very strong position in the wake of CPD 47 and in preparations for upcoming meetings on the Post-2015 agenda.

Highlighted outcomes of Danida's engagement in multilateral negotiations
A feature of multilateral negotiations is the fact that results are provisional. Even when an agreement is reached it can be weakened if restrictive covenants are added in future

12 The Maputo Action Plan for the Operationalisation of the Continental Policy Framework for SRHR, 2007-10.

meetings. The results noted here, while provisional, remain important to the success of the Strategy.

Table 4.3 Highlighted Outcomes in International Pathway One: Multilateral Negotiations

Outcomes of CPD 47 and 48 and CSW 57 and 58
Progressive language in the resolutions of the CPD 45 (2012)
Mixed results of CPD 47 (2014)
Inclusion of sexual rights language in resolutions of CSW 57 and 58
Strengthened (CSW 57 and 58) or maintained (CPD 47) international norms and standards.

Denmark and the results of CPD 45 and 47 (Case Example A)
Regarding **CPD 45**[13] (2012), participants report that in the consultations and discussions that preceded the meeting and in the actual negotiations, Denmark took an active role in organising coalitions of like-minded countries. During preparatory negotiations among EU countries, Denmark reportedly formed a progressive alliance with the Netherlands and Germany to ensure the common EU position did not represent a retreat from the wording of the ICPD POA.

During the meeting, Denmark's Permanent Representative to the United Nations in New York made an official statement referring to the rights-based approach as a hallmark of Danish cooperation. After intense negotiation on reproductive rights, Female Genital Mutilation (FGM) sexual violence and youth and adolescent rights, a progressive set of resolutions was the outcome. The resolutions of CPD 45 make reference to access to sexuality education, young people's access to reproductive health and access to modern forms of contraception. For the first time in the resolutions of the CPD, a stance was taken against forced and early marriage.

Resolution 2012/1 under the heading of adolescents and youth also made reference to the right to "have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence".[14]

In the preparatory phase for **CPD 47**, Staff of the Permanent Mission to New York worked with a core group of countries (France, Germany, UK, the Netherlands, Switzerland and the Nordic countries) to develop a plan to reach out to other delegations. Denmark and Brazil then co-chaired a group of "friends of ICPD" countries which included China, South Africa, Liberia and Mozambique. This network prepared briefing notes for smaller countries that did not have the time to develop their own reasoned positions. Denmark's aim was to build a core constituency and shape a common understanding, which might help overcome opposition in the long run.

During the 47th Session held 7 to 11 April 2014, Denmark held a seat in the bureau of the Western European and Others Group (WEOG). This meant it was required to

13 http://www.un.org/en/development/desa/population/pdf/commission/2012/country (Resolution 2012/1, 45th Session Commission on Population and Development).
14 (Resolution 2012/1) 45th Session, CPD.

work towards a consensus, and defend its own progressive position at the same time. Interestingly the Danish delegation included a representative from the Danish NGO Sex og Samfund as an official delegate. It also included a Danish youth representative but not as an official conference delegate.

The final outcome of CPD 47 was seen as less than hoped for by key informants, but not without positive elements. Sexual rights were not included in the language of the outcome document itself but the document "took note" of the regional consultation documents (which included references to sexual rights) and of the Secretary General's report on the implementation of the ICPD POA. Some key informants felt a positive outcome of CPD 47 was "the recognised link between the ICPD and the process of negotiating the Post-2015 development goals".

Denmark and the results of CSW 57 and 58 (Case example B)
2013 was an important year for SRHR in the CSW as the topic and agreed conclusions dealt with ending violence against women.[15] Key informants indicate that Denmark played an active role in preparing the negotiations for the 57th Session of the CSW, not least by hosting one of the preparatory meetings. The Minister of Development Cooperation of Denmark also urged UN Women and UNFPA to take an active stance in the negotiations and emphasize: the fight against gender-based violence; harmful traditional practices; the involvement of men in the fight against sex stereotypes; and the involvement of CSOs. Denmark also contributed to the development of an agreed EU position. The resulting agreed conclusions of CSW 57 were seen as positive because of references to evidence-based education for human sexuality and the requirement that states promote human rights of all women, including matters related to their sexuality.

Positive language on sexual rights was also included in the resolutions of the 58th Session of the CSW, reportedly due in large part to effective lobbying by UNFPA (the Executive Director) and the Nordic countries.[16] In particular UNFPA was commended for mobilising the African countries. Key stakeholders interviewed contrasted the outcome of CSW 58, with its clear language on sexual rights, to the final text of CPD 47 which did not manage to retain language on sexual rights despite strong regional conference outcomes.

Summary: Contributing to results through engagement in multilateral negotiations
Demark has been a leading member of a group of like-minded countries engaging in the multilateral negotiations studied by the Evaluation. Through its use of a set of complementary instruments and a commitment to strong language on SRHR, Denmark helped ensure that progressive language was taken up in the resolution text of the 45th Session of CPD. Denmark also worked in a coordinated manner in preparing for CPD 47: with the Department for Development Policy and Global Cooperation (UGS) organising consultations among like-minded donor countries in Europe; and the Permanent Mission to the UN in New York cooperating with delegations and INGOs to build a consensus in advance of negotiations. These activities allowed Denmark to contribute effectively to the defence of the global normative framework for SRHR: always in concert with allies among like-minded countries, INGOs and multilateral agencies.

15 http://www.un.org/womenwatch/daw/csw/csw57/CSW57_Agreed_Conclusions_(CSW_report_excerpt).pdf

16 United Nations, Economic and Social Council, Commission on the Status of Women, 58th Session, March 25, 2014, E/CN 6/2014.L.7

4.3 Negotiations at the European Union (International Pathway Two)

Overview and context
The EU plays an important role both in influencing the international agenda and in providing funding for SRHR in developing countries. In the current effort to define the Post-2015 Development Goals, Denmark realized that a common EU position, incorporating progressive language on sexual and reproductive rights, was strategically important in the ongoing battle to ensure adequate recognition of SRHR in the global development agenda.

Denmark and the process: the road to agreed conclusions
The EU Working Group on Development began consultations towards the acceptance of a draft set of conclusions on the Post-2015 development agenda in February 2014. As Ireland held the EU Presidency at the time, the role of Ireland's Development Counsellor was to attempt to broker a consensus agreement based on its own first draft. Ireland's starting position was that agreed conclusions should be general in nature and allow for considerable refinement as the process moves toward September 2015.

Participants report that Denmark and France, by raising the issue to ministerial level, were able to convince the Netherlands and Sweden (with support from the UK) that sexual and reproductive rights must be included in the conclusions dealing with human rights. In direct opposition to this position were Malta and Poland with Ireland's views known but not necessarily expressed because of its position as President. Both groups then formed a more dynamic "contact" group in April and early May 2014 to work on wording acceptable to both sides. Interviews with participants indicate that these discussions became intense and that agreement could not be reached based on the draft wording submitted by Ireland. In particular, they noted that Denmark took the lead in arguing for language on SRHR to be included in the agreed text.

The negotiations were so difficult that at one point the Irish Minister for Development reportedly intervened with his counterpart from Denmark to complain that Denmark's position was isolated and obdurate, blocking any possible consensus. Nonetheless the group of like-minded countries continued to insist on stronger wording. With a deadline of 27 May 2014 for an agreement among the Council of Ministers of Development, acceptable wording was agreed in negotiations over the weekend of 23-24 May. Participants from Sweden and Ireland were complimentary of Denmark's role saying *"Denmark took a very strong position but in the end was willing to work toward an acceptable compromise"*.

The agreed wording was included in the draft conclusions were endorsed by the Development Ministers on 28 May and the Environment Ministers on 24 June. The Council for General Affairs adopted the conclusions and they were endorsed by the Heads of State on 28 June 2014.

Assessing International Pathway Two: Negotiations at the EU
This Pathway also was rated highly against the Evaluations contribution analysis criteria.

Table 4.4 Assessing International Pathway Two: Negotiations at the EU

Assessment Criteria	
1. Necessity	Moderate to High
2. Clarity of linkages to results in SRHR	High
3. Significance of Danida's Role	High
4. Immediacy of Results	Short and Longer Term
5. Effectively Addressing Risks	High

It is important for Denmark that its voice in the Post-2015 discussions be seen as consistent with a common and progressive EU position. As a result, the Evaluation rated engagement with the EU as moderate to high in terms of ***necessity***.

The ***clarity of the link to results in SRHR*** is rated high because Denmark's goal was the inclusion of language specifically referring to SRHR in the agreed conclusions. To the extent that EU Council conclusions on the Post-2015 Agenda influence the positions of member states, they represent an enabling factor for securing sexual and reproductive rights in the new agenda. The ***significance of Danida's*** role is rated high because Denmark was a core member of the group of countries (Denmark, Sweden, France and the Netherlands) which argued strongly in the contact group for the inclusion of SRHR in the relevant paragraph of the conclusions. Denmark also took a lead role in reaching a compromise on the finally agreed EU conclusions.

Results can be expected in both the ***short and longer terms***. The short-term result was the common EU position on the Post-2015 development agenda. This could have longer term effects on the priority given to SRHR in global and national policies and programmes. The ***effectiveness of addressing risks*** during engagement with the EU is rated high because Denmark was able to avoid the risk of becoming isolated during negotiations and either being responsible for forcing a stalemate or accepting language with no reference to SRHR.

Highlighted outcomes for International Pathway Two: Negotiations at the EU
The highlighted outcomes for this Pathway point to Denmark's agility and astuteness in managing the highly political process of controversial negotiations at the EU.

Table 4.5 Highlighted Outcomes for International Pathway Two: Negotiations at the EU

EU Post-2015 Conclusions
Formation and mobilisation of a cohesive negotiating group of like-minded countries
Mobilization of the Ministerial Level (Ministers of Development Cooperation) in a political initiative to strengthen the EU's position on all aspects of SRHR
Endorsement by the EU heads of state of EU conclusions on the Post-2015 agenda which incorporate SRHR language
Potential contribution to strengthened normative framework for SRHR in the Post-2015 Development Goals

Intermediary outcomes
The first notable outcome was Denmark's ability to informally organise and coordinate with a strong negotiating group of like-minded countries (Denmark, Sweden, France and the UK) in the context of EU negotiations. Denmark played an active and sometimes a leading role in maintaining a cohesive position and securing a positive result.

Denmark and its like-minded partners also mobilised timely political support to the negotiations. On 22 May 2013 the Ministers of Development Cooperation of Belgium, Denmark, Finland, France, Germany, The Netherlands, Sweden and United Kingdom wrote a letter to the High Representative of the Union for Foreign Affairs and Security Policy, the Vice President of the European Commission, and the European Commissioner for Development urging the strengthening of the EU's support to SRHR (instead of a policy of maintaining the status quo).

The letter stressed the importance of SRHR support for women's and girls' empowerment and child health and for creating a better potential for economic growth. It further deplored reduced EU funding for SRHR-related projects and services.[17] This was a tangible intermediary result of Danish engagement, alongside its key partner countries in the consultation/negotiation process.

Outcomes
On 25 June 2013, the EU General Affairs Council adopted a text (in paragraph 16 e) of the conclusions on the Post-2015 development goals that included the explicit mention of SRHR. The interpretation placed on this wording by Danish policy makers is that SRHR is now included in the common EU position on the Post-2015 development goals and cannot be removed in future negotiations. As part of the compromise solution, Malta was permitted to enter a statement that the Council conclusions *"should not in any way create an obligation on any party to consider abortion as a legitimate form of reproductive health or rights or commodities."*[18] This statement does not appear in the conclusions.

Summary: Contributing to results through negotiations at the EU
Denmark supported the attainment of a common EU position on the Post-2015 development agenda by forming an alliance with progressive EU countries and by advocating for strengthening the EU position instead of maintaining the status quo. Through its effective role in the contact group, Denmark avoided becoming isolated without being forced to accept a human rights paragraph which did not include SRHR. This provides an example of Denmark not only working in concert with like-minded countries but taking the leading role in negotiations. In the words one of like-minded group member "the goal is always to advance the concept of sexual rights".

17 Joint letter to the High Representative of the Union for Foreign Affairs and Security Policy and Vice President of the European Commission, and the European Commissioner for Development, May 22, 2013 from Minister for Development Cooperation Belgium, Denmark, Finland, France, Germany, the Netherlands, Sweden, and United Kingdom.

18 *Statement by Malta re Paragraph 16e*, MT Statement to be entered into the minutes of COREPER and Council, The Overarching Post-2015 Agenda – Draft Council Conclusions.

4.4 Multilateral Agencies in Rights-based Advocacy (International Pathway Three)

Background and context
Given its strong emphasis on multilateralism and on SRHR, it is not surprising that Denmark is among the 10 largest donors to the UN agencies working most centrally in SRHR, including UNFPA, UNAIDS, UN Women, UNICEF and UNDP.[19] As a result it should be well positioned to influence decision making in order to advance the SRHR agenda in a multilateral setting. It is also important to note that, under Danida's decentralised programming and management structure, the Permanent Missions are responsible for managing funds provided to the New York and Geneva based multilateral organisations.

Working with Geneva-based multilateral organisations
The Geneva Permanent Mission is most directly involved in interactions with the Global Fund, UNAIDS and to a lesser extent, WHO (because Denmark's participation in WHO's governing body, the World Health Assembly, is the responsibility of the Danish Ministry of Health).

A strong preoccupation of the Geneva Permanent Mission in its effort to influence the Global Fund and UNAIDS been ensuring their commitment to effective mainstreaming of HIV and AIDS into SRHR. At the Global Fund this can be done much more readily following the recent reorganisation of its management and programming model. The new model is programme based: with the allocation of the Global Fund funds grounded in an assessment of country needs and capabilities (replacing the system of multi-year funding rounds based on country applications).

The new Global Fund programme model gives scope to the Permanent Mission to be vigilant when programming decisions are made for countries where Danida has a significant health programme. When this happens, Denmark's position on the Board gives it added influence to ensure that the Fund recognises the need to integrate HIV programming with services in SRHR.

Integrating HIV and AIDS prevention and treatment into SRHR is also the main message in the Permanent Mission's engagement with UNAIDS. This is not difficult because UNAIDS senior management is clearly committed to integration and mainstreaming as core policies. Key informants indicate that UNAIDS is the UN organisation most advanced and engaged in supporting integration. In addition, UNAIDS has been active in advocating for participation by organisations representing PLHIV, commercial sex workers, Men having Sex with Men (MSM) and injecting drug users in global and national decision making on HIV and AIDS programmes.

Working with New York-based multilateral organisations
The New York Permanent Mission to the UN is most engaged on SRHR matters with UNFPA, UNICEF and to a lesser extent, UN Women. By far the most important of these relationships is with UNFPA given its core mandate to work for the implementation of the ICPD POA. The Evaluation was able to identify examples of Denmark's work

19 Tarp, M.N., Hansen, J.O.B. (2013) Size and Influence. How small states influence policy making in multilateral arenas. DIIS Working Paper, no.11, Copenhagen: Danish Institute for International Studies.

to support and influence UNFPA in its role as the UN agency most responsible for SRHR.

Assessing International Pathway Three:
Multilateral agencies in rights-based advocacy
International Pathway Three, working with multilateral organisations was rated highly by the Evaluation against four of the five contribution analysis assessment criteria.

Table 4.6 Assessing International Pathway Three: Multilateral Agencies

	Assessment Criteria	Multilateral Organisations
1.	Necessity	High
2.	Clarity of linkages to results in SRHR	High
3.	Significance of Danida's Role	High
4.	Immediacy of Results	Short and Longer Term
5.	Effectively Addressing Risks	Moderate

The ***necessity*** of providing engaging with multilateral organisations was rated high because of their role in the policy development and negotiation process for SRHR globally. The ***clarity of the linkage to results in SRHR*** was also rated high because these agencies link to all four of the strategic themes as they engage in international consultations and negotiations in SRHR.

The ***significance of Denmark's role*** in supporting multilateral organisations engaged in SRHR is rated high because of its very substantial financial support, especially to UNFPA, UNAIDS and the Global Fund (see Table 2.2). The ***immediacy of results*** as for other Policy Area Pathways is both short and longer term because Danida support can work in the short-term through changes in multilateral agreements and in the longer term through its influence on the strategic direction of agency programmes and policies.

Highlighted outcomes for International Pathway Three: Multilateral agencies
The Evaluation examined Denmark's engagement with multilateral agencies mainly through the case example of UNFPA as an organisation critically important to achieving results in SRHR

Table 4.7 Highlighted Results for International Pathway Three: Multilateral agencies

Engagement with UNFPA
UNFPA effectively engaged with Danida support in the ICPD+20 Process and Post-2015 Goals
Effective coordinated support of UNFPA priorities on SRHR in international negotiations
Protection of UNFPA's and UNAIDS mandates in Executive Board negotiations
Improved or protected global norms for SRHR

Engaging in ICPD+20
The General Assembly resolution of 2010 requiring the Secretary General to report on progress in implementing the ICPD assigned responsibility for developing the report to UNFPA. At that point Danida intervened to provide earmarked funding to the ICPD

Secretariat to undertake an extensive and costly process of surveys, technical meetings, and conferences in all five UN regions.

According to key informants, the resulting report surprised many with its strong evidence base. It was also characterised as "hard hitting" with a focus on why SRHR was not being implemented as envisaged in the ICPD POA. The report has a central focus on a rights-based approach which is linked to the sustainable development agenda through seven proposed paths of sustainability: strengthen equality, dignity and rights; invest in lifelong health and education, especially for young people; achieve universal access to SRHR; ensure security of place and mobility; build sustainable, inclusive cities; change patterns of consumption and strengthen global leadership and accountability.[20]

Effective collaboration with UNFPA in negotiations in the CSW and CPD
According to key informants, Danida has been effective in pressing UNFPA to be as active and committed as possible on SRHR in negotiations at the CSW and CPD and has strongly supported the positions taken by the agency. In turn, the same persons report that UNFPA, including its Executive Director, have been strong advocates for progressive positions on SRHR.

From UNFPA's perspective, Denmark, by being a core funder of multilateral agencies and by being visible and active at so many levels and through so many coalitions (Nordics countries, the Nordic Plus Group, the Uttstein Group, and close collaboration with the Netherlands), has built a very strong platform as an advocate for the rights component of SRHR. They indicate that Denmark's influence in global policy is disproportionate to its size.

Protecting UNFPA and UNAIDS mandate in executive board negotiations
In the current climate of resistance to the rights component of SRHR, UNFPA relies on support from Danida and like-minded donors to push back against any effort to restrict its mandate.

As an example, for the decisions of the most recent joint UNFPA, UNDP, UN Women Executive Board meeting in Geneva in June 2014, UNFPA supplied draft wording in the Board decisions on funding needed to "implement the ICPD POA and its commitment to SRHR". African countries, led by Cameroon, lobbied to have the wording read "implement national plans and programmes under the ICPD POA". Denmark objected strongly to what it saw as an attempt to weaken the POA by making it subordinate to national priorities. The ultimate result was that the reference to the ICPD POA was not included. This was not the desired outcome for Denmark, but it was preferred to approving language in a UNFPA Executive Board decision undermining the international pre-eminence of the ICPD POA.

In a similar fashion, Denmark's representative to UNAIDS Programme Coordinating Board has worked with like-minded members of the board to overcome resistance and to ensure that decisions of the Board recognise the rights of most affected populations (PLHIV, commercial sex workers, MSM, and injecting drug users). These include not only the right of equitable access to services but to participation in mechanisms for planning the HIV and AIDS response.

20 UNFPA (2014) Framework of Action for the follow-up to the Programme of Action of the International Conference on Population and Development Beyond 2014, unedited version; 234p.

Strengthened or protected international agenda for SRHR
As with International Pathway One, the ultimate outcome of Danish support and advocacy for strengthening UNFPA and others multilaterals in their role as advocates for SRHR must be seen as provisional. However there is at a reasonable expectation that the activities detailed here are contributing to an effective defence of the international normative framework for SRHR.

Summary: Contributing to SRHR through multilateral agencies in rights-based advocacy
At the international level, the multilateral agencies supported by Danida present a positive picture in advocating for a strengthened international agenda for SRHR. UNAIDS and the Global Fund have emphasised the integration of HIV and AIDS and SRHR and the need to incorporate key populations in decision making. UNFPA has been a strong global advocate and the Executive Director played an important role in the CSW and CPD 47 and the SDG Post-2015 processes. The ICPD+20 review funded by Danida, proved to be a key document, providing evidence on lack of progress and linking the SRHR agenda to sustainable development using a rights-based approach. Denmark has been effective in using its core and earmarked funding, combined with advocacy and well aligned negotiating positions, to both influence and support multilateral agencies engaged in advocacy for SRHR.

4.5 Support to International and Danish NGOs (International Pathway Four)

Overview and context
Danida provides financial support to a diverse set of international and Danish NGOs and research organisations. Funding is provided both as core support and as earmarked funding for specific programmes. The support to international and Danish NGOs is managed directly by UGS in Copenhagen. Except for Danish "Framework"[21] organisations, each multi-year grant to an individual NGO is handled as a separate project file within UGS.

The Evaluation assessed the contribution of nine international and Danish NGOs currently receiving support for their activities in SRHR. The INGOs assessed are those receiving very significant funding who also have a mandate focussed on SRHR. Among Danish NGOs, the Evaluation assessed the contribution of three organisations with a notable role in support to SRHR: the Danish Red Cross, AIDS-Fondet and Sex og Samfund (DFPA).

- **The Population Council** is currently receiving support for the period 2013-2015 under a grant of DKK 26 million. By supporting policy and programme-oriented research, Danida intends to contribute to better SRHR for disadvantaged groups; to reduce the impact of HIV on people's lives by way of access to high quality HIV

21 The six largest Danish NGOs have longstanding framework agreements with Danida – ActionAid Denmark, DanChurchAid, Ibis, Danish Red Cross, CARE Denmark, and Save the Children Denmark (and more recently Sex og Samfund). Framework agreements are for a four year period although formal applications are required from the NGOs every two years. Five additional organisations became framework organisations in early 2013, ADRA Denmark, Danske handicaporganisationer (Danish Organisations for the Disabled), 3F, U-landssekretariatet and Verdens Skove (World´s Forests).

treatment and prevention services; and to enhance knowledge on the issues facing disadvantaged girls. One of the Council's most important roles is research into women-controlled, long lasting, reversible contraceptives.

- **Marie Stopes International (MSI)** is receiving two Danida grants for the 2013 to 2015 period: one for empowering women to exercise sexual and reproductive rights (DKK 34.5 million) and another core grant for advocacy (DKK 85 million). Danida supports the components of the MSI organisational strategy aimed at accelerating the delivery of a rights-based approach to SRHR through: (1) the transformation of health markets by addressing supply and demand side determinants to ensure the equitable and efficient delivery of quality services; (2) ensuring accountability; and (3) the translation of rights into results-based strategies.

- **Women Deliver** is a global advocacy organisation calling for action on women's and girls' health. It advances its advocacy through four main strategies: convening a wide range of stakeholders in triennial Women Deliver conferences; leadership development among young people; building journalists' awareness of maternal and reproductive health; and messaging at the conferences.[22] Danida contributed DKK 12.7 million to Women Deliver for the 2013 to 2015 period.

- **The International Partnership for Microbicides** was allocated DKK15 million in Danida support for the 2014 to 2016 period for research on the development of a silicon ring as a women-controlled contraceptive device which also protects from HIV.

- **The International Planned Parenthood Federation (IPPF)** was supported by Danida in managing the Secretariat for the ICPD+20 High Level Task Force and is active in the support of the Post-2015 and ICPD+20 processes. Between 2010 and 2012, IPPF managed the A+ programme, funded by Danida. The three-year programme aimed to improve the SRHR of young people through expanding access to quality youth SRHR services and comprehensive sexuality education and through advocating for a policy environment that prioritises young people's sexual and reproductive rights. Danida also provided a grant of 20 million DKK to IPPF for its Safe Abortion Action Fund from 2012 to 2014. In 2013 total Danida disbursements to the IPPF reached DKK 48.5 million.

- **Ipas**[23] was allocated DKK 45 million in Danida support between 2010 and 2013 to implements its five-year strategic vision focused on health system and community-based access to safe abortion, as well as improving the policy environment. Ipas reports influencing the commitment of national or state governments in: Ethiopia, Bangladesh, Brazil, Honduras, Mexico, Ghana, Mexico, Nigeria, Mozambique and Zambia. For the 45th Session of CPD, Ipas organised a discussion on youth sexual rights in Latin America and the Caribbean together

22 Global Health Visions (2014) Women Deliver Evaluation. Final Report. Executive Summary. June 26, 2014.

23 Ipas was originally named the International Pregnancy Advisory Service when it operated with USAID support in the early 1970s. The term Ipas is no longer an acronym but a "brand" not unlike Danida.

with IPPF. Ipas also organised a workshop for parliamentarians from Sub Saharan Africa.[24]

- **The Danish Red Cross** is a Danida "framework" organisation receiving secure funding for its core operations. It operates SRHR focussed projects in Togo, Liberia and Guinea along with a broader public health sector project in Liberia and HIV focussed projects in Ethiopia, Myanmar and Uganda. The Danish Red Cross has worked to support the International Federation of Red Cross and Red Crescent Societies in its involvement in the Post-2015 Development Goals negotiation process.

- **AIDS-Fondet** is a small Danish HIV and AIDS focused organisation. From 2012 to 2014, AIDS-Fondet was engaged in a process of merging with two smaller Danish organisations focusing on HIV and AIDS. It receives funding from Danida through the Civil Society Fund for three ongoing programmes in Malawi, Uganda and Nepal. The organisation also receives funding from, amongst others, Den Obelske Familiefond.

- **Sex og Samfund (DFPA)**, the Danish affiliate of IPPF, recently became a Danida framework organisation. The organisation is also funded by the EU and several private foundations. They work closely with Danida on SRHR, providing technical inputs to support Danida in multilateral negotiations based in part on knowledge sharing from their membership in global civil society networks. They are a member of several large global SRHR networks, such as the European civil society forum of SRHR NGOs. Sex og Samfund also hosts the Danish SRHR Inter-Parliamentary Network.

Assessing International Pathway Four:
Support to International and Danish NGOs
This Pathway also rated highly against the Evaluation contribution analysis criteria.

Table 4.8 Assessing International Pathway Four: Support to International and Danish NGOs

Assessment Criteria	
1. Necessity	High
2. Clarity of linkages to results in SRHR	High
3. Significance of Danida's Role	Moderate
4. Immediacy of Results	Short to Longer Term
5. Effectively Addressing Risks	Moderate

The Evaluation assessed the ***necessity*** of supporting NGOs as high because many of them (Ipas, IPPF, MSI) play a dual role in international advocacy and in service delivery (and advocacy and technical assistance) in developing countries in controversial areas of SRHR such as Comprehensive Abortion Care (CAC) and supporting the rights of marginalised groups. The ***clarity of linkages to the themes*** of the strategy was rated high

24 Ipas (2012), *Advancing Women's Reproductive Health and Rights Through Expanded Access to Safe Abortion Care*, FY12 Annual Report on Ipas's Key Initiatives and Accomplishments.

for support to NGOs because their activities in global advocacy directly link to the themes of the Strategy, particularly for maternal health (addressing causes of mortality: unsafe abortion and poor FP), and for young people's access and gender equity.

The ***significance of Danida support*** is rated as moderate, but variable, depending on the NGO in question. Danida often provides core support to NGOs, which in turn allows them to engage in either advocacy or service delivery in hard to fund areas such as basic research in long lasting, women controlled contraceptive methods (Population Council) or service, advocacy, and technical support to safe abortion care (Ipas and MSI). While most INGOs have access to funding from other development partner countries and from private foundations, Danida support is critical to smaller Danish NGOs; not only to support operations but to maintain an effective Danish network of NGOs working in SRHR.

The ***immediacy of the results*** of Denmark's support to NGOs is rated both short and longer term. In the short term, advocacy and engagement by INGOs in negotiations can contribute to changes in international norms and technical standards. INGO work at country level can influence national practices and improve access to controversial services over the longer term.

The ***effectiveness of addressing risk*** criterion is rated moderate for support to NGOs because of the ongoing need to make careful decisions balancing the need for supporting active SRHR CSOs working in developing countries without losing the ability to support Danish and international NGOs engaged in advocacy and service delivery. Funding decisions can also strengthen or weaken the foundation of technical knowledge on SRHR available in Denmark.

Highlighted outcomes in International Pathway Four: Support to NGOs
The outcomes identified for support to NGOs range from stronger advocacy at global level to a strengthened international agenda for SRHR

Table 4.9 Highlighted Outcomes for International Pathway Four: Support to NGOs

International and Danish NGOs
Strengthened INGO capacity to engage in advocacy for controversial aspects of SRHR globally and in developing countries
NGOs and INGOs participate effectively in CPD and Post-2015 Development Goals processes
INGOs demonstrate an ability to convene policy makers and influence commitments
Contribution to strengthened the international normative agenda for SRHR

INGO advocacy in developing countries
Since 2013, Danida has provided core funding to MSI and IPPF which is used, in part, to support advocacy strategies in response to increasing opposition to SRHR. Unrestricted core funding was cited as critical for achieving advocacy goals on long-term and sensitive issues. The strong role of INGOs in advocacy for controversial areas, especially safe abortion and serving marginalized groups (MSM and commercial sex workers) was confirmed in the Ghana country study and is highlighted in Section 5.6.

Dissenting Voices: Questioning Danida's Capacity to Engage in Effective Support of NGOs in SRHR

Some international and Danish NGOs reported that the very small cadre of full time staff working on SRHR in UGS and the Permanent Missions made it very difficult to have more than just a funding relationship. In the words of one INGO representative "we need Denmark to be a strategic partner which is a much larger task and requires more investment than just being a funder, but for this they need more capacity".

Some NGOs also pointed out that the very small size of staff at Permanent Missions contributed to lost opportunities in multilateral negotiations and in Executive Board meetings of UN organisations.

NGO and INGO participation in international negotiations

INGOs funded by Denmark have intervened at critical points in negotiations aimed at strengthening international agreements relevant to SRHR.

As an example, during the preparatory phase for CPD 47, the IPPF worked on briefing developing country delegations and ensuring that progressive delegations (Colombia and Ethiopia) made statements in support of the ICPD POA and of SRHR during plenary discussions. IPPF also provided support to UNFPA in the development report of the Secretary General in the preparatory phase of CPD 47. The IPPF-managed ICPD High Level Task Force prepared summary guidance on the progressive outcome documents of regional consultations in advance of CPD 47 and with Danish support, aided delegates from the Pacific region to come to a consensus on a common, progressive, position.

Sex og Samfund (Denmark's IPPF affiliate) was able to provide technical support to the Permanent Mission in New York during preparations for CPD 47 and were accredited members of the Danish delegation. The organisation joined the Danish delegation to Rio+20 to negotiate for SRHR visibility within the Rio+20 outcomes – which was successfully achieved[25]. This is particularly significant because the Rio+20 negotiations were viewed as being neglected by most SRHR actors, yet may provide a defining contribution to shaping the Post-2015 SDG process.

Convening policy makers and securing commitments to SRHR

Danida's support to Women Deliver has focused on its triennial conferences in 2007, 2010 and 2013. Crown Princess Mary of Denmark has been a key supporter and made an important intervention in the 2013 conference. In 2013, support from Denmark also helped to convene the first private sector network on maternal health with Merck pledging a contribution of USD 500 million. The 2013 conference drew over 4,500 participants from different categories and sectors: activists, experts, and people from the private sector and from foundations.

The 2014 evaluation of Women Deliver conducted by Global Health Visions concludes: "Women Deliver and its conferences have played an important and unique role in building a global advocacy movement to support maternal and reproductive health.

25 Personal communication, Sara Fisher, Programme Officer for the Population and Sustainability Network, and member of the Danish delegation to Rio+20.

Stakeholders from a wide range of sectors, countries and perspectives greatly appreciate and value Women Deliver."[26]

The development of the Advocacy Fund
Danida has recently been involved, together with the Netherlands and the Packard Foundation, in the development of an Advocacy Fund to provide earmarked and core funding to NGOs. The Fund has a strong southern focus and an intention to support concerted action by national and regional NGOs in developing countries. Without excluding INGOs, the intention is clearly to support capacity building for civil society advocacy on SRHR. The Fund will be managed by an external agent to reduce the administrative burden on Danida staff – raising concern among some key informants on whether Danida's priorities would be protected. Most international and Danish NGOs interviewed by the Evaluation saw the need for a mechanism to engage with and support CSOs in developing countries as a counter to growing resistance to SRHR.

Support to research activities at international level
The most important elements of Denmark's support to research and learning have been funded at the international level. They include: support to the Population Council and its research on long lasting reversible contraceptives, especially implants; support to the International Partnership for Microbicides; and the recently discontinued (2012) support to ENRECA as a Danish network for capacity development and collaborative research on SRHR.

ENRECA: A Valued Danish Network for SRHR No Longer Funded
ENRECA (Enhancement of Research Capacity) was, until 2012, a non-profit independent think tank engaging in research capacity strengthening, advocacy and research communication in global health related issues working out of a secretariat in the University of Copenhagen. A number of key informants have described ENRECA as "the Danish network for SRHR research and advocacy".

Danida funding to ENRECA was ended in 2012 coincidental with increasing emphasis on funding of joint research between Danish and Southern Universities under the Building Stronger Universities (BSU) initiative.

Key informants interviewed were positive about core funding from Danida as an important factor in allowing them to undertake basic "bench level" research on cost-effective methods for women controlled contraception. This included Ipas, which continues to research cost effective methods for safe-abortion which can be carried out by front line health service providers.

There was also evidence of the Ghana office of the Population Council collaborating effectively with the Ghana Health Services to conduct operations research and provide a strong evidence base for task shifting so that community health nurses could administer contraceptive implants.

Finally, ENRECA was viewed by key informants in Denmark as a trusted provider of quality research on SRHR and as an important factor in maintaining a critical mass

26 Global Health Visions (2014).

of knowledge on SRHR. ENRECA also played a significant role in synthesizing and summarizing knowledge and research for use by Danida policy makers and in international and Danish NGOs.

What the Evaluation did not find was an overall strategy for Denmark's support to research in SRHR. The individual Danida funded research elements are viewed positively by key informants they lack an understanding of an overall guiding strategic direction in Danish support to research. This is in direct contrast to the clear strategies Denmark has pursued in international multilateral negotiations on SRHR.

Summary: Contributing to results through support to NGOs
Danida's support to INGOs, especially as core support to use in hard to fund areas, has helped to increase their capacity to engage effectively in advocacy for controversial aspects of SRHR. Similarly, Danida has facilitated effective participation by international and Danish NGOs in multilateral negotiations leading up to the development of the Post-2015 development goals. It has also benefited from the technical capacity and networking power of international and Danish NGOs.

4.6 Pathways to Change in SRHR at the International Level

Assessing international pathways in combination
At this point in the analytical process, the individual international Policy Area Pathways were brought together and assessed against the contribution analysis criteria. Table 4.10 provides a concise overview of the results of the assessment of each Pathway. In comparison to the pattern for the Programme Area Pathways examined in the Ghana and Mozambique country studies (see Section 5.8), it is striking that all four Policy Area Pathways at international level are ranked highly against all five of the contribution analysis criteria used by the Evaluation. There is no particular reason to expect any one Pathway to contribute more to outcomes than another.

Table 4.10 Assessing International Policy Area Pathways in Combination

Pathways in SRHR Criteria and Ratings by the Evaluation	1. Necessity	2. Clarity of Link to SRHR	3. Significance of Danida Support	4. Immediacy of Results	5. Effectively Addresses Risk
1. Engaging in Multilateral Negotiations	High	High	High	Short and longer term	Moderate
2. Engagement with the EU	Moderate to High	High	High	Short and longer term	High
3. Support to Multilateral Organisations	High	High	High	Short and longer term	High
4. Support to NGOs	High	High	Moderate	Short and longer term	Moderate

An analysis of the outcomes identified for each Policy Area Pathway produces a similar result. Each of the four International Pathways contributes to a set of outcomes which in turn can be credibly seen to contribute to the defence or advancement of international global norms for SRHR. There is much more convergence of outcomes in Danida's efforts to support the goals of the Strategy at international than at country level. This is the result of its focus on a single over-riding objective: defending or advancing the global normative framework for SRHR.

Table 4.11 Outcomes Identified for International Contribution Pathways

International Pathways	Outcomes Identified For Each Pathway				
1. Engagement in Multilateral Negotiations	Progressive language in resolutions on CPD 45	Mixed results of CPD 47	Inclusion of sexual rights language in CSW 57 and 58		Improved or maintained global norms for SRHR
2. Negotiations at the EU	Formation of a cohesive negotiating block	Mobilisation of political support for EU recognition of SRHR	Endorsement by EU heads of state on conclusions including SRHR	EU common position on Post-2015 development agenda includes sexual and reproductive rights	Potential contribution to strengthened normative framework for SRH R in Post-2015 goals
3. Multilateral Agencies in Rights-based Advocacy	UNFPA effectively engage in ICPD+20 and Post-2015 goals	Effective support of UNFPA priorities on SRHR in negotiations	Protection of UNFPA core mandate (ICPD POA) in Ex Board Negotiations		Improved or maintained global agenda for SRHR
4. Support to NGOs	Strengthened INGO capacity for advocacy in developing countries	NGO and INGOs effective in CPD and Post-2015 Processes	INGOs effectively convene policy makers and influence commitments		Contribution to improved or maintained global agenda for SRHR

Figure 4.1 presents an overview of the strength of the linkages from each of the Policy Area Pathways to results in each of the four priority themes of Denmark's Strategy for the Promotion of SRHR. Each Pathway is assigned a unique colour in the linkage arrows. The thickness of each arrow represents the strength of the link from the pathway to the theme of the Strategy.

Figure 4.1 International Policy Area Pathways Contributing to Themes of the Strategy

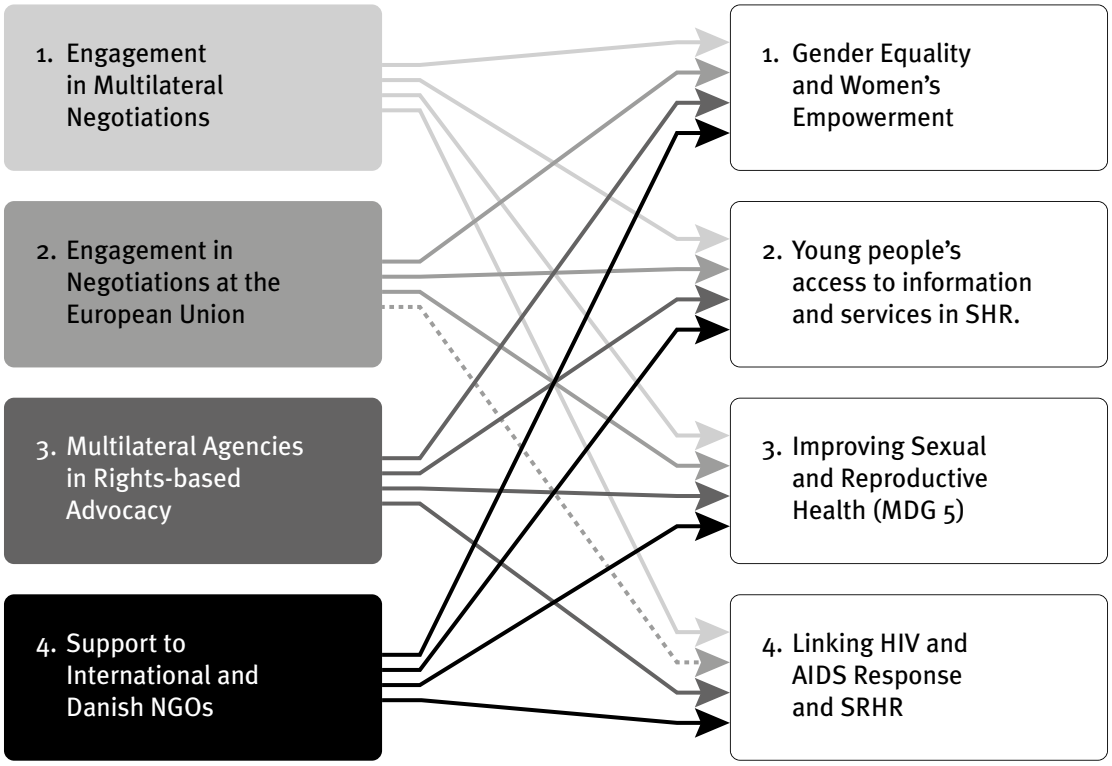


Figure 4.1 illustrates the utility of all four international level Policy Area Pathways in contributing to the themes of the Strategy. Each pathway links to all four themes and all of them show strong linkages to at least three of the four.

For International **Pathways One and Two** this arises because the negotiations in international treaty bodies and at the EU focus on establishing a right to sexual and reproductive health in all its dimensions, covering all four themes of the strategy. Similarly for P**athway Three**, the multilateral agencies (UNFPA and UNAIDS in particular) advocate for a priority for SRHR in all its dimensions at international level. International **Pathway Four** contributes to all four themes of the Strategy through the diverse engagements of international and Danish NGOs in negotiations and in advocacy for the ICPD POA.

Summary

In summary, Denmark has made effective use of its engagement in international multilateral negotiations to strengthen the international normative framework in SRHR where it has played an acknowledged leadership role. It has worked closely with multilateral agencies, especially UNFPA, both by providing funding to strengthen its engagement in multilateral negotiation and by acting in the Executive Board and other forums as an ally, defending the central role of the ICPD POA. It has also engaged effectively with UNAIDS working as an ally in the agencies' efforts to ensure that key HIV and AIDS affected populations participate fully in the global and national response. Denmark has worked effectively with international and Danish NGOs to strengthen or defend the global agenda for SRHR, but there are important concerns regarding the small size of the cadre of Danish officials available to engage in international negotiations and to enter into strategic partnerships with, in particular, large INGOs. The latter would like to see greater engagement by the MFA in joint discussions on how to best achieve goals in SRHR.

5 Contributing to SRHR at Country Level

5.1 Evaluation Results at Country Level

This chapter presents Evaluation findings arising from the country studies of Mozambique and Ghana as well as the on-line survey of key stakeholders in Kenya, Tanzania and Uganda.

To synthesize the county level results, the Evaluation grouped closely related Programme Area Pathways in Ghana and Mozambique. Doing so allowed the Evaluation to examine seven different areas of support to SRHR at country level, always recognising that results will differ depending on the interaction between Danida support and the national and local context.

Country Programme Pathway Seven, support to nutrition programming, is not examined in detail here but the Evaluation takes into account the results of the assessment presented in the Mozambique country study. The Evaluation found that support to nutrition programming in Mozambique has the potential to contribute to results in SRHR but only if FP is strongly integrated into multi-sector plans to address chronic malnutrition.

Table 5.1 Programme Area Pathways in Ghana and Mozambique

Country Programme Area Pathways	Coverage in the Country Studies
1. Support to Health Systems (Central and Provincial)	Ghana and Mozambique
2. Support to HIV and AIDS Programmes	Ghana and Mozambique
3. Support to UNFPA	Ghana
4. Support to National SRHR Youth & Adolescent Programmes	Mozambique
5. Core Support to INGOs Engaged in SRHR	Ghana
6. Support to CSOs for Citizen's Engagement in SRHR	Mozambique
7. Support to Nutrition Programming	Mozambique

5.2 Support to Health Systems (Country Pathway One)

In both Ghana and Mozambique, a large proportion of Danida bilateral programming in the health sector is provided in the form of SBS, earmarked funds, policy dialogue and technical support to health systems[27].

27 For all of Chapter Five, the evidence and results presented are from: Freeman, Matsinhe, Mayhew and Nazzar, *Country Study Report: Ghana and Country Study Report: Mozambique* (Copenhagen: Euro Health Group, 2014) unless otherwise noted.

In Ghana support has been provided at central level to the programme of work of the MOH and the GHS and to strengthen the Christian Health Association of Ghana (CHAG) as a provider of health services. In the most recently completed four year programme (Health Sector Programme Support (HSPS)IV: 2008 to 2011) support to central health systems accounted for DKK 357 million or 84% of the total budget of DKK 425 million. This support was continued in the successor programme HSPS-V.

In Mozambique, Danida has consistently supported health systems development at both the central and provincial level. In Health and HIV and AIDS Programme Support from 2007 to 2012, DKK 240 million or 63% of the total was allocated to support the achievement of the Health Sector Strategic Plan at central level and in Tete. In the transition to the 2012-2017 Health and Nutrition Sector Programme Support, national and provincial (Tete) sector budget and earmarked funding accounted for DKK 217 million or 48% of the programme.

Assessing Country Pathway One: Support to Health Systems
The assessment ratings for support to health systems varied depending on country and context and in Mozambique, between central and provincial support.

Table 5.2 Assessing Country Pathway One: Support to Health Systems (Central and Provincial)

Assessment Criteria	Ghana: Central	Mozambique: Central	Mozambique: Tete Province
1. Necessity	Moderate to High	High	High
2. Clarity of linkages to results in SRHR	Moderate	Low to Moderate	Moderate to High
3. Significance of Danida's Role	Moderate	Moderate	High
4. Immediacy of Results	Longer Term	Longer Term	Medium to Longer Term
5. Effectively Addressing Risks	High	Moderate/High	High

For all three cases the ***necessity*** of support to health systems was rated either moderate to high or high. This is because in all three situations, improvements in results in SRHR depend on improving the performance of national and provincial health systems.

Two of the three cases of health sector systems support were rated either moderate or moderate to high on the ***clarity of links to results*** in SRHR. Central support in Mozambique was rated low to moderate for this criterion because the visibility of SRHR in sector budget support and technical assistance was not high and had not been backed up by consistent messaging from the senior management level of the RDE. In contrast, health systems support to Tete Province was rated moderate to high based on Danida's long history of engagement the and consistent advocacy for SRHR.

Health systems support is necessarily a longer term endeavour. As a result, the ***immediacy*** of results in SRHR is rated medium or longer term. The positive rating for ***addressing risk*** in all three examples of support to health systems is a result of Danida's willingness to engage directly to address identified risks. In both Ghana and Mozambique improving Public Financial Management (PFM) is seen as an essential strategy for addressing risk.

Highlighted outcomes in Country Pathway One: Support to Health Systems
There are many common elements to the outcomes for health systems support in all three examples of its application at country level.

Table 5.3 Highlighted SRHR-Related Outcomes in Support to Health Systems

Ghana: Central	Mozambique: Central	Mozambique: Tete Province
Improvements in PFM and in monitoring and accountability systems	Improvements in PFM in MOH contributes to better accountability	Improved PFM and improvements in programme planning, budgeting, implementation and monitoring
Sector plans and programmes prioritise SRHR	Sector plans and programmes prioritize SRHR (especially for young people)	Provincial sector plans and programme visibly prioritize SRHR
National Health Insurance System strengthened as source of funding for health services	Continued external support to the health sector via MOH	Improved infrastructure for health services; central hospital, training centres, two health centres and cold chain
Policy changes improve service delivery (task shifting for contraceptive implants)	Selected improvements in service mainly in SBA	Improvements in service delivery in terms of institutional deliveries, SBA and FP
Some improved services including FP, SBA		User satisfaction monitored as positive for staff, negative for infrastructure

Improving PFM and programme planning, management and accountability
In all three examples of support to health systems, Danida has supported improvements in PFM and in systems for monitoring and accountability. The country studies indicate that these efforts have gained most traction and made the most significant contribution to strengthening programming in SRHR at central level in Ghana and in Tete Province in Mozambique. In Ghana improvements in PFM and in monitoring and accountability (as well as in the strengthening of the National Health Insurance Scheme) were attributed to long-term continuity in both financial and technical support which continued across several multi-year programmes.

Ghana: An Engaged RDE and the Use of Political Capital
A feature of Danida's support to SRHR in Ghana has been the engagement of RDE staff in policy dialogue and advocacy for SRHR, including its Rights components. Danida in Ghana is perceived as an important systems support partner in the health sector and as a vocal advocate for improved SRH services and for sexual and reproductive rights. The RDE has been able to build on political capital gained through bilateral engagement in the health and HIV and AIDS sectors as the basis for gaining traction in policy dialogue and advocacy.

In Mozambique, a similar situation applies in Tete Province. There long-term advisory services and technical assistance provided by Danida have been important in moving to a stronger, more results oriented system of planning, budgeting, implementing and monitoring performance in SRHR.

Strengthening the SRHR content of Health Sector Plans, Priorities and Policies
The Evaluation also identified a positive Danida contribution to the SRHR content of health sector plans and priorities in all three examples of health systems support. At central level in both Ghana and Mozambique these most often took the form of statements of intent in health sector Strategic Plans. These commitments were made credible by the inclusion of targets and indicators of service improvements and outcomes. In Tete Province, as well as a budget allocation for SRHR, the Provincial Health Directorate has set its own targets for monitoring results in SRHR and given them high priority in regular reporting.

Mozambique: International Agreements Influence Policy
A feature of Danida's support to SRHR in Ghana has been the engagement of RDE staff in policy dialogue and advocacy for SRHR, including its Rights components. Danida in Ghana is perceived as an important systems support partner in the health sector and as a vocal advocate for improved SRH services and for sexual and reproductive rights. The RDE has been able to build on political capital gained through bilateral engagement in the health and HIV and AIDS sectors as the basis for gaining traction in policy dialogue and advocacy.

Respondents to the on-line survey in Kenya, Uganda and Tanzania (18 of 27) indicated that Danida was proactive in consultative bodies dealing with health and had worked to raise the priority given to the four themes of the Strategy. Notably, however, only four of the 27 respondents reported that Danida had been active in advocating for safe abortion or post abortion care.

Improvements in services and outcomes
The Evaluation identified some improvements in services and selected outcomes in SRHR in all three examples of Danida support to health systems. In Ghana these included improvements in family planning as measured by the CPR along with improvements in skilled birth attendance as measured by institutional births. At the same time it is important to note that progress towards the achievement of MDG 5 and its targets remains slow.

Loss of Momentum on Exiting the Health Sector in Uganda
A Ugandan government respondent to the on-line survey noted: "When Danida exited the Ugandan health sector, this in some ways has significantly affected the drive and momentum. Danida's presence in the health sector is of high value to get all the development partners, international NGOs and multilateral agencies on a good track given that Danida was probably the pioneer in Uganda for most areas of Sexual and Reproductive Health and Rights."

In Mozambique at national level the MOH has reported improvements in the rate of institutional deliveries (as a proxy for SBA) but the CPR for the use of modern methods declined slightly between 2009 and 2011. The MMR has improved steadily during the evaluation period but this comes at a declining rate and will not reach the target of 250 maternal deaths per 100,000 live births by 2015.

In Tete Province there are some quantitative indicators of improvements in service delivery as reported by the DPS to the Evaluation. In FP, Tete reported substantial increases in couple years of protection for women of child bearing age (from 15.6% in 2012 to 22% in 2013).

Results reported by Tete Province have also benefited from the addition of provincial health SBS in the 2012 Danida programme. Security of funding has enabled DPS staff to be engaged in meaningful work on programme planning and budgeting with a results focus. Danida's engagement in Tete Province, with its emphasis on a mix of earmarked and provincial SBS and the consistent provision of long-term technical support and advocacy in management and in SRHR has become a model for other DPs.

Summary: Contributing to results through health systems support
In both Ghana and Mozambique, Danida has been a sustained and valued supporter of health systems development at a national level. To provide this support it has used SBS, earmarked funding and long- and short-term technical assistance with a strong focus on strengthening health management systems. In Ghana this has included efforts to strengthen the national capacity to fund health expenditures through the National Health Insurance System (NHIS).

Danida has actively engaged in the task of linking health systems support to improvements in SRHR in both countries. Its support to health systems has included strong and consistent messaging in policy dialogue and advocacy by the staff of the RDE and long-term advisers. Similar results were reported by respondents to the online survey in Kenya, Tanzania and Uganda (with the important exception of advocacy for access to safe abortion where Danida is not seen as active). This engagement has been most evident in support to national health systems in Ghana and to the DPS in Tete Province in Mozambique. In Ghana it reflects the active engagement of senior management of the RDE up to the ambassadorial level working in conjunction with health advisers. Danida is seen as both a "systems" partner focusing on the effectiveness of the sector as a whole and as a vocal advocate for attention to SRHR.

5.3 Support to HIV and AIDS Programmes (Country Pathway Two)

A Loss of Policy Influence on Leaving the Sector: Danida Withdrawal from HIV and AIDS in Ghana
In the transition from health sector support programme four to programme five in Ghana, Danida took the decision to end its support to HIV and AIDS. An unintended consequence of that was that Danida was no longer active in DP and GOG discussions on HIV and AIDS policies and programmes. Interestingly, this absence was strongly felt and noted by key informants from the GAC, the National AIDS Control Programme and UNAIDS.

In both Ghana and Mozambique, Danida's most recently completed health sector programmes of support have included dedicated funding and technical assistance to support programming in HIV and AIDS.

In Ghana, Danida provided DKK 40 million from 2008 to 2011 to the Ghana AIDS Commission (GAC) to support HIV and AIDS prevention, treatment and care. It also co-financed a long-term adviser on HIV and AIDS programming. Three important sub-components of the Danida supported programme had a visible rights component and attempted to provide information and services (including integrated HIV and FP services) to Most at Risk Populations (MARP). They focused on: reducing stigma and discrimination for PLHIV; services for commercial sex workers and MSM; and addressing gender related aspects of HIV and AIDS. The last of these included gender rights and HIV education for young people.

In Mozambique, Danida's health sector support programme from 2007 to 2011 included an allocation of DKK 120 million for support to HIV and AIDS programming (32% of the total programme budget). However, of that amount, DKK 46.2 million was allocated to the national programme to support SRHR for young people (Geração Biz) addressed under Pathway Four.

Danida's support in Mozambique was provided as a combination of funding for the HIV and AIDS common fund, earmarked funding for capacity development of the National Aids Commission (CNCS) and long- and short-term advisers working at headquarters level and in its provincial unit in Beira. It also included support to the development and delivery of a university course for capacity building in HIV and AIDs programming, support to the Ministry of Science and Technology, and the establishment of a knowledge centre in Beira.

Assessing Country Pathway Two: support to HIV and AIDS programmes
When Programme Area Pathway Two was assessed against the five contribution analysis assessment criteria used by the Evaluation the results were as shown in Table 5.4.

Table 5.4 Assessing Country Pathway Two: Support to HIV and AIDS Programmes

Assessment Criteria	Ghana	Mozambique
1. Necessity	Moderate to High	High
2. Clarity of linkages to results in SRHR	High	Moderate
3. Significance of Danida's Role	Moderate to High	Moderate to High
4. Immediacy of Results	Short to Medium Term	Longer Term
5. Effectively Addressing Risks	Low to Moderate	Low to Moderate

In both Ghana and Mozambique the ***necessity*** of Danida support to HIV and AIDS programming was rated either moderate or high by the Evaluation. The high rating in Mozambique reflects the severity of the epidemic and the need for a more effective response.

The ***linkages*** from Danida support to results in SRHR were rated high in the Ghana programme because of the role played by Danida staff in advocating for an integrated, rights-based approach to the HIV and AIDS response and because the programme components focussed so closely on services and rights for CSW and MSM. In Mozambique the linkage was rated moderate because Danida support focused on mainstreaming HIV and AIDS in a multi-sector approach and providing capacity development for coordinating the HIV and AIDS response.

Both Ghana and Mozambique, HIV and AIDS support programmes were rated moderate to high regarding the ***significance*** of Danida support because, while other development partners and funds provided larger financial commitments, Danida was a strong supporter of the integration of HIV and AIDS programming into family planning and other SRHR services.

The difference in the ***immediacy*** rating for support to HIV and AIDS in Ghana and Mozambique (with Ghana expected to produce results in the short to medium term and Mozambique in the long term) arises because all three of the programme sub-components supported by Danida in Ghana had a direct service delivery component.

Finally, in Mozambique, Danida support was rated only low to moderate in ***addressing risk*** because, while it addressed service delivery capacity, it was not able to overcome institutional weaknesses in the structure and performance of the CNCS. In Ghana the rating is also low to moderate because Danida did not effectively address the problem of the sustainability of funding for local NGOs after its support was withdrawn in 2011.

Highlighted outcomes for Country Pathway Two: Support to HIV and AIDS Programmes

The Evaluation found a very significant difference in the number and type of outcomes which could be plausibly linked to Danida support to HIV and AIDS in Ghana and Mozambique.

Table 5.5 Highlighted Outcomes in Support to HIV and AIDS Programmes

Ghana	Mozambique
Consistent, high profile messaging in media, workplace and schools on stigma reduction	Policies, procedures and guidelines for HIV and AIDS integrated with SRH services at policy level
Increased public awareness of situation of people living with HIV	
Increased knowledge of HIV and gender rights in three regions of Ghana	
Strengthening of Female Sex Worker CBOs	
Female Sex Workers (FSWs) linked to prevention and treatment centres	
FSWs and MSM access integrated HIV and SRH services	

Outcomes in Mozambique
The Evaluation found that Danida-funded, long-term technical support to the CNCS had contributed strongly to the development of the third National HIV and AIDS Strategic Plan for Mozambique. This was an important factor in the national policy of integrating HIV and AIDS prevention and treatment services into services in SRHR. Unfortunately, this policy of integration is rarely reflected at the service delivery level. The reasons for ineffectiveness of the policy include: overburdening of key service delivery personnel; continued use of multiple reporting formats; failure to ensure that personnel involved in HIV and AIDS counselling and testing have the needed contraceptives and educational material; and missed opportunities to link HIV testing and treatment to services in SRHR.

The success of Danida's earmarked capacity development support to the CNCS in Mozambique depended on the organisation's ability to respond effectively. In the event, this response was not forthcoming. Danida and other DPs providing funding through the AIDS Common Fund became disillusioned with efforts to re-structure and re-organise the CNCS. The 2009 Danida programme review noted (p.3) "CNCS lacks technically advanced and responsible leadership and management. It coordinates in name only, endures particularly high staff turnover in technical areas, and has reported low motivation across all staff levels."

Danida responded to these difficulties first by reallocating support from the CNCS to other organisations working on HIV and AIDS and to support for nutrition. The ultimate result was a decision that the successor programme of support to health and nutrition in Mozambique would not have a component of support to HIV and AIDS, except in Tete Province.

Outcomes in Ghana
Each of the three components of the HIV and AIDS programme supported by Danida in Ghana resulted in positive outcomes recognised by the Evaluation.

The Danida-funded Heart-to-Heart Campaign was noted by UNAIDS as a model of effective anti-stigma programming: with a direct focus on commercial sex workers and MSM and a broad reach into the wider community through media campaigns and direct contact between students and workers on one hand and PLHIV on the other. The programme to provide prevention, care and stigma reduction for commercial sex workers and MSM responded to an urgent need for integrated and accessible HIV and AIDS prevention and treatment services to vulnerable groups.

The gender rights and HIV education sub-component was specifically aimed at addressing the gender related aspects of HIV and AIDS in Ghana by: increasing the consistent and correct use of condoms, reducing the effect of negative gender-norms on women's susceptibility to infection; and providing in-depth knowledge of Post Exposure Prophylaxis to survivors of sexual violence. All of this was done under the umbrella of providing information on women and girls' human rights, including sexual and reproductive rights.

Summary: Contributing to results through support to HIV and AIDS programmes
Clearly, Danida's efforts to support SRHR through HIV and AIDS programming in Ghana and Mozambique have met with very different levels of success in contributing to positive outcomes.

Danida support to the overall HIV and AIDS response system in Mozambique has not been able to contribute effectively to the expected outcomes, mainly because of problems in the capacity and responsiveness of the CNCS. In Ghana, Danida was able to make a more notable contribution to positive results in SRHR by focussing its support on sub-programmes which themselves directly addressed the rights component of the Strategy including gender equality (by addressing the negative gender impacts of HIV on women and girls) and the provision of effective services to MSM and FSWs. Danida also built on its support by engaging in effective policy dialogue and advocacy for providing services to the same groups. However, when it exited from support to HIV and AIDS in Ghana in 2012, Danida's voice in the dialogue on effective programming was lost and this absence was felt by partners, including UNAIDS, the National AIDS Control Programme, the GAC and the MOH.

5.4 Support to UNFPA (Country Pathway Three)

The Evaluation took a different approach to examining Danida's support to UNFPA programming in the country studies of Ghana and Mozambique. In Mozambique this was done through a close examination of the national youth and adolescent programme in SRHR (Geração Biz) coordinated by UNFPA with support from Denmark, Sweden and Norway (see Section 5.5).

In Ghana, the Evaluation conducted a more general examination of UNFPA programming. Doing so allowed the Evaluation to provide both a general overview of UNFPA programming in SRHR (in Ghana) and a more detailed examination of a flagship UNPFA supported programme (in Mozambique). The two examples of support to UNFPA are not merged into a single Pathway because of the distinct nature of the Geração Biz Programme (PGB).

Denmark provides both core and programme funding to UNFPA from its headquarters in Copenhagen: an allocation of DKK 242 million in 2014[28].

Collaboration between UNFPA and Ghana began in 1972 and is now in its sixth programme cycle. It engages with and supports a wide range of government and civil society implementing partners at both national and district level. Prominent among these are the MOH, the GHS, large INGOs active in SRHR, the Ministry of Women and Children's Affairs and the Domestic Violence and Victim Support Unit of the National Police Service.

In response to the 2011 UNFPA Medium Term Strategic Plan, UNFPA in Ghana undertook a rebalancing exercise in the planning of its sixth programme (2012 to 2016). This involved shifting the balance of programme activity away from central to regional and district level while concentrating on fewer districts and regions in an effort to focus its limited financial and human resources. The result was a shift from working in 46 districts in seven regions in 2011, to just 25 districts in three regions in 2012.

Assessing Country Pathway Four: Support to UNFPA Programming
Table 5.6 presents the results of the contribution analysis assessment criteria when applied to support to UNFPA.

Table 5.6 Assessing Country Pathway Four: Support to UNFPA Programming

Assessment Criteria	UNFPA Ghana
1. Necessity	Moderate to High
2. Clarity of linkages to results in SRHR	High
3. Significance of Danida's Role	High
4. Immediacy of Results	Short to Medium Term
5. Effectively Addressing Risks	Moderate

While UNFPA's annual programme budget is modest, the ***necessity*** of its engagement in Ghana is rated moderate to high because, within the UN system, it has lead responsibility for FP and for HIV and AIDS services to MARP. The ***clarity*** of the link from UNFPA programmes to outcomes in SRHR is rated high mainly because of the direct programme link to FP and SBA. The ***significance*** of Danida support is rated high by the Evaluation because of the level of core funding it provides. UNFPA staff also noted that advocacy by the RDE and other DPs helps to keep its area of strategic focus from being overlooked.

The ***immediacy of results*** is rated short to medium term because the bulk of UNFPA's activities are directed toward service delivery. Finally, support to UNFPA is rated moderate in its effectiveness in ***addressing risk*** because of recent efforts to concentrate programming in fewer regions and districts and concentrate on a more focused set of targeted results.

28 Source: Development Policy and Global Cooperation, Danida. January 2014.

Highlighted outcomes for Country Pathway Three: Support to UNFPA
Not surprisingly, most of the outcomes verified for support to UNFPA involve improvements in services in sexual and reproductive health.

Table 5.7 Highlighted Results of Country Pathway Three: Support to UNFPA

Core Support to UNFPA – Assessed in Ghana
Improved availability of FP commodities services
Some increased demand for and use of contraceptives
Improved availability of better quality safe delivery services
Improved attention to Gender-Based Violence (GBV) and support for victims

Family planning
The Evaluation found evidence that UNFPA has made a credible contribution to outcomes relating to improvements in FP services through training of service providers and through its work on the security of supply of contraceptives. Its support has played a role, alongside bilateral support from DFID and USAID, in allowing the GHS to report some progress in increasing the use of contraceptives and decreasing the level of unmet need for FP since 2009.

Safe delivery
Recent evaluations have pointed to UNFPA's role in building the capacity of service providers in SBA and in post-abortion care services (but not in safe abortions where INGOs have been more active). This has been accompanied by a steady improvement in the rate of institutional deliveries in Ghana. On the other hand Emergency Obstetric and Newborn Care (EmONC) remains an area of considerable weakness.

UNFPA and Advocacy: Strengths and Limitations of a UN Agency
Key informants made an important distinction when discussing UNFPA's effectiveness in policy dialogue and advocacy. They indicate that UNFPA has a strong technical relationship with its partners which allows it to influence matters of operational policy and guidelines on delivering SRH services. Where UNFPA is reportedly less effective is in relation to more controversial issues such as abortion care. In particular, key informants from the Government of Ghana noted UN agencies, given their special relationship with host governments, have limited freedom to advocate in controversial subject areas.

Improved attention to GBV and support for survivors
Key informant interviews and the recent Country Programme Evaluation of UNFPA point to support from UNFPA as a factor in improvement in attention to GBV at national level. This is based on collaboration between UNFPA, the Ministry of Women's and Children's Affairs and the Domestic Violence and Victims Support Unit of the National Police Service.

No notable improvement in SRHR services for young people
Almost all key informants interviewed by the Evaluation felt that SRHR programming for young people was the weakest area of programming in Ghana (not just as supported by UNFPA).

The Adolescent SRH unit in the MOH is ably led and actively seeks support and resources from DPs, but it lacks human resources and a budget of its own for programming. Key informants attribute the relative lack of priority given to young people's access to SRHR to a general belief among the public and policy makers that young people are not entitled to participate actively in decisions about their own sexuality. In the words of one key informant "adolescent sexuality in Ghana is seen as a problem of controlling adolescent behaviour rather than providing them with information and services".

Summary: Contributing to SRHR through support to UNFPA
During the evaluation period, UNFPA has made a modest contribution to progress in achieving results in SRHR in Ghana. UNFPA has engaged in constructive policy dialogue as it interacts with the implementing partners. There are, however, serious limitations to its advocacy role resulting from UNFPA's place in the UN family. In particular, the Evaluation found it remarkable that UNFPA was not more active in advocating for safe abortion care, which is legal in Ghana and which other organisations have been able to support. Government of Ghana staff, CSOs and DP representatives noted that there are roles in advocating for politically and culturally difficult intervention that are better suited to bilateral agencies and INGOs than to UNFPA.

5.5 Support to Adolescent and Youth Programming (Country Pathway Four)

Denmark's support to the PGB in Mozambique allowed the Evaluation to assess one of the most well-known examples of support to young peoples' SRHR: so well-known that it features in the Strategy document itself.[29] During the period of the Evaluation, major financial support for PGB has been provided by Denmark, Sweden and Norway. Danida provided DKK 46.2 million under the Health and HIV and AIDS Sector Programme from 2007 to 2011, an amount similar in size to the contributions from Norway and Sweden.

UNFPA and Pathfinder International have played key roles in programme management and technical assistance respectively, throughout the life of the PGB. UNFPA has been the programme coordinator and financial manager at central level. Pathfinder has been the key technical adviser at central, provincial and district level. Pathfinder has phased down its involvement since September 2009.

Assessing Country Pathway Four: Support to Adolescent and Youth Programming
The Evaluation's assessment of the PGB resulted in the highest ratings of any of the Country Pathways, with the critical exception of a low rating for effectively addressing risk.

29 Ministry of Foreign Affairs of Denmark, The Promotion of Sexual and Reproductive Health and Rights: Strategy for Denmark's Support (Copenhagen; MFA, 2006) 32.

Table 5.8 Assessing Country Pathway Four: Support to Adolescent and Youth Programming

Assessment Criteria	Geração Biz Programme Mozambique
1. Necessity	High
2. Clarity of linkages to results in SRHR	High
3. Significance of Danida's Role	High
4. Immediacy of Results	Short and Longer Term
5. Effectively Addressing Risks	Low

The high ratings over the first three criteria are easily explained. The ***necessity*** of the programme lies in its central role in translating the national priority to address the SRHR needs of young people into an operational, inter-sectoral and integrated programme. The ***clarity*** of the link to results in SRHR is evidenced by the targeting of young people's participation and the focus on linking young people to information and services in SRHR in a youth friendly setting. The programme includes interventions on prevention of unwanted pregnancy, access to safe abortion; prevention of sexually transmitted diseases; increasing contraceptive use; addressing gender roles in sexuality; and promoting young people's right to freedom from sexual coercion and violence.

Danida's role is rated highly significant due to its place as one of three main funders whose support allowed the programme to scale up from two provinces to all eleven. The PGB was also able to influence outcomes in ***the short term*** by providing a significant increment in SRHR services for young people in a short period of time. ***Longer term*** effects will depend on the level of operations eventually funded by the GOM.

In contrast, the Evaluation rated ***effectively addressing risk*** for Danida support to PGB as low. Capacity building toward institutional and especially, financial sustainability for the programme was not addressed until the very late stages, with the result that the end of funding by Denmark, Norway and Sweden in 2012 saw a very severe reduction in the level of programme operations.

Highlighted outcomes for Country Pathway Four: Youth and Adolescent Programming

The highlighted outcomes for support to youth and adolescent programming extend to improvements in the knowledge and awareness of young people but not to changed behaviour.

Table 5.9 Highlighted Outcomes for Country Pathway Four: Youth and Adolescent Programming

Geração Biz Programme (Mozambique)
Advocacy for national attention to young people's needs in SRHR leading to an operational national agenda on SRHR for youth and adolescents
Multiple cadres of youth activists trained, fielded and active in young peoples' SRHR
Improved multi-sector (Health, Education, Youth and Sport) planning and management of young people's SRHR services leading to more integrated service delivery.
Increased availability and quality of integrated, youth friendly services in SRHR (but limited sustainability).
Increased knowledge and awareness of SRHR and gender equality among young people (but no measurable changes in behaviour)

Advocacy, and policy development: The PGB has been repeatedly assessed as a successful effort to advocate for and promote national policies and strategies in SRHR to address the needs of adolescents and youth. Its approach to improving the policy environment encompassed provision of technical assistance for the development of legislation and advocacy for the review of provisions and regulations that prevent young people from accessing SRH services.

Engaging youth activists: Interviews, evaluations and annual reports all indicate that the PGB played an important role in fostering youth activism around SRHR by allowing youth voices to be heard, improving their policy advocacy skills, and increasing the political visibility of their needs.

Integrated, multi-sectoral service delivery in SRHR for youth and adolescents was confirmed during interviews and site visits carried out by the Mozambique country study. In the facilities observed key services such as FP and HIV testing are provided in the same place, and youth activists play a key role as peer educators and counsellors. It is important to point out, however, that this level of integration has been greatly diminished since the end of the core support from Denmark, Norway and Sweden. Many youth friendly service sites are now barely operational or operate only for diminished hours. Those that remain active are often being supported by CSOs with financial support from UNFPA.

Increased knowledge and awareness. Evaluation reports, and the 2012 In-Depth Review, indicate that the PGB has contributed to the increased availability of specific information and services for young people addressing a wide range of issues in SRHR. Evaluation data indicates that young people have gained knowledge on good practices in sexual and reproductive health and AIDS prevention, but they do not translate the knowledge gained into behavioural change.

Summary: Contributing to SRHR through support to youth and adolescent programming

In summary, Danida support to PGB contributed to increased knowledge and awareness of SRHR issues, including knowledge of sexual and reproductive rights. It also helped the programme provide attention to gender equality and the rights of sexual minorities, including MSM. Unfortunately, because of its complex and expensive administrative

and technical structure, this apparently effective national programme to address the SRHR needs of young people has not been sustained at an appreciable operational level.

5.6 Support to INGOs (Country Pathway Five)

In Ghana, the Evaluation was able to assess Denmark's contribution to outcomes in SRHR which result from the actions of a group of INGOs who have benefited from core and/or programme support from Danida headquarters. None of the INGOs active in Ghana in SRHR during the evaluation period received funding from bilateral programmes managed by the RDE. There are four SRHR INGOs that receive core funding from Danida currently active in Ghana.

The Planned Parenthood Association of Ghana (PPAG) was established in 1968 and joined IPPF in 1969. Its primary focus is young people aged 10-24. It provides a range of SRHR services and delivers behaviour-change messages in a variety of formats.

The Population Council has been in Ghana since 1994, initially focused on supporting the Navrongo Health Research Centre. In 2006 it established a regional office in Ghana and began to undertake a wider range of smaller activities with a particular focus on improving access to safe abortion, including advocacy for a medical abortion protocol and improving access to contraceptive implants through task-shifting among FP auxiliary nurses.

Marie Stopes International has been in Ghana since 2007. MSI has seven of its own clinics in Ghana and in recent years has been expanding its franchisee network (Blue Star), which now numbers over 150 facilities, with a view to expanding access to contraceptives and safe abortion, as well as other SRHR services.

Ipas came to Ghana in 2006, specifically to work on access to safe abortion services. It supports public sector delivery of safe abortions and also undertakes a wide programme of sensitisation, awareness raising and advocacy for safe abortion services.

Assessing Pathway Five: Support to INGOs
Support to INGOs engaged in SRHR in Ghana is assessed as positive against most of the assessment criteria applied by the Evaluation.

Table 5.10 Assessing Pathway Five: Core support to INGOs

Assessment Criteria	Ghana
1. Necessity	High
2. Clarity of linkages to results in SRHR	High
3. Significance of Danida's Role	Moderate
4. Immediacy of Results	Short to Longer Term
5. Effectively Addressing Risks	Low to moderate

The ***necessity*** of this Programme Area Pathway is rated high because the INGOs in question are working to address one of the critical causes of maternal mortality in Ghana, complications from unsafe abortion. The ***clarity*** of the linkage to results under the

Strategy is rated high because the activities of these INGOs contribute to all four themes with particular emphasis on addressing poor contraceptive protection and unsafe abortion. They also advocate for and provide SRHR services to youth and to vulnerable groups. The ***significance of Danida's support*** is rated moderate rather than high because the INGOs active in Ghana are also receiving substantial, long-term funding from the 10-year Reducing Maternal Morbidity and Mortality Programme (R3M).

The ***immediacy of results*** is rated both short and long term because of the noted short-term gains in access to services reinforced by changes in public policy such as acceptance by the MOH and GHS of an obligation to provide safe abortion services. Effectiveness in ***addressing risks*** is rated low to moderate because of the development by Danida (with support from the Netherlands) of a new, externally managed Advocacy Fund for supporting local CSOs active in SRHR advocacy which may affect the level of resources available for support to INGOs.

Highlighted outcomes for Pathway Five: Support to INGOs
The highlighted outcomes for Pathway Five include changes in national policies and in effective service provision.

Table 5.11 Highlighted Outcomes for Pathway Five: Core Support to INGOs

Support to INGOs
Improved service quality and access in SRHR services especially FP including for youth and vulnerable groups (PPAG/IPPF)
Policy advocacy contributes to NHIS expansion to cover FP (PPAG/IPPF)
Improvements through staff training and infrastructure support to safe abortion (and other SRHR services) in the public and private sector (MSI and Ipas)
Policy advocacy contributes to revisions in SRH policies and guidelines to include safe abortion care
Improved access to safe abortion
Improved legal rights framework and national dialogue on SRH rights including safe abortion, rights of sex workers, MSM and youth

Improved access to an expanded range of SRHR services
Access to an expanded range of SRHR services, especially CAC, has been led by INGO partners who reach diverse client populations including youth and MARPs, through a wide range of public and private facilities. All Danida-supported INGOs operating on SRHR in Ghana work closely with the public sector, frequently undertaking training of public-sector staff alongside their own.

Policy advocacy and embedding CAC into SRHR
As well as primary service delivery, all Danida supported INGOs are engaged in policy advocacy in Ghana. This was acknowledged by a wide range of respondents as being critical for increasing public and political awareness and discourse on SRH rights and subsequent changes in policies, guidelines and political actions. In particular, this has contributed to embedding CAC into the concept of SRHR in a very difficult socio-cultural environment. Interestingly, few respondents to the online survey in Kenya, Tanzania and Uganda (4 of 27) felt that Danida was active in advocacy for controversial

services such as abortion, which places even greater importance on work done in this area by INGOs.

The actions of INGOs on the abortion issue are seen to have been successful because they took a low-key approach to this highly controversial issue. MSI's approach has been to embed information on CAC within a strategy of multi-pronged, comprehensive SRHR advocacy using a variety of channels. Ipas' approach is complementary to this, targeting key stakeholders with influence in policy, and socio-cultural "thought-leaders". These include parliamentarians, medical practitioners, journalists, queen mothers, lawyers and judges whom Ipas engages in advocacy and awareness raising initiatives (mostly with R3M funding) in a strategy it calls *"ground softening"*.

Reaching youth and Most at Risk Populations (MARPs)
All four Danida supported INGOs support access to SRHR information and services for youth and MARPs. The INGO with the strongest explicit youth focus is PPAG, although Ipas has also recently established a Youth Advisory Board.

Improving the Legal and Policy Framework
Danida's support to INGOs is expected to contribute to an improved legal and policy framework for protecting SRH rights and greater national awareness and political dialogue on these rights. Significant improvements have been made in the legal framework for access to services including: inclusion of FP within the NHIS (though not yet implemented) and the development of dedicated protocols for Prevention and Management of Unsafe Abortion which establish "how, by whom and in which facilities CAC services should be provided […] based on sound, current evidence of sage medical practice and the laws in Ghana"[30].

Summary: Contributing to SRHR through core support to INGOs
With Danida support, INGOs have made a very significant contribution to outcomes in SRHR at country level as exemplified in the Ghana country study. They collaborate closely with the GHS on service delivery: training staff and supporting infrastructural improvements and commodity supplies for SRHR. Equally critical has been their ability to engage with a wide range of community and policy stakeholders in advocacy activities around the need for better access to safe abortion services. This has been instrumental in developing clear policy guidelines and in creating an environment where public and private sector delivery of these services has improved dramatically over the last decade.

The Evaluation noted the importance of having a strong INGO/CSO sector to champion SRH rights and services (especially abortion and services for vulnerable groups) in the sensitive socio-religious setting of Ghana. There (in contrast to Mozambique) it is the INGOs and their local affiliates or branches that have the strongest presence. All the INGOs interviewed indicated that Danida's core support has played a role in enabling them to become established and to sustain their operations in Ghana. They report receiving technical and programmatic support from their international and regional offices which is clearly linked to core support from Denmark.

30 GHS, (2012).

5.7 Support to Civil Society Organisations (Country Pathway Six)

In Mozambique the Evaluation was able to assess support to local CSOs as a meaningful Programme Area Pathway for supporting SRHR. Danida is able to use support to CSOs as an effective pathway to results in Mozambique because of the existence of an active and well informed coalition of CSOs engaged in advocating for SRHR, with an emphasis on rights. Most are organised under the fairly new (2010) Network for Sexual and Reproductive Rights (RED).

The CSOs in the RED have been supported actively by many DPs (including DFID, Sida, Irish AID and USAID) and through three common CSO funding mechanisms.

- *The Civil Society Support Mechanism* (CSSM) more commonly referred to by its Portuguese acronym MASC, established by DFID in 2007 and funded by them, Irish Aid and USAID;

- *The Citizen Engagement Programme* (CEP). DFID and Irish Aid established the CEP in 2012 with the specific goal of strengthening and unifying data collection on public health and education services, for use in policy advocacy and dialogue; and

- *Agir* established in 2008 by the Swedish Ambassador, funded primarily by Sida and administered by Oxfam/Novib to strengthen CSO governance.

Danida entered into systematic support of CSO's engaged in SRHR in Mozambique at the beginning of the current five year programme of support to the health and nutrition sector. Danida allocated DKK 70 million (15% of the total programme budget) to support strengthening "Civil Society engagement in the right to health, nutrition and HIV and AIDS services".[31]

Danida has allocated funding to support MASC to disburse grants to smaller CSOs working on advocacy to hold government to account for public service delivery and has funded the CEP and PSI-Mozambique. Funding to PSI-Mozambique is earmarked for monitoring the access to and use of male and female condoms and oral contraceptives. Danida provides support to the Agir network under its Human Rights and Good Governance programme. Core funding of IPPF by Danida headquarters also helps to support the work of its local affiliate AMODEFA which supports youth friendly services in SRHR and provides safe abortion care.

Assessing Country Pathway Six: Support to CSOs
Interestingly, against the first four contribution analysis assessment criteria, the Evaluation rated support to CSOs in Mozambique in exactly the same pattern as support to INGOS in Ghana.

31 Danida, *Mozambique Health and Nutrition Sector Programme Support Phase V (2012-2017)* (Danida, 2012) p.21.

Table 5.12 Assessing Country Pathway Six: Support to CSOs

Assessment Criteria	Mozambique
1. Necessity	High
2. Clarity of linkages to results in SRHR	High
3. Significance of Danida's Role	Moderate
4. Immediacy of Results	Short and Longer Term
5. Effectively Addressing Risks	High

The ***necessity*** of support to CSOs for contributing to outcomes in SRHR in Mozambique is rated high because of the necessity of a strong civil society to hold government to account for national and international commitments and for equity and quality in SRHR service provision. This combines with the vitality of CSOs in Mozambique and their ongoing engagement in advocacy for SRHR to explain the high rating for ***the clarity of linkages*** from the supported activities to outcomes in SRHR.

The ***significance of Danida's*** role is rated moderate mainly because the Evaluation found there was scope for more engagement with funding of CSOs active in SRHR. More importantly, the Evaluation found there was scope for Danida to become more active in advocacy for SRHR through greater involvement of senior management of the RDE.

The immediacy of results was rated both short and longer term because CSOs have the capacity to contribute to fairly immediate changes in the political and legal framework and, at the same time, to effect longer term changes of attitude and behaviour with regard to issues like contraception, adolescent sexuality and abortion. Similarly, the ***effectiveness of addressing risk*** in support to CSOs is rated as high because Danida will be working through established funding mechanisms and will be coordinating its support with a group of like-minded donors.

Highlighted outcomes for Country Pathway Six: Support to CSOs
Outcomes under this pathway range from advocacy and legislative change to the provision of youth friendly services in controversial areas such as abortion care.

Table 5.13 Highlighted Outcomes for Country Pathway Six: Support to CSOs

Mozambique
MASC expanded to cover health including SRHR
MASC benefiting NGOs continue to lead negotiations and advocacy for legislation on rights including decriminalization of abortion and rights of MSM
PSI improves access to essential health promotion and services in SRHR
AMODEFA strengthened as a leading SRHR NGO in Mozambique
AMODEFA provides integrated youth friendly services in including FP, HIV and CAC

Outcomes of support to MASC, CEP and Egir
CSOs in Mozambique have played a critical role in reaching the most vulnerable populations including MSM and FSW. They have also been active in tackling the most sensitive SRHR policy issues. The MASC fund supports and engages with some of the most influential RED CSOs including Women and Law in Southern Africa (WLSA) and Forum Mulher: who themselves act as umbrella organisations for women's rights groups and work to strengthen the capacity of smaller groups and organise effective lobbying efforts for SRHR. Under their leadership, the RED group of CSOs was active in engaging parliamentarians around a set of critically important legislative actions on SRHR: the Family Law (2004), the law on Gender Based Violence (2009), the revision of the penal code (ongoing), and the revision of the constitution (ongoing).

Outcomes of core support to IPPF and programme support to PSI
Danida's core funding to IPPF (and hence to AMODEFA) and programme funding to PSI, both provide direct contributions to SRH outcomes in Mozambique. Currently AMODEFA is the most prominent "indigenous" CSO providing SRHR services, including for access to contraceptives (especially for youth) and safe abortions. Under PGB, the concept of integrated youth-friendly clinics (known by the Portuguese acronym SAAJ) was a key focus of AMODEFA and it continues to support some of the remaining functioning SAAJs in Mozambique; including five in Maputo as well as others in Gaza and Zambesia Provinces.

The SAAJs provided integrated SRH services including contraceptives, antenatal care, HIV and STI testing and treatment and CAC (although girls under 18 must have the consent of their parents for this). AMODEFA also continues to work with the Ministry of Education on in-school work with youth including teacher-training on SRHR issues and some support (with IPPF funding) for SRHR counselling corners in schools.

Summary: Contributing to SRHR through support to CSOs
In summary, Danida has contributed to outcomes in SRHR through its support to CSOs in two different ways: through earmarked funding to common funding mechanisms managed by a third party (MASC, CEP and Agir) it has supported local CSOs who are directly engaged in negotiations on critical national legislation and policies for SRHR. Through core support to IPPF, and support to PGB, Danida has contributed to strengthening AMODEFA as a leading NGO providing youth friendly, integrated SRH services including access to CAC, FP and HIV services. Since the CSO component of the Danida programme in Mozambique is quite new, some of these results are provisional. In particular, they depend on Danida's ability to influence the ongoing directions and funding strategies of the MASC, CEP and Agir funds.

5.8 Pathways to Change in SRHR at Country Level

Assessing Country Pathways in Combination
Table 5.14 provides an overview of the results of the contribution assessment for each Programme Area Pathway or, in the case of Pathway's One and Two, its sub-components.

Table 5.14 Assessing Programme Area Pathways: Country Level

Pathways in SRHR	Criteria and Ratings by the Evaluation				
	1. Necessity	2. Clarity of Link to SRHR Outcomes	3. Significance of Danida Support	4. Immediacy of Results	5. Effectively Addresses Risk
1A) Central Health Systems Support (Ghana)	Moderate to High	Moderate	Moderate	Longer Term	High
1B) Central Health Systems Support (Mozambique)	High	Low to Moderate	Moderate	Longer Term	Moderate/ High
1C) Provincial Health Systems Support (Mozambique)	High	Moderate to High	High	Medium to Longer Term	High
2A) Support to HIV and AIDS (Ghana)	Moderate to High	High	Moderate to High	Short to Medium Term	Moderate
2B) Support to HIV and AIDS (Mozambique)	High	Moderate	Moderate to High	Longer Term	Low to Moderate
3) Support to UNFPA (Ghana)	Moderate to High	High	High	Short to Medium Term	Moderate
4) Adolescent and Youth Programming (Mozambique)	High	High	High	Short and Longer Term	Low
5) Support to INGOs (Ghana)	High	High	Moderate	Short to Longer Term	Low to Moderate
6) Support to CSOs (Mozambique)	High	High	Moderate	Short to Longer Term	High

It is worth noting that the general pattern is positive for all the different Contribution Pathways assessed by the Evaluation at country level. In relative terms, ratings were somewhat higher for Pathway One C (provincial health systems support in Mozambique), Four (adolescent and youth programming in Mozambique), Pathway Five (support to INGOs in Ghana, and Pathway Six (support to CSOs in Mozambique). However, all the different variations of the Country Pathways have presented Denmark with the means to make a credible contribution to outcomes in SRHR.

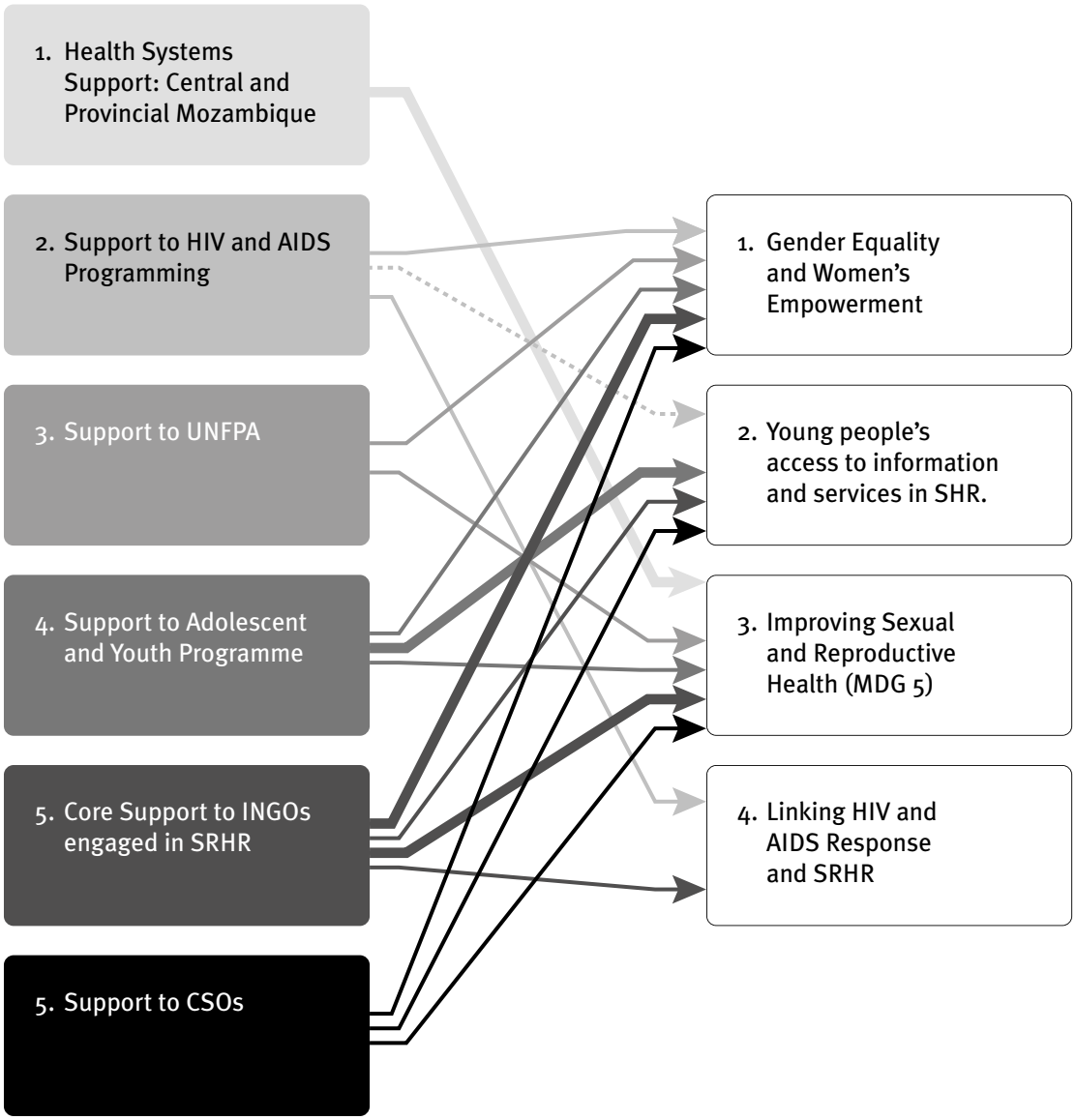
There are four situations (out of a possible 45) where the rating for one of the Pathways is low or low to moderate. For Pathway 1B (central health systems in Mozambique) the low to moderate rating for the **clarity of linkages** to results in SRHR reflects the relatively low emphasis on SRHR evident at the central level of the MOH.

The remaining three cases of a low or low to moderate rating all relate to the criterion of **effectively addressing risk**. For Pathway 2B, (HIV and AIDS programming in Mozambique), this results from the failure to effectively address weaknesses in the

National AIDS Commission while for Pathway Five (support to INGOs in Ghana) it reflects the risk of a shift away from the provision of core funding. The lowest rating for addressing risk was assigned by the Evaluation to Pathway Four: adolescent and youth programming in Mozambique, where Danida and its partners were not able to effectively address the problem of programme sustainability and high costs.

Results contribution by each Programme Area Pathway: Country Level
Figure 5.1 (presented on the inside back cover of the report) presents an overview of the strength of the linkages from each country level Programme Area Pathway to results in each of the four priority themes of Denmark's Strategy for the Promotion of SRHR. Each Pathway is assigned a unique colour in the linkage arrows. The thickness of each arrow represents the strength of the link from Pathway to Theme.

Figure 5.1 Pathways of Support to SRHR at Country Level and Their Link to Themes of the Strategy



Country Pathways and their contribution to results

Pathway One: Health Systems Support has contributed mainly to theme three of the Strategy (Improving Sexual and Reproductive Health) by contributing to strengthening PFM in health and by strengthening systems for programme planning, budgeting, implementation and monitoring in both Ghana and Mozambique. In Mozambique this effect has been more evident in support to Tete Province than at central level. In Ghana it has been accompanied by consistent and strong messaging from the RDE on the importance of SRHR in national health systems.

Pathway Two: Support to HIV and AIDS programming was able to make a small but positive contribution to results in specific areas of theme one (Gender Equality and Women's Empowerment) and theme four (Linking the HIV and AIDS response to SRHR). It did this by attacking stigma for PLHIV and by supporting service delivery to marginalized populations. In Mozambique, this pathway was largely unsuccessful for operational reasons relating to the capacity of Danida's main national partner.

Pathway Three: Core Support to UNFPA has allowed Danida to make a modest contribution to results in SRHR, mainly in the area of improving SRH services (theme three) through securing the supply of contraceptives and providing training and materials in SBA and to a more limited extent, EmONC. Importantly, UNFPA has not been able to engage effectively in advocacy for action to address the problem of unsafe abortion.

Pathway Four: Youth Programming had the strongest connection to results under the most themes of any Pathway used in Mozambique. Danida support contributed to a number of results including: improved multi-sectoral planning and management of SRHR and its integration with HIV and AIDS services; increased numbers of trained activists, peer educators counsellors and youth associations; and improved availability of youth friendly services. Unfortunately, because of its layered and expensive administrative and technical support structure, the programme proved to be unsustainable so its effect on SRHR outcomes going forward is likely to be modest.

Pathway Five: Core Support to INGOs has provided Danida with the means to contribute to results under all four themes of the Strategy. International NGO partners contribute to improved SRH service delivery for youth and women, and for marginalized and at risk populations including CSWS and MSM. They have supported improved attention to gender-based-violence and have contributed to empowering women by addressing the critical right to abortion care.

Pathway Six: Support to CSOs links to three of the four themes of the Strategy (gender equality, improving SRH, and young peoples' access to SRHR) but the link from Danida support to CSO programmes themselves can be seen as somewhat indirect and provisional, because of the use of intermediary funds and organisations. This Pathway does, however, make a notable contribution to outcomes mainly by supporting leading Mozambican CSOs engaged in the Network for Sexual and Reproductive Rights.

Danida has made pragmatic use of a complementary mix of County Programme Area Pathways to make a credible contribution to SRHR at country level. This is confirmed to some extent by the response to the online survey with respondents reporting that Danida tailors its programming to focus on different themes and aspects of SRHR in Kenya, Uganda and Tanzania.

6 The Rights-Based Approach and Support to SRHR

This chapter assesses Danida's interventions in support of SRHR against five agreed principles of an effective rights-based approach to programming[32]: *normative content; non-discrimination and equality of access; participation; transparency and accountability.*

6.1 Rights-Based Approaches to Denmark's Support at International Level

The whole tenor and focus of Denmark's engagement at the international level has been constructed around the rights component of SRHR. In interviews with a wide range of stakeholders, Danida repeatedly was termed a "thought leader" (an organisation recognised as an authority in a specialized field and whose expertise is sought and often rewarded), effectively contributing to the international norm setting process in SRHR. Denmark is recognised for a commitment to expanding and defending sexual and reproductive rights in international agreements and in negotiations toward an agreed Post-2015 development agenda. In addition, the Evaluation identified many examples of Denmark's determination to press for strong rights language in international negotiations.

Denmark has also been effective in supporting equity of access by advocating for language on sexual rights which can be interpreted to include sexual minorities (MSM and commercial sex workers). It has been active at board level in supporting UNAIDS in its efforts to ensure participation by CSOs representing MSM, CSW and injecting drug users in global and national deliberations on the HIV and AIDS response and has taken steps to include Danish NGO and youth delegates as participants in international negotiations at the CSW and CPD. Finally, through core support to INGOs engaged in SRHR both globally and at country level, Danida has supported increased transparency and accountability for outcomes in SRHR.

6.2 Rights-Based Approaches to Denmark's Support at Country Level

All six Programme Area Pathways examined by the Evaluation have incorporated some of the principles of a rights-based approach. This section indicates which Pathways show most evidence of each of the principles of a rights-based approach.

Normative content
In Ghana and Mozambique, the Programme Area Pathways with the strongest contribution to improving the normative content of national legislation on SRHR or policies and guidelines were both delivered through non-governmental channels. In Ghana, Pathway Five (INGOs) contributed to clarification of the fairly liberal law on abortion as treated in health policies and, more importantly, to the development of clear operational guidelines for service providers in the public and private sector for the provision of safe abortion. In Mozambique, Pathway Six, support to CSOs, strengthens the national

32 Lusthaus et.al. *Global Evaluation of the Application of Human Rights-based Approaches to UNICEF Programming*. UNICEF, April 2012. p. 12-13.

Network for Sexual and Reproductive Rights as it engages in processes to amend national laws. Network members advocated effectively for measures to decriminalize abortion and avoid weakening criminal sanctions on rape.

This finding is consistent with the response to the on-line survey in Kenya, Tanzania and Uganda which indicated that Danida was much more active in advocating for youth access, and for effective FP and quality reproductive health care than for access to safe abortion care (which in Ghana and Mozambique were primarily addressed by INGOs and CSOs).

Non-Discrimination and equality of access
Pathway One (support to health systems) encompasses an emphasis on equity of access in both Ghana and Mozambique. Danida's policy dialogue and advocacy in SRHR with national health systems includes an emphasis on improving equity of access by the poor and other marginalized groups, especially in difficult to reach rural settings. In Mozambique, support to the health sector in Tete Province has an explicit focus on improving the quality of services for the poor in isolated areas. In Ghana it also includes an effort to ensure that the NHIS is structured to provide benefits to the poor. Support under Pathway Two (HIV and AIDS) and Pathway Five (INGOs) in Ghana has also been used to provide integrated HIV and AIDS and SRHR services to marginalized groups, especially commercial sex workers and MSM.

Participation
Clearly Pathway Four (youth and adolescent programming) in Mozambique provides the most striking example of participation as a core element in programming. The involvement of young people in the PGB (not only as peer educators but as participants in programme governance) provides the best example of participation as a rights principle in Danida support to SRHR at country level. Pathway Six (support to CSOs) in Mozambique has facilitated the involvement of CSOs in consultations and negotiations on legal reform, including participation in the Parliamentary Commission examining draft legislation on the revision of the penal code.

Transparency and accountability
In both Ghana and Mozambique, support under Pathway One (health systems) has contributed to improving the capacity of the MOH to monitor and report on service levels and on outcomes in SRHR and by doing so, to being more accountable for effectively addressing the need for services. This was particularly evident in Ghana, where Danida supports the MOH unit responsible for programme planning, monitoring and evaluation and in Tete Province in Mozambique. Pathway Six (support to CSOs) in Mozambique also included efforts to strengthen these organisations as they engage with government agencies to hold them accountable.

Good governance, gender and human rights programmes
In both case countries, Danida provides bilateral programme support under the heading of Good Governance and Human Rights. Both programmes include components aimed a better prevention of gender-based-violence and improved responsiveness to the needs of survivors. In Mozambique this involves support to an integrated centre for the treatment and support of victims of GBV, while in Ghana it encompasses support to the national system of gender violence courts. In both cases there was no evidence of an effort to ensure that programme activities, including those elements focused on gender equality, were linked to initiatives in the health sector or designed to maximize results in SRHR.

Engagement of the Royal Danish Embassy
In both Ghana and Mozambique there are ongoing national dialogues and debates on critical elements of the rights component of SRHR. In Ghana these dialogues have centred on efforts to ensure that public and private service providers deliver the legal safe abortion services they are permitted (and now required by Ghana Health Services policy) to provide. In Mozambique the debates are more openly political and involve engagement with policy makers and the media, usually by CSOs active in SRHR.

In both countries, DPs play a crucial role in providing legitimacy and helping to press for changes in legislation and policy, especially relating to effective contraception and safe abortion services. To be fully realized, Danida's role in advocating for the rights elements of SRHR at country level requires engagement by the senior management of the RDE, up to and including the Ambassador. This engagement was much more evident in Ghana than in Mozambique.

6.3 Summary: Rights-Based Principles and Support of SRHR

Denmark's support of SRHR is characterized by the principles of a rights-based approach at both international and country level. At international level this involves Denmark in a sustained effort to advance and defend language on sexual and reproductive rights at every opportunity. Indeed, for most key informants, advancing the ICPD POA through advocacy on rights is at the core of Denmark's engagement.

At country level, all the Programme Area Pathways used by Danida have shown a capacity to incorporate one or more of the principles of a rights-based approach. Those which most clearly embody the principles have most often been delivered through INGOs or CSOs. As INGOs and CSOs engage in advocacy for sexual and reproductive rights at country level and as policy makers try to respond, visible support from the RDE can be particularly helpful.

7 Efficiency and Sustainability at International and Country Levels

7.1 Efficiency and Effectiveness of Channels and Methods

Challenges to efficiency and effectiveness

International level

At international level the main challenge to efficiency and effectiveness highlighted during the Evaluation was the issue of how to ensure that Denmark retains sufficient technically sound and experienced capacity in SRHR to engage effectively in two key areas: at representations abroad including Permanent Missions to the UN in Geneva and New York and to the EU; and at the UGS in the Ministry of Foreign Affairs in Copenhagen.

As described in Chapter 4, Denmark currently makes effective use of this capacity and is taking some measures to sustain it by, for example, reducing the administrative burden on staff through the initiative of the externally administered Advocacy Fund. At the same time, INGOs, Danish NGOs and multilateral agencies, while they were positive on the effectiveness of both groups, often reported they needed and expected more engagement from, in particular, UGS in strategic partnerships which go beyond funding. They also felt this engagement was increasingly under threat from recent reductions in the number of technically qualified staff experienced in SRHR.

Country level

At country level, in both Ghana and Mozambique (and in Kenya, Tanzania and Uganda as indicated in the responses to the online survey) the institutional and administrative context presents important challenges to the efficiency of programmes in support of SRHR.

In Mozambique these relate first to institutional weaknesses throughout the health sector, beginning with a severe shortage of trained and experienced managers at all levels of the MOH. This is accompanied by structural and operational weaknesses throughout the public health system including: a severe shortage of trained service providers at all levels; delays and stock outs of critical supplies; poor financial management at all levels; weak procurement systems; and excessive delays in the transfer of budgeted funding to health units, especially in the provinces.

Ghana presents similar challenges to the efficiency of support to SRHR in particular and to the health sector in general. Highlighted challenges in Ghana include; inefficient and inequitable fielding of health professionals so that rural areas are neglected; a high proportion of the recurrent budget in health devoted to salaries (with the result that funds are lacking for needed supplies); the unpredictability of non-salary budget transfers from the Ministry of Finance; and limited coverage of key services outside the capital.

There are also constraints to effectiveness in the larger political and economic context for both countries studied. In Ghana, relations between the government and development partners are deeply strained over problems in the fiscal framework (a large structural deficit) and delays in the reform of PFM. These problems became so urgent in 2013 that the EU (at the time of the Evaluation) had not disbursed the second and third of three very large tranches of funding to finance the MDG Acceleration Framework for MDG 5.

In Ghana all of these constraints are somewhat offset by the stability and professionalism of the cadre of middle and senior managers in the MOH and GHS. Ghana also benefits from close cooperation between the GHS and active INGOs in policy development and operational support for safe abortion in particular.

Fitness for purpose: the efficiency of funding channels
The key efficiency question when addressing the use of different delivery channels is the relative ability of programming funded through each channel to serve its intended purpose and achieve intended results.

Danida has made use of all three funding channels (bilateral programming, core support to INGOs, and core support to multilateral agencies, particularly UNFPA) to contribute to results in SRHR at international and country level.

In both Ghana and Mozambique, bilateral programming has been the foundation of Danida's support to Pathways One (support to central and provincial health systems) and Two (support to HIV and AIDS systems). As already demonstrated, each of these Pathways has allowed Danida to make a credible contribution to outcomes in SRHR, with the exception of support to HIV and AIDs programming in Mozambique which was not successful due to capacity deficiencies in the main partner organisation.

Core funding of multilateral organisations (Pathway Three) has also proven an effective means of contributing to results in SRHR. UNFPA in Ghana has played a significant role in securing critical contraceptive supplies and in particular, imports of Misoprostol and Medabon for use in medical abortions. The Evaluation also found that UNAIDS played a critical role in advocating for the participation of organisations representing FSWs and MSM in the preparation of strategies and plans for the HIV and AIDS response in both countries.

Finally, core support to INGOs in Ghana was found to be one of the most effective Programme Area Pathways for contributing to results in SRHR because of the contribution these organisations make to advocating for and delivering critically important services in SRHR.

In summary, each of the funding channels has demonstrated a capacity to effectively support Danida's contribution to results in SRHR. A feature of the Ghana country study was the close cooperation between INGOs (supported by core funding from head-quarters) and the GHS (supported by bilateral programme funding) to develop operational guidelines and standards for safe abortion care.

This is not to argue that funding channels do not have their limitations. In particular, the Evaluation found that in both Ghana and Mozambique, UNFPA was not able to be vocal in its advocacy for safe abortion care (even though it is clearly legal in Ghana) or for the rights of MSM or CSWs, especially when compared to leading bilateral DPs, including Denmark.

Budget Support, Earmarking, Technical Support
At international level, there is clear evidence that Denmark has made effective use of both core and earmarked funding to support programmes which contribute to results in SRHR. A prominent example is its use of earmarked funding to UNFPA to undertake research for the Secretary General's Report on the Implementation of the ICPD along-side its very large core funding.

At country level, in both Ghana and Mozambique, Danida makes use of SBS, earmarked funding and long- and short-term technical assistance in its bilateral programmes. In the case of Mozambique it supplements these tools with the use of provincial health sector budget support. For SRHR in particular, the provision of long-term technical assistance (as in Tete Province in Mozambique and in the MOH in both countries) has been essential in ensuring the SRHR element in bilateral support to the health sector is not lost.

It seems to be a particular feature of SRHR and especially of FP and safe abortion care that ongoing advocacy from within institutions by long-term advisers is necessary to offset the fact that in the words of one government respondent "sexual and reproductive health does not win any votes".

The Evaluation found no evidence that direct budget support, earmarked funding or long and short-term technical assistance were, respectively, more or less efficient. What is clear is that their carefully coordinated use can be an important factor in contributing to results in SRHR.

7.2 Sustainability

At country level, as illustrated in both Ghana and Mozambique, the single most pressing sustainability question concerns securing adequate and predictable financing for expenditures in health.

The international share of total health expenditures in Ghana has declined from an estimated 53% in 2005 to 9.2% in 2012 (National Health Accounts 2012). This reflects both a decline in international support and a significant increase in expenditures from national sources including transfers from the GOG and increased use of the NHIS (which is partly funded from tax revenues). Danida has played a long-term and significant role in the development and evolution of the NHIS and continues to provide a long-term technical adviser to the National Health Insurance Agency. As a result, it can credibly claim to be helping Ghana to address the important risk factor of the financial sustainability of programmes and services in SRHR.

In Mozambique, the problem of securing the long-term sustainability of funding of health expenditures is much more acute. The DFID financed 2012 Fiduciary Risk Assessment[33] estimated that financing from all domestic sources covered just 33% of health expenditures in 2011, with all of the rest provided by external partners either on or off-budget. A graphic example of the risk of donor dependency was provided by the fate of the PGB when Denmark, Norway and Sweden did not renew their funding after 10 years of providing most of the resources for the programme.

In both Ghana and Mozambique, many DPs indicated their intent to move in the short or longer term to a political and economic relationship which implies a strong shift away from traditional forms of development assistance. To its credit, Danida has responded to these challenges in both countries: in Ghana by becoming involved early and providing long-term support to the development and expansion of the NHIS and in Mozambique by beginning to explore alternative sources of financing for the health sector, including the use of social impact performance bonds.

33 Orlowski, 2012. P16.

8 Conclusions and Recommendations

This chapter presents the summary and detailed conclusions of the Evaluation as well as recommendations for Denmark to take advantage of opportunities to strengthen its contribution to results in SRHR in the future. The Evaluation has addressed the OECD DAC evaluation criteria and all 14 of the detailed evaluation criteria specified in the Terms of Reference. An analysis of the coverage of the evaluation criteria is provided in Annex A.

8.1 Conclusions

Millennium Development Goal Results Relevant to the Strategy
The Strategy notes that its effective implementation should make a contribution to the achievement of MDGs Three, Five and Six.

On MDG Three: Promote gender equality and empower women, the Evaluation focused on areas most directly linked to the Strategy, especially access to effective family planning services, access to safe abortion, and an improved legal framework for the sexual and reproductive rights of women and sexual minorities. In Ghana, the Evaluation found that the government and its partners were engaged in an important effort to improve access to safe abortion but more effort was required to improve uptake of family planning. In Mozambique, there is an ongoing effort, led by local CSOs, to strengthen the legal framework and protect the sexual and reproductive rights of women and of sexual minorities.

On MDG Five: Improve maternal health, the Evaluation found that both Ghana and Mozambique had made significant progress in reducing their Maternal Mortality Ratios (MMR) during the evaluation period but not at a pace which will allow them to meet their goals for 2015. In Ghana the most significant contributor was improved access to safe and legal abortion services, particularly through the work of INGOs. Both countries also improved levels of skilled birth attendance and Ghana reported some progress in improving contraceptive prevalence rates, an area where Mozambique was not been able to report progress. Tete Province in Mozambique, with Danish support, has been able to report more positive results than the country as a whole, especially in family planning.

On MDG Six: Combat HIV and AIDS, malaria and other diseases Ghana has achieved positive results in combating HIV and AIDS through a targeted approach, reducing the estimated HIV prevalence rate among adults from 1.9% in 2006 to 1.4% in 2012, and has steadily reduced the number of new infections and AIDS related deaths. Mozambique has not had similar success with HIV prevalence remaining above 11% from 2006 to 2013 and with just 40% of those requiring anti-retroviral therapy receiving it by 2013.

At international level the key result associated with Denmark's efforts has been the maintenance of the full meaning of ICPD Programme of Action in the global normative framework for SRHR. Denmark has made a consistent effort to ensure language on sexual rights is included in international agreements on SRHR in the face of considerable resistance.

Summary Conclusion: Denmark's Contribution to Results in SRHR

In concert with its partners' efforts, Denmark's support has made a significant and credible contribution to results in SRHR at both the international and country levels. It has achieved this result through the pragmatic and complementary use of a variety of Contribution Pathways. At both international and country level, Danish support has contributed to results under all four themes of the Strategy.

Detailed Conclusions

Achieving results at international level: Denmark's contribution to promoting the international agenda for SRHR

1. Denmark has been, and continues to be, effectively engaged in the ongoing process of advancing the international agenda on SRHR by engaging with like-minded countries, multilateral organisations, and international and Danish NGOs in consultations and negotiations in international bodies important to the global agenda. In doing so it has made effective use of all four International Pathways:

   a. Engaging in negotiations in international treaty bodies;

   b. Engagement with the EU;

   c. Engaging multilateral agencies in rights-based advocacy; and

   d. Engaging international and Danish NGOs in rights-based advocacy.

   By advancing the concept of the right to sexual and reproductive health in all its dimensions this international work contributes to results under all four themes of the Strategy.

2. The Evaluation has documented Denmark's leadership in forming coalitions to effectively negotiate in international bodies to protect the full meaning of the ICPD POA and entrench language on sexual and reproductive rights. Denmark retains a position of leadership in this area.

3. Denmark has made effective and complementary use of a network of international and Danish NGOs to advance the global normative agenda for SRHR.

4. Denmark has effectively supported UNFPA as the most important United Nations organisation with a mandate for SRHR through a combination of core and earmarked funding and collaboration in negotiations. UNFPA has been an effective ally to Denmark in the conduct of international negotiations relevant to SRHR.

5. The Ministry of Foreign Affairs in Copenhagen and at the Permanent Missions to the UN and the EU has been able to field a committed team of advocates for SRHR including the Permanent Representatives. They have also been able to draw on technical and policy expertise in SRHR from the UGS. As a result of previous reductions in staff specialized and experienced in SRHR, there are serious concerns within Danida and among partners in Denmark and abroad whether Danida can continue to be an effective and engaged partner on policy development and

advocacy. As one INGO respondent put it: *"we need Denmark to also be a strategic partner which is much bigger and requires much more investment than just being a funder…"*

6. Danida support to INGOs and research organisations, including research networks, has been a positive factor in promoting research on long lasting, women controlled contraceptive methods, on safe abortion methods and services and on operational methods for more effective service delivery at country level. It has also contributed to synthesizing research results for use by policy makers. However, the Evaluation did not find evidence of an overall, cohesive strategy for Denmark's support to research.

Linking the International and Country Level of Danish Support to SRHR

7. The results of international negotiations on the normative framework for SRHR have an important influence on developing country plans, programmes and policies related to SRHR. Policy makers in Ghana and Mozambique pointed repeatedly to the importance of the ICPD Programme of Action, MDG 5B and Maputo Plan of Action (2006), in providing "political cover" for progressive policies and programmes in SRHR, including family planning, information and services for youth and safe abortion care. The international normative framework is more than a symbolic factor in decision making.

8. The country studies and the results of the online survey indicate that there has not been an effective, systematic translation of Denmark's position as one of the leading advocates for SRHR internationally to a similar position at developing country level. Danida recognises the need to develop instruments and methods to better communicate the priority it places on effective support to SRHR at country level, especially in relation to effective engagement by the RDE in political and social advocacy for sexual and reproductive rights. At present, Denmark's strong leadership position in advocacy for SRHR (in its own right and as a core component of its gender-equity and sustainable development goals) at international level is not consistently reflected at country level.

Effectiveness in achieving results at country level: Denmark's contribution to SRHR

9. At country level, Danida has used a pragmatic and complementary mix of Pathways to contribute to SRHR and, in doing so, has contributed to all four themes of the Strategy. Its bilateral support has combined funding, technical assistance, advocacy and policy dialogue:

   a. Support to health systems centrally and at provincial or regional level;

   b. Support to HIV and AIDS programming;

   c. Core support to UNFPA;

   d. Support to national programmes for young people's SRHR;

   e. Core support to INGOs engaged in SRHR; and

   f. Support to national CSOs.

10. Some Pathways are more effective in supporting specific themes. For example, Pathway a) support to health systems makes its strongest contribution to theme three, improving sexual and reproductive health (most effectively centrally in Ghana and in Tete Province in Mozambique). Pathway e) support to INGOs, contributes to all four themes but makes its strongest contributions to theme one, gender equality and women's empowerment and to theme three, improving sexual and reproductive health.

11. When a Contribution Pathway fails to make an expected contribution to results (in SRHR and other programme areas) Danida has shown a readiness to take action and shift resources to other programme areas or to seek other partners.

12. It is important to note that four of the six Programme Area Pathways (a, b, d and f) used to support SRHR at country level are dependent on the use of the bilateral funding channel, specifically in the health sector. Past experience shows clearly that, if Danida is not able to engage in bilateral programming for health it will not have access to these forms of support and will lose an effective platform and source of political capital for engaging in policy dialogue and advocacy on SRHR, a loss that will be difficult to compensate for and will need to explore other entry points.

13. Core funding of INGOs active in advocacy and service deliver for SRHR has been shown to be an effective means of supporting SRHR at country level. This applies particularly to countries like Ghana where a number of INGOs have a significant SRHR programme presence. INGOs play a critical role in advocacy for SRHR, help connect the international and country levels of Danida's intervention, and provide the RDE with a window on developments at the operational level in SRHR. Reductions in current levels of Danish funding to INGOs could potentially limit these benefits. Danida support for INGOs for the promotion of safe abortion is particularly crucial.

14. At country level, UNFPA is not able to undertake the same level and intensity of advocacy for controversial elements of the Strategy (especially for safe abortion care) as at international level or to be as effective in advocacy as a committed bilateral development partner like Danida.

Applying the Rights-Based Approach in Danida Support to SRHR

15. The clear intent of much of Denmark's engagement in international consultations and negotiations is to advance or defend sexual and reproductive rights. This is consistent with a rights-based approach to implementing the Strategy at international level.

16. Danida's support to SRHR at country level reflects the application of the principles of a rights-based approach (normative content, non-discrimination and equity, participation, transparency and accountability). The Pathways which most clearly reflect a rights-based approach are support to INGOs and support to national CSOs.

Efficiency and the Complementary Use of Mechanisms and Support Channels

17. At international and country level, the Evaluation found that the coherent use of a mix of types of support (SBS, earmarked funding, long- and short-term technical assistance, policy dialogue and advocacy) has been an effective method for

contributing to results in SRHR. SBS has provided a long-term platform for policy dialogue and engagement with public sector health partners and earmarked funds are often used to support the SRHR element of a larger programme. Similarly, long-term technical advisers have worked to raise the profile of SRHR in both Ghana and Mozambique when working in conjunction with SBS and earmarked funding (provincial health SBS in the case of Tete Province).

18. At international and country level, bilateral programming, core funding of multi-lateral organisations and funding of INGOs and CSOs have demonstrated their fitness in different roles in support of SRHR. To give just one example, INGOs in Ghana have proven more effective in advocacy and technical and logistics support for safe abortion care than UNFPA, while UNFPA plays an important role in importing contraceptives and pharmaceuticals used in medical abortions. The key task for Danida and other development partners is ensuring that each channel is relied on to meet the purpose to which it is most suited.

Sustainability

19. The key issue for the sustainability of services in SRHR at country level concerns securing adequate levels of financing, especially for FP, safe abortion and SRH services for marginalized groups. Danida has supported efforts to address this challenge in some countries, but there is scope for greater engagement. In Ghana, Danida has contributed to addressing this problem through the development of the NHIS and by advocating successfully, in concert with other donors, to have FP made eligible for coverage. In Mozambique, there were few signs of a concerted effort to develop national sources of financing for health services although Danida has begun to explore the use of social impact bonds as an alternative source of finance for SRHR.

20. The PGB in Mozambique provides an important lesson regarding programme design and sustainability. Its effectiveness as a progressive programme to provide integrated, youth friendly services in SRHR to young people and adolescents was undermined by an administrative and technical support structure which was layered and not financially sustainable if it was to be assumed by the GOM. After more than a decade of development partners funding over 90% of the programme costs, the GOM could not sustain the programme without the support of the core DPs.

21. At country level, Denmark's advocacy and policy engagement (by the RDE and technical advisers in concert with other development partners) to sustain the profile of SRHR as a development and not just a technical priority has been an effective strategy. Where this engagement is lacking, SRHR may decline in priority with consequences not only for SRHR outcomes in health, but also for sustainable, equitable development.

8.2 Recommendations and Opportunities

The Evaluation has identified a number of opportunities for Denmark to continue to strengthen its support and contribute to results in SRHR:

1. At international level it is important that the Ministry of Foreign Affairs retains at least the current level of technical capacity and experience in SRHR at the Department for Development Policy and Global Cooperation and at Permanent Missions to the UN and EU, if it is to remain effective in its efforts to strengthen the international normative framework for SRHR. This is essential for effective engagement in partnerships with multilateral agencies and international and Danish NGOs and to avoid becoming "merely" a funding agency.

2. The recently developed joint Denmark/Netherlands Advocacy Fund, with a strong focus on capacity development for CSOs in developing countries to effectively engage in advocacy for SRHR, represents a needed and potentially effective mechanism for countering increasing resistance to the rights focus of the Strategy. However, it is important that the structure of the Fund (with an external management team making allocation decisions based on applications received from CSOs) should strengthen rather than weaken the relationship between the MFA and its key partners among international and Danish NGOs and the relationship between the Royal Danish Embassies and their CSO partners at country level.

3. Consideration of core-support to INGOs remains important as a key pathway to achieving SRHR outcomes, particularly in bilateral settings where direct support for SRHR is lacking.

4. There is a need for the Department for Development Policy and Global Cooperation to develop and make available to its partners a more explicit overall strategy for support to research activities and organisations in SRHR. This is needed to guide support to international and Danish NGOs and research organisations (and networks).

5. It is essential that Denmark recognises that decisions taken at an overall development policy level can reduce its ability to support SRHR as envisioned in the Strategy. If Danida is not engaged in social sector programming, particularly in the health sector, in countries where there is still the need to make much more rapid progress in key areas such as family planning, its ability to effectively support SRHR will be constrained. In the first instance it will lose its ability to be a key voice in technical and policy discussions relating to the sector, including government donor coordinating mechanisms. In the second, it cannot expect multilateral organisations to fully compensate for the absence of Danida in these discussions.

6. There is an opportunity for RDE staff to promote national investments in SRHR, especially family planning, as an important contributing factor to equitable and sustainable development and economic empowerment.

7. At country level, the Evaluation has shown that Danida has made effective use of a mix of different funding channels (bilateral, multilateral and NGO) and intervention types (core financing, sector budget support, earmarked funding, technical assistance, advocacy and policy dialogue) to provide support to all four themes of the Strategy. It is important that Royal Danish Embassies continue to have access to an appropriate mix of different funding channels and intervention types to contribute to the themes of the Strategy.

8. There are opportunities at country level to improve coherence in SRHR support by ensuring that senior management in the Royal Danish Embassies, up to and including the ambassadorial level, become more actively engaged in advocacy for SRHR, including in political forums by drawing on the experience of already engaged RDEs as in Ghana. This is one means to effectively translate Denmark's position as one of the leading international advocates for SRHR to a similar position at developing country level. It will be even more important in countries where Danida is not engaged in bilateral support to social sectors.

9. At country level there are also opportunities to increase the coherence of Danida support to SRHR by explicitly linking programmes outside the health sector, most obviously in good governance and human rights (especially the gender equality elements of human rights programmes) to activities in support of SRHR. There are also opportunities to pursue results in SRHR through links to programmes in other sectors.

10. As Denmark, at least in some countries, moves away from bilateral development assistance into more political and commercial relationships in the future, it will be important to find new ways to sustain its contribution to results in SRHR. Some avenues for supporting SRHR which are under exploration in country programmes, and merit further attention include:

    a. Promoting linkages in health (among private sector firms and through INGO social franchising) to engage in knowledge transfer in, for example, new methods of contraception or medical abortion;

    b. Promoting the use of social impact bonds and other forms of support as a form of corporate social responsibility to securing financing for small scale initiatives in SRHR;

    c. Linking Danish centres of excellence in SRHR (for example, the appropriate units of Denmark's Ministry of Health and selected university faculties) to their counterparts at country level in an effort to expand learning for both; and

    d. Promoting the use of technical innovations such as mobile phone technology and mobile phone banking and payment systems to accelerate the use of family planning by making distribution and sale of contraceptives more efficient.

    e. Maintaining close dialogue with ministries and agencies engaged in SRHR as a platform to strengthen cooperation between Denmark and the country in international forums.

11. There is an opportunity to strengthen the monitoring of results in SRHR at international and country levels. At international level it would be useful for UGS, in concert with Permanent Representations to the UN and the EU, to prepare an annual report on results achieved in negotiations in support of the global normative framework on SRHR. A similar report on the results of investments in research would also be useful. At country level, RDEs engaged in bilateral programming for health can work to ensure that joint monitoring and review mechanisms for the health sector track essential indicators of results in SRHR both centrally, and (where Denmark is engaged) at provincial levels.

Annex A: Evaluation Criteria and Level of Coverage

Evaluation Criteria		Evidence of Coverage by the Evaluation
Relevance		**Coverage by the Evaluation**
1.	The extent Danida supported programmes and activities align with the SRHR Strategy and international commitments.	Contribution analysis criteria used in Chapters 3 and 4 to illustrate connections from international and country level contribution pathways to all four themes of the Strategy. Addressed in conclusions 1, 9, 10, 15 and 16.
2.	The extent Danida supported programs and activities reflect national context/ challenges.	National context and challenges are described in Section 2.3. Chapter 5 assesses Pathways at country level and their fit with national context including influenced on national policies and dealing with risk as well as ability or inability to overcome challenges in the national context. Addressed specifically in conclusions 9, 10 and 11.
Efficiency		
3.	The relative efficiency of funding streams, including for policy advocacy and service delivery.	Subject of Section 7.1 on efficiency. Deals with question of appropriate mix of both funding channels and different types of support and their effectiveness and efficiency in supporting SRHR. Addressed in conclusion 18.
4.	The effectiveness and efficiency of policy inputs.	Dealt with in detail in Chapter 4 on policy inputs at international level and Chapter 5 on country level. Efficiency of policy and other inputs covered in Section 7.1. Addressed in conclusions 1, 9 and 17.
Effectiveness		
5.	The nature and extent of Danida's contribution through policy dialogue and financing, technical assistance, partnerships and learning to implementing the ICPD POA at international level. Coherence between Danida efforts to advance the ICPD agenda at international level and operations in country programmes.	International level covered extensively in Chapter 4. Coherence between international and national level examined in Chapter 5. Addressed in conclusions 1 through 5 and conclusion 8.

6.	The extent of Danida's influence on political and technical norm setting in promotion of gender equality, improved SRH, young people's SRHR and integration of HIV prevention and treatment into SRH services.	Covered extensively in Chapters 4 and 5. Addressed conclusions 1, 2 and 9.
7.	The extent of Danida support to innovative activities through support to strategic NGO partnerships, to bilateral and multilateral programmes and to research programmes.	Covered in Section 4.5 on innovation and research at international level. Addressed in conclusion 6.
8.	The coherence of Danida support to the four themes of the Strategy: gender equality; improved SRH; access to services and information for the young; and linking SRH to HIV and AIDS programming.	A key feature of Chapters 4 and 5 on support to SRHR at international and country level. Also directly addressed in Chapter 7 on efficiency as well as in the summary conclusion and conclusions 1, 9, 10 and 12.
9.	The coherence of Danida support across funding streams (multilateral, bilateral, NGO and research).	Examined in detail in Chapter 5 and in Section 7.1 on efficiency. Also covered in conclusions 17 and 18.
10.	The extent Danida support to NGOs contributes to SRHR in the four thematic areas of the Strategy.	Examined in Chapters 4, 5 and 6 and addressed in conclusions 1, 3, 9, 10, 13 and 16.
11.	The extent Danida promoted research informs actions to promote SRHR.	Covered in Section 4.5 on innovation and research at international level and addressed in conclusion 6.
Sustainability		
12.	The extent that the benefits and results of SRHR programmes are likely to continue beyond Danish support.	Covered in Section 7.2 on sustainability and addressed in conclusions 19, 20 and 21.
13.	The extent that Danida support has promoted the enabling environment for SRHR.	Covered extensively in Chapter 4 on contributions to SRHR at international level and in Chapter 5 on the country level. Addressed in conclusions 1, 2, 3, 7, 8, 14 and 21.
14.	The extent results of Danida support are sustainable across the different funding streams.	Covered in Section 7.2 on sustainability and addressed in conclusions 10, 19, 20 and 21.

Annex B: Methodology and Approach

From Theories of Change to Contribution Pathways

At both international and country level, the Evaluation uses contribution analysis to examine the central question of the Evaluation: what contribution has Denmark's support, guided by the Strategy, made to the achievement of results in SRHR, especially in the four thematic areas of:

1. Promoting gender equality and empowering women;

2. Improving sexual and reproductive health;

3. Young people's access to information and services; and

4. Linking the response to HIV and AIDS and SRHR.

The Inception Phase of the Evaluation resulted in the development and presentation of four different intervention models of Denmark's support to SRHR: a global model combining international and country level support; an international model, and separate models for support to Ghana and Mozambique. The Inception Report noted that the main data collection phase of the Evaluation would be used to examine these models more closely. This would enable the Evaluation to identify the most credible pathways for Denmark's contribution to SRHR and see to what extent they could be seen as fully realized Theories of Change (TOC) which could, in turn, serve as a framework for the use of contribution analysis.

On examining and challenging the intervention models more closely the Evaluation encountered some challenges to the development of fully realized TOC models:

- In an era when much of Denmark's support to SRHR is provided as budget support to ongoing national programmes (or as core support to multilateral organisations and NGOs), there is little opportunity for Danida to develop a fully formed TOC around its SRHR focused interventions, and certainly this has not been done in the past. This does not mean that contribution analysis and the application of TOC is not feasible or useful. It does mean, however, that the Evaluation has to begin by building and clarifying the TOC and its different contributory pathways;

- The context for Danida support at international and country level has changed significantly during the period of the Strategy (2006 to 2014) which is also the period of the Evaluation. This means that Danida support at country level has continued to evolve and change over time. This makes it difficult to "freeze" a detailed TOC for Danida support at any one time which can then apply credibly to the full period of the Evaluation; and

- In applying the TOC analytical framework to the Strategy, the Evaluation was challenged to find a credible method for identifying the linkages from a global strategy to results internationally and in each country. This was especially challenging given that Danida programming in Ghana and Mozambique can best be seen as informed by the Strategy rather than driven by it.

The Evaluation responded to these challenges by breaking down the chain of events of the TOC into specific Contribution Pathways from Danida support to results in SRHR. This allowed the Evaluation to anchor the Strategy to the different ways it has been carried out in specific programmatic actions and to, in turn, link those to results.

At the international level, the key objective of promoting the SRHR agenda involves the MFA and its partners in a continuous process aimed at influencing "high policy" on SRHR, mainly expressed in terms of international agreements, resolutions and programmes of action. At country level, Denmark's support to SRHR is mainly provided through specific programmes of support either provided directly by Danida or through multilateral organisations. To recognise this difference, the Evaluation identified and assessed **Policy Area Pathways** to test the link between Danish inputs and results in SRHR at the international level and **Programme Area Pathways** to do the same at country level.

The term Contribution Pathway can be used in two quite distinctively different ways:

In the first instance the Evaluation uses the term Contribution Pathway to refer to a fairly significant programming area where different types of Danida support can be seen to combine with the efforts of others and to, at least potentially, make a contribution to outcomes in SRHR. The point to remember about these P**rogramme and Policy Area Pathways** is that they may succeed or fail to achieve results in SRHR not only because of weak theoretical linkages between Danida support and expected results but for **operational or technical reasons**. Where the term Pathway is capitalized in the Evaluation report it refers to a Programme or Policy Area Pathway.

The second use of the term contribution pathway refers to the different causal linkages within a Programme or Policy Area Pathway which allow specific Danida inputs of support to be linked to intermediary and higher level outcomes in SRHR.

The Programme and Policy Area Pathways and the more micro level contribution pathways are really different levels of granularity in the overall TOC for SRHR internationally and at country level. Identifying, mapping and assessing Programme and Policy Area Pathways (and the contribution pathways they encompass) provides the Evaluation a feasible response to the challenge of shifting from the macro, large scale, model to a more focused examination of what actually happens as Danida support to SRHR confronts a changing environment.

Mayne, (2008)[34] points out that contribution analysis should be undertaken at the level of detail which provides the clearest opportunity for learning lessons and clarifying the contribution story for a given programme. The Evaluation has built on this observation by choosing a focus which is closer than would be possible if Danida's efforts in SRHR were to be the subject of a single model.

34 Mayne, John, *Contribution Analysis: An Approach to exploring cause and effect* (ILAC Brief 16, May 2008) p. 2.

Developing detailed mappings of the (more micro) contribution pathways for each of the Programme and Policy Area Pathways enabled the Evaluation to build a larger picture of how Danida's support, taken as a whole, contributes to the Strategy. The challenge faced by the Evaluation was how to apply contribution analysis to a global strategy rather than a programme. Breaking the analysis down first into Programme and Policy Area Pathways allows the Evaluation to subsequently bring them together and consider how they collectively contribute to the Strategy.

Contribution Pathways at International and Country Level

The Evaluation identified the following key Contribution Pathways for Danish support to SRHR.

Figure 1 Detailed Policy and Programme Area Pathways of Danish Support to SRHR

Policy Area Pathways: International Level	Programme Area Pathways: Ghana	Programme Area Pathways: Mozambique
1. Engagement in negotiations in international treaty bodies 2. Engagement in negotiations within the EU 3. Support to multilateral organisations in rights-based advocacy for SRHR 4. Support to international and Danish NGOs in rights-based advocacy for SRHR	1. Support to central health systems 2. Support to INGOs active in SRHR in Ghana 3. Support to HIV and AIDS programmes 4. Core support to UNFPA programmes	1. Support to central health systems 2. Support to HIV and AIDS programmes 3. Support to health and HIV and AIDS programmes in Tete Province 4. Support to the national youth and adolescent SRHR programme 5. Support to CSOs for citizen engagement and accountability in SRHR 6. Support to programmes to combat chronic malnutrition

The international Policy Area Pathways all relate directly to documenting Denmark's contribution to promoting the international SRHR agenda. The country level Programme Area Pathways identified in Ghana and Mozambique allowed the Evaluation to examine different types of intervention (advocacy, policy dialogue, technical support, financial support of all kinds) as well as different channels of support to SRHR (bilateral, multilateral and through INGOs and CSOs.

The Role of the Country Studies

Ghana and Mozambique were not studied by the Evaluation in order to allow a comparison of Danida's effectiveness in each. Rather, each is intended to provide examples of how Danida has been effective (or not) in applying the available tools it has to support outcomes in SRHR. The Evaluation uses experience in each country as an example of how Denmark's support, using different Contribution Pathways, has been able to make a contribution to results in SRHR.

Applying Contribution Analysis to Policy and Programme Area Pathways

In applying contribution analysis, the Evaluation was able to assess Denmark's support as part of the broader network of international and country level support to SRHR and to gain an understanding of the trajectories from Danish support to outcomes in SRHR. Rather than assuming strong causal links from Danish support to results, the Evaluation was able to critically investigate and test those links against specific criteria.

The process used by the Evaluation to apply contribution analysis to each identified Policy and Programme Area Pathway has three distinct steps[35]:

Steps in Contribution Analysis	Description	Purpose
1. Assess the Pathway against **consistently applied criteria**.	The criteria are: 1. The **necessity of Danish support** and its place in the array of causes contributing to outcomes in SRHR. 2. The **clarity of the link** from Danish support to results in SRHR, especially under the four themes of the Strategy. 3. The **significance of Danish support** in financial terms and the specific role played in comparison to other actors. 4. The **immediacy of the results** Danish support contributes to. Do they emerge in the short, medium or longer term? 5. The extent that important **risks** to achieving results in SRHR are addressed.	To establish a foundation for determining to what extent Denmark's engagement and support has made a credible contribution to outcomes identified. A necessary step in establishing whether Denmark has a credible "contribution story" for its support to results in SRHR.

35 Each of the three analytical steps in Table 2.1 is described in more detail in the Country Study Reports of Ghana and Mozambique. These details include a more complete description of the assessment criteria.

Steps in Contribution Analysis	Description	Purpose
2. Identify **results for each Pathway**	Results identified for each pathway are based on: 1. Insights, observations, recollections, and opinions of key informants interviewed at international and national level (Annex B). 2. The results of the online survey of key stakeholders in Kenya, Tanzania and Uganda 3. Observations of conditions and practices at SRHR service delivery sites in Ghana and Mozambique. 4. Findings on the effectiveness of Danish support in programme and organisational reviews, reports and evaluations (Annex C). 5. Quantitative data on process and outcome indicators in Ghana and Mozambique gathered from international and national sources.	To establish to what extent the intended (or unintended) outcomes of Danish support can be documented and considered valid.
3. **Map** the assessed Pathways	Based on the pathway assessments developed in steps one and two, the Evaluation developed a graphical mapping indicating the strength of the link from Danish support to the intermediary and higher outcomes identified in step two.	To illustrate the existence (or lack) of credible links to intermediate or higher outcomes in SRHR.

It is worth noting that no Policy or Programme Area Pathway for Danish support to SRHR is expected to be assessed positively against all five assessment criteria in step one. What is important is whether, taken together, the Pathways credibly contribute to results in SRHR.

By completing all three steps in contribution analysis, the Evaluation was able to identify how and to what extent each of the Contribution Pathways have contributed to SRHR, taking into account the context they have operated in and other factors which have influenced results.

Annex C: Persons Interviewed

PART ONE: INTERNATIONAL LEVEL

Organisation	Person Interviewed	Position
MFA Denmark, Department for Development Policy and Global Cooperation	Thea Lund Christiansen	Chief Adviser
	Sanne Frost Helt	Chief Adviser HIV/AIDS and SRHR
	Mathilde Gry Nielsen	Head of Section
MFA Denmark, Permanent Missions to UN in New York and Geneva and Permanent Representation to the European Union	Jens Ole Bach Hansen	Counsellor, Permanent Mission in NY
	Jørgen Mærsk Pedersen	Counsellor, Danish Representation to the European Union
	Ib Petersen	Ambassador and Permanent Representative to the UN in New York
	Carsten Stauer	Ambassador and Permanent Representative to the UN in Geneva
UNAIDS	Morten Ussing	Chief, Governance (Programme Coordinating Board)
	Mariangela Simao	Director, Rights, Gender, Prevention, and Community Mobilization Department
UNFPA	Elizeu Chavez	ICPD Secretariat Director, Nordic Office
	Klaus Simoni-Pedersen	Resource Mobilization Adviser
UNICEF	Susan Bisell, PhD	Chief, Child Protection
	Tom Olsen	Adviser, Public Sector Alliances and Resource Mobilization Office
	Amaya Gillespie	Coordinator, HIV and AIDS
UN WOMEN	Somali Cerise	Research Specialist, MDGs & Post-2015
	Riet Groenen	Chief, Ending Violence Against Women
	Asger Ryhl	Director, Nordic Office
France, Ministry of Foreign Affairs and Int. Development	Thomas Dubois	Adviser on Population and SRHR
Finland, Ministry of Foreign Affairs	Gisela Blumenthal	Senior Health Adviser, Dept. for Development Policy
Ireland, Permanent Representation to the EU	Ciaira O'Brien	First Secretary, Development Cooperation
Netherlands, Ministry of Foreign Affairs	Hilda Kroes	Policy Officer, SRHR, ICPD and Post-2015
Sweden, Ministry of Foreign Affairs	Alireza, Javaheri	First Secretary, former counsellor, Permanent Representation to the EU
AIDSFONDET Denmark	Laura Kirch Kirkegaard	Head of Advocacy

Danish Red Cross	Jytte Roswall	Health Adviser
ENRECA Health	Lise Rosendal Østergaard	Former ENRECA Programme Coordinator, University of Copenhagen
Family Care International	Amy Boldosser-Boesch	Director, Global Advocacy
	Ann M. Starrs	President
High Level Task Force for ICPD	Maria José Alcala	Director, Secretariat
	Caterina Sofia Carvalho	Senior Policy Adviser
International Planned Parenthood Federation	Matthew Lindley	Senior Adviser, Resource Mobilization
	Doris Mpoumou	International Advocacy Officer, Western Hemisphere Region
Marie Stopes International	Megan Elliott	Director, New Business Development
Population Council	James E. Sailer	Vice President, Corporate Affairs
	Naomi Rutenberg, PHD	Director, HIV and AIDS Program
Sex og Samfund (Danish Family Planning Association)	Tania Dethlefsen	International Chief
Women Deliver	Katja Iversen	Chief Executive Officer

PART TWO: GHANA

Institution/ Organisation	**Name**	**Position/Role**
Ministry of Health of Ghana	Dr Patrick Aboagye	Director, Reproductive Health, Family Heath Division
	Dan Degbotse,	Head, Policy, Planning, Monitoring and Evaluation
	Dr Andreas Bjerrum	Monitoring and Evaluation Adviser
	Rejoice Nutakor	Adolescent Reproductive Health
Ghana Health Service	Dr Gloriah J Quansah -Asari	Deputy Director-General, GHS
	Dr Sylvia Deganus	Head, Obs & Gyn and Public Health
	Dr Ivy Frances Osei	Public Health Specialist, Research and Development Division
	Dan Osei	Deputy Director, Planning, Policy, Planning, Monitoring and Evaluation Division (PPME)
	Martha Gyansa-Lutterodt	Director, Pharmaceutical Services
Christian Health Association of Ghana (CHAG)	Dr Caroline Reindorf Amissah	Technical Adviser – Health Service Delivery and Community Participation and Ownership
Ghana AIDS Commission	Emmanuel Ackom	Internal Auditor
	Jacob M. Sackey	Director of Finance
Regional Health Services, Greater Accra	Dr Linda Vanotoo	G/A Regional Director of Health Services
	Ms Helen Mary Baison	G/A Regional Dep. Dir. Of Nursing Services
	Dr John Elazar	Human Resource Manager

La General Hospital	Dr Patrick Frimpong	Medical Director
	Ms Emma Afari	Unit Head, R3M Programme Unit
Neguchi Memorial Institute for Medical Research	Daniel Kojo Arhinful (PhD)	Research Fellow, Department of Epidemiology
National AIDS Control Programme	Dr Nii Akwei Addo	Programme Manager
Centre for Health and Social Studies	Dr Sam Adjei	Executive Director
Ghana Police Service Hospital Accra	Dr Samuel Out-Nyarko	Assistance Commissioner of Police – Public Health
Royal Danish Embassy	Margit Thomsen	Ambassador to Ghana
	Lena Hothes	First Secretary, Health
	Mawuena Hayibor	Programme Officer
	Karin Poulsen	Minister Counsellor, Deputy Head of Mission, Head of Cooperation
European Union	Janet Mortoo	Economic Section
UNFPA	Dr Bernard Coquelin	Representative, Ghana
	Ms Dennia I Gayle	Deputy Representative, Ghana
	Dr Robert K. Mensah	RH Specialist and Team Leader
UNAIDS	Mr Girmay Haile	Country Coordinator
West African AIDS Foundation	Dr Naa Ashley	Executive Director
WHO	Selassi Amah d'Almeida	Health Economics Adviser
USAID	Akua Kwateng-Addo	Office Director, Health, Population and Nutrition Office
	Vendana Stapleton	Family Health Team Leader, Office of Health, Population and Nutrition
DFID-UK	Susan Elden	Senior Health Adviser, DFID Ghana
Embassy of the Kingdom of the Netherlands	Ger. J. Steenbergen MD MPH	First Secretary, Health
Health Sector Advisory Office (Former)	Helen Dzikunu	Former Danida Programme Officer in the HSAO
Ashaiman Polyclinic (GHS)	Ms Alice Ottie	Midwife
Rabaneich Maternity Clinic	Lydia, Acquaye	Midwife
Adams Family Clinic Accra	Dr Ralph Owusu	Physician in Charge
	Druscilla Annang-Nunoo	Midwife
Ipas Ghana	Dr Koma S. Jehu-Appiah	Country Director
	Gertrude Banahene	M&E Manager
Marie-Stops International	Faustina Fynn Nyami	Director, MSI Ghana
	Antonio Quarshie Awusah	Acting Country Director

West Africa Program to Combat AIDS and STI (WAPCAS)	Comfort Asamoah-Adu	Executive Director
	Kofie Diaba	M&E Manager
Planned Parenthood Association of Ghana (PPAG)	Dr Catherine Dawson-Amoah	Executive Director
	Albert Wuddah-Martey	Director of Programmes
Willows Foundation	Valerie Gueye	Programme Coordinator, Ghana
Population Council of Ghana	Dr L. Placide Tapsoba	Senior Associate and Director
	Terence Adda Balinia	Programme Officer
	Selina F. Esantsi	Programme Officer
	Nyaaba Nsorma Gertrude	Programme Officer

PART THREE: MOZAMBIQUE

Institution/ Organisation	Name	Position/Role
UNFPA	Emídio Sebastião	ASRH & AIDS Programme Officer
	Bettina Maas	Representative
	Pascale Barate	M&E Officer
National AIDS Council	Diogo Milagre	Deputy Executive Secretary
Danida/ RDE	Mogens Pedersen	Ambassador to Mozambique
	Kirsten Havemann	Health And Nutrition Adviser
	Mbate Matandalasse	Programme Officer
	Paulino D'Uamba	Senior Programme Officer
	Anders Bitsch Karlsen	Head of Cooperation
Danida Support – Tete	Diederike Geelhoed	SRHR Adviser
	Bibiche Mwalutshie Sangwa	Adviser to SETSAN
Ministry of Agriculture – Tete	Americo Manuel da Conceição	Provincial Director
National Institute of Health	Carlos Batão	Researcher
N'Weti	Denise Namburete	Executive Director
International Centre for Reproductive Health (ICRH)	Beatrice Crahay	Director
IPPF	Adelaide Liquidão	Programme Adviser SRHR, Africa Regional Office
Lambda	David de Silva	Executive Director
Oxfam	Yolande Adolfo Sithoe	Programme Officer: Gender, HIV and Sexual Minorities
	Antoinette Van Vugt	AGIR Program Coordinator

Pathfinder International	Rita Badiani	Country Representative
	Jorge Matine	Programme Coordinator
	Estrella Alcade	Gender Officer
	Mahomed Riaz Mobaracaly (MD)	Director of Clinical Services
WLSA (Woman & Law in Southern Africa)	Terezinha da Silva	National Coordinator
	Ana Loforte	Training Coordinator
	Rosalina Nhamahango	Researcher
Ministry of Health	Quinhas Fernandes	Deputy Director of Public Health
	Marcelino E.S. Lucas	Permanent Secretary
	Lidia Chongo	National Director of Planning and Cooperation
	Deolinda Sarmento	Mother and Child Health
	Gisela Azambuja	Child Health
	Anna Dai	Youth Programming
	Vítor Sitoi	School Health (Youth)
Ministry of Youth and Sport	Cacilda Maciana	Coordinator PGB Programming
Ministry of Women and Social Affairs	Josefa Langa	Women and Gender Programmes
Ministry of Education	Aires Baptista – GB Programme	Deputy GB Programme Coordinator
Provincial Directorate of Health	Carla Mosse	Provincial Director
	Dr Mulassuo Simango	Chief of Medicine, Tete Central Hospital
UNICEF	Maaike Arts	Nutrition Specialist
AMODEFA	Manual Dallas	Programme Coordinator
	Marcelino Rufino	Programme Officer
CIDA	Elaine Moser	Programme Officer – HIV/AIDS
DFID	Etelvina Mahanjane	Programme Coordinator
EU	Geert Haghebaert	Attaché
Embassy of the Netherlands	Marco Gerritsen	First Secretary Health & HIV and AIDS/Focal Partner Health Partners Group
Embassy of Norway	Camila Høgberg-Hoe	First Secretary
Embassy of Sweden	Bram Naidoo	Programme Officer
UNAIDS	Marta Bazima	Partnership Adviser
	José Henrique Zelaya	Country Coordinator
USAID	Lilia Jamisse	Coordinator MCH and FP Division

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Annex E: Country Context

Country Context Part One: Progress in SRHR Indicators
The Country Studies of Ghana and Mozambique provide an overview of progress in SRHR indicators drawn from national and international sources including national Demographic and Health Surveys, Multi-Indicator Cluster Surveys, UNAIDS estimates, the Inter-Agency Working Group on Maternal Mortality and health services data provided by the Ministry of Health in both countries. This section briefly highlights some of the most important trends in both countries.

Trends in SRHR in Ghana
Positive trends
The 2012 Holistic Assessment report on the health sector in Ghana[36], published in June 2013, highlighted progress in increasing the Contraceptive Prevalence Rate (CPR) from 16.6% in 2008 to 23.4% in 2012 and reducing unmet need for FP from 34% in 2003 to 26.4% in 2011.

It also stressed the continuing rise in the portion of deliveries attended by a skilled birth attendant from 35.1% in 2007 to 58.5% in 2012. One of the most striking success stories relating to SRHR in Ghana has been the success of programming to combat HIV and AIDS[37]. Ghana has contained and reduced the estimated HIV prevalence rate among adults from 1.9% in 2006 to 1.4% in 2012. The estimated number of new infections has been more than halved from 21,000 to 8,000 in the same timeframe and AIDS related deaths have been almost halved. The relatively contained nature of the epidemic in Ghana was a factor in developing a national strategy which now targets Most at Risk Populations (MARPs) rather than the general population, although all pregnant women are tested in order to provide a basis for effective Prevention of Mother to Child Transmission (PMTCT).

Challenges in Ghana
While there has been progress towards improvement in SRHR in Ghana, the view of many key informants is that it has not been commensurate with the level of resources invested. The progress in reducing the Maternal Mortality Ratio (MMR), from 470 per 100,000 live births in 2005, to 410 in 2010 and an estimated 380 in 2013, while significant, is not rapid enough to reach Ghana's MDG 5 goal of an MMR of 185 by 2015. Key informants agreed that the pace of improvement, in MMR in particular, was not commensurate with the level of resources invested, although some expected real improvement in the results of the Demographic and Health Survey planned for 2015.

Two of the significant contributors to slow progress on reducing maternal mortality in Ghana have been the continuing high levels of unsafe abortion (with some indications of very recent improvements) and poor consistent use of Family Planning – despite recent gains in CPR. Recent estimates (GHS 2009, Guttmacher Institute 2010) indicate that complications from unsafe abortion account for between 11 and 13% of maternal deaths. Estimates for Ghana detailed in the Ghana country study suggest that they account for up to 30% of maternal deaths in some hospitals.

36 Ministry of Health Ghana. *Holistic Assessment of the Health Sector Programme of Work 2012*. P.76.
37 UNAIDS. UNAIDS *Report on the Global AIDS Epidemic: 2013: HIV Estimates with Uncertainty Bounds. 1990-2013*.

At the same time, the GHS, in cooperation with Ipas and other INGOs has, at least since 2011, been giving more attention to strengthening the provision of CAC to the extent possible under Ghana's relatively liberal legal framework.

Trends in SRHR in Mozambique

Positive trends

It is highly unlikely that Mozambique can reach its 2015 MDG target of an MMR of 250 maternal deaths per 100,000 live births by 2015 given the Inter-Agency working group estimate of 480 for 2013. On the other hand, the Inter-Agency Group's analysis estimates that MMR in Mozambique declined from 870 in 2000, to 680 in 2005 and continued downward to 480 in 2013[38].

Mozambique could also come close to reaching the MDG target of 66% of deliveries aided by a skilled birth attendant based on the trends reported by the Inter-Agency Working Group which estimated skilled birth attendance had risen to 59.5 % by 2013.

Challenges in Mozambique

While there has been progress towards improved impact on MMR and in intermediate outcomes such as skilled birth attendance, Mozambique continues to record disappointing results across a range of very important SRHR indicators.

Perhaps the most challenging overall result in SRHR facing Mozambique concerns attempts to address the HIV and AIDS epidemic. The overall estimated rate of infection among the population (for adults age 15-49 and children below 15 years) has stayed above 11% from 2006 to 2013. Similarly, AIDS related deaths have tracked in a band between 72,000 and 78,000 each year over the same period. The number of people of all ages living with HIV has climbed from 1,300,000 in 2006 to 1,600,000 in 2013. This is especially concerning when UNAIDS estimates that just 40% of those who required Anti-Retroviral Therapy (ART) under 2010 WHO guidelines were able to receive it[39].

As noted by many stakeholders addressing the topic of the feminization of the HIV and AIDS epidemic in Mozambique,[40] women are disproportionately likely to be infected. In 2012, the estimated HIV prevalence rate among young women ages 15-24 was 6.6% and among young men of the same age it was 2.8%[41].

Mozambique has also made little progress in promoting demand for and use of contraceptives with the estimated contraceptive prevalence rate at just 11.3% as recorded by the DHS in 2011.

Important Contextual Factors at Country Level

In both Ghana and Mozambique there are important contextual factors which either facilitate or inhibit the ability of Denmark's support to contribute effectively to results in SRHR. The discussion presented here is by no means exhaustive but it serves to highlight how Denmark's assistance to SRHR must adapt to very different economic, institutional and socio/cultural contexts in the two countries (and in other countries).

38 Mortality Estimation Inter-Agency Working Group, *Maternal Mortality 1990-2013: Mozambique*. P.2 accessible at: http://who.int/gho/maternal_health/countries/moz.pd

39 UNAIDS, *Mozambique Epidemiological Fact Sheet, 2010*.

40 WLSA Mozambique. *Representations and practices of sexuality among the youth and the feminization of AIDS in Mozambique*. 2007.

41 Source: *UNAIDS Report on the Global AIDS Epidemic – 2013*.

Facilitating factors and barriers to support to SRHR in Ghana
On the positive side in Ghana, the Evaluation highlights the decreasing dependency on external resources for financing Total Health Expenditures (THE). The international share of THE expenditures has fallen from an estimated 53% in 2005 to 9.2% in 2012 (the National Health Accounts 2012) as government funding, the role of the National Health Insurance, and (more worryingly for equity reasons) the share of private, out of pocket expenditures have all risen.

Another positive contextual factor in Ghana has been stability and professionalism of middle and senior managers in MOH and GHS. This professionalism extends to readiness to work closely with INGOs active in SRHR to improve public health services in the provision of safe abortion. For CAC in particular this was made possible by a relatively liberal abortion policy allowing medical professionals (including midwives) to provide abortion care if there is potential harm to the mother combined with a pragmatic attitude to among many (but not all) health professionals and an effective advocacy strategy focused on the life saving potential of CAC. This latter strategy is shared between the MOH/GHS, supporting DPs and the significant number of INGOs actively engaged in advocacy and service delivery in SRHR.

On **the negative side** there are a number of political/economic and institutional factors which constrain progress in achieving results in SRHR in Ghana. In the context of an ongoing fiscal crisis (despite years of substantial economic growth) the share of the national budget actually expended on health services (an estimated 9% in 2010 and 2011) falls well below the 15.4% planned in the Medium Term Expenditure Framework.[42] As a result of the deteriorating fiscal situation and the slow pace of reforms in Public Financial Management (PFM) the European Union has suspended disbursements to Ghana for its planned Euro 52 million contribution to the MDG Acceleration Framework (MAF) for MDG 5.

Contributing further to the relative inefficiency of health services in Ghana are the large share of the health budget allocated to salaries; the inability of the MOH to assign staff to isolated rural service centres with resulting inequities in coverage of services. Also limiting access for the poor is the fact that only 34% of the population have valid membership cards in the National Health Insurance Scheme (NHIS). As a result, Ghana's health services produce outcomes which are less than would be expected in relation to its expenditures on health.[43]

42 Karima Saleh, *The Health Sector in Ghana: A Comprehensive Assessment* (Accra: World Bank, Dec. 2013)
43 Saleh, 2012, 96.

Key informants highlighted the conservative nature of Ghanaian society and the strong role of religion as a cultural factor limiting the achievement of results in SRHR. This is especially true in terms of young people's access to information and services, including FP and CAC. Young people feel that even health professionals will deny them needed information and services if they believe they are sexually active. The situation is equality difficult for men having sex with men (MSM) and commercial sex workers (CSW).

Facilitating factors and barriers to support for SRHR in Mozambique
Positive factors facilitating effective support to SRHR in Mozambique include the very public and effective role played by national CSOs under a Network for Sexual and Reproductive Rights in advocacy and citizen engagement to advance these same rights. Danida has recently allocated part of its bilateral programme budget in Mozambique to centrally administered funds in support of these CSOs.

Another significant positive factor is the relative professionalism and capacity of the Provincial Health Directorate in Tete province where Danida has a major presence in SRHR through health and nutrition programming; combined with Danida's long experience of providing support to Tete under the decentralised structure of the health sector. In addition, those trained health service providers who are available (at least in Tete Province) are well regarded in terms of dedication and professionalism by service recipients.[44]

Unfortunately, **negative** factors, presenting a barrier to effective support to SRHR in Mozambique are more numerous. Primary among these is the small cadre of trained and experienced managers at all levels of the MOH with rapid turnover of key positions which hinders continuity in management and policy. This weakness at the centre is made more difficult by delays in the transfer of central funds to provincial and district levels and delays, stock outs and shortages of critical SRHR materials including FP commodities.

At the level of service provision in SRHR, shortages of trained service providers and weaknesses in human resource planning and management combine to contribute to low levels of service availability in rural districts. This is made more difficult by the poor general condition of the network of public hospitals, health centres and clinics. These weaknesses in infrastructure also contribute to inefficiencies as the available trained staff cannot provide services.

As in Ghana, social and cultural factors also limit the achievement of results in SRHR with a similarly conservative community and a relatively powerful Catholic Church.

44 Preliminary results of a client satisfaction survey of persons accessing health care sites in Tete Province carried out for the Provincial Health Directorate (DPS).

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EVALUATION OF THE DANISH STRATEGY FOR THE PROMOTION OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS 2006-2013

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