



Learning from **RHI** Partnerships 1998–2002



. BANGLADESH . CAMBODIA . LAO PDR . NEPAL . PAKISTAN . SRI LANKA . VIET NAM



European Union



EC/UNFPA INITIATIVE FOR REPRODUCTIVE HEALTH IN ASIA

Acronyms and Abbreviations

AIDS	Acquired Immuno-Deficiency Syndrome
ARH	Adolescent Reproductive Health
ASRH	Adolescent Sexual and Reproductive Health
BCC	Behaviour Change Communication
CBD	Community Based Distribution
CBO	Community Based Organisation
CHC	Commune Health Centres
CHP	Community Health Promoters
CSF	Country Strategic Framework
CST	Country Support Team
EA	Executing Agency
EC	European Commission
EU	European Union
EOC	Emergency Obstetric Care
FP	Family Planning
GTM	Generic Training Manual on Gender
HIV	Human Immuno-Deficiency Virus
IA	Implementing Agency
ICPD	International Conference on Population and Development
ICR	In-Country Researcher
IEC	Information, Communication, Education
IUD	Intra-uterine Device
KAP	Knowledge, Attitudes, Practices
LDC	Least Developed Countries
MCHC	Maternal and Child Health Centre
M&E	Monitoring and Evaluation
MU	Monitoring Unit
NFE	Non-Formal Education
NGO	Non-Governmental Organisation
Ob/Gyn	Obstetrics/Gynaecology
PHC	Primary Health Care
QoC	Quality of Care
RH	Reproductive Health
RHI	EC/UNFPA Initiative for Reproductive Health in Asia
RHIYA	EU/UNFPA Reproductive Health Initiative for Youth in Asia
RDP	Regional Dimension Projects
RTI	Reproductive Tract Infections
SDP	Service Delivery Point
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TU	Technical Unit
UNFPA	United Nations Population Fund
UP	Umbrella Project
VCD	Voluntary Counselling and Testing
YYC	Vientiane Youth Centre
YAN	Youth Advocacy Network



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● INTRODUCTION TO THE RHI

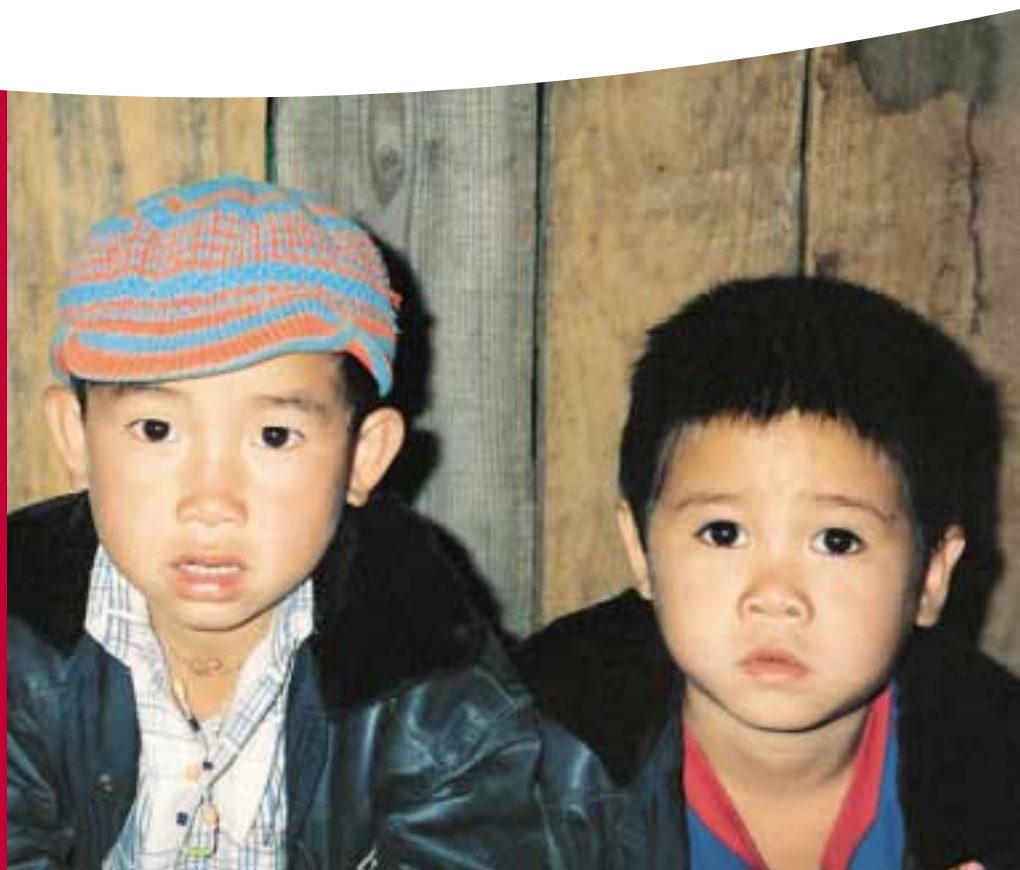
FOREWORD & FUNDERS

Learning from partnerships:

The EC/UNFPA Initiative for Reproductive Health in Asia

The endorsement by the European Commission (EC) of the results of the International Conference on Population and Development (ICPD) held in Cairo in 1994 provided the spur for the EC/UNFPA Initiative for Reproductive Health in Asia (RHI). Once the goals of the Programme of Action (PoA) for support to population, sexual and reproductive health and rights were adopted, the EC began exploring ways to address these priorities through its own development assistance.

In partnership with the United Nations Population Fund (UNFPA), the EC decided to mount this unique reproductive health initiative, which was able to draw on the expertise and resources offered by both local and international civil society organisations (CSOs), non-governmental organisations (NGOs) and the UN. With large sections of its population facing pressing reproductive health needs, South and Southeast Asia was identified as the Initiative's region of implementation. As an immediate result of the launch meeting held in Brussels in April 1997, and UNFPA's in-house assessment, seven countries considered to have among the most challenging reproductive health needs were chosen as focal areas, namely Bangladesh, Cambodia, Lao PDR, Nepal, Pakistan, Sri Lanka and Viet Nam.





The RHI introduced new approaches and breached sensitive issues

The RHI Financing Agreement was officially signed by the EC and UNFPA on 30 January 1997 for an initial period of three years, preceded by one year of preparation. Altogether, 42 projects were developed for this ambitious programme, including three Regional Dimension Projects (RDPs), developed to **strengthen cross-cutting issues**, such as gender, South-South co-operation, capacity building and monitoring and evaluation.

What made this Initiative stand out was its partnership approach, which emphasised a much closer collaboration between international agencies, CSOs and NGOs, both local and international, at all stages of design and implementation, taking advantage of the comparative strengths of each in achieving common country level goals. In all, 19 European NGOs worked together with more than 66 local and national organisations as executing and implementing agencies. In each RHI country, so-called Umbrella Projects served to establish synergies amongst the various NGO-run projects, providing capacity building as and where necessary. From the overall management perspective, the **unique mode of co-operation** between the EC, UNFPA and its Country Offices, the Executing Agencies – including the EC Delegation Offices – served to provide the RHI with a coherent decision-making structure, whilst tapping into decentralised UNFPA and EU resources at country level. Finally, and most importantly, each RHI project was implemented in full partnership with the communities it was based in and with the participation and involvement of the people it was designed to help.

Given the **complexity of this multi-partner, multi-country programme** and the novelty of its partnership approach, it became clear half-way through implementation that the originally approved time frame would not suffice for the effective completion of all planned activities. As a result, an extension period was agreed upon, and the last activities of the first phase of the RHI came to an end in December 2002. The total commitment for this ambitious programme amounted to € 34.9 m over its four years of operation, to which the EU contributed € 29.9 m with the remaining € 5 m jointly provided by ten European NGOs and the UNFPA.



Co-ordinating the RHI

Overall, the RHI's mode of execution has remained unchanged throughout its implementation period with the majority of projects executed by European NGOs, by local NGOs and a number of Umbrella Projects executed by UNFPA. Final decision-making regarding approval of work plans and budgets lay with the European Commission, while the UNFPA assumed **responsibility for overall management and technical co-ordination**. The NGOs at European and local level executed and implemented individual projects, with each respective UNFPA Country Office responsible for the overall implementation of the RHI country strategies and playing a supporting role, especially in assisting in advocacy with local Governments and monitoring impact. Through Advisory Groups set up in each country, the EC Delegations took an active role in monitoring the programme, and UNFPA ensured that they were kept abreast of key issues.

With a view to ensuring a coherent overall approach for the RHI country programmes and to promote synergies amongst the local project partners, the Initiative set up a local co-ordinating body in each RHI country (except Sri Lanka). These Umbrella Projects mostly executed by the local UNFPA Country Offices, some with technical support from locally-based international NGOs, have been largely responsible for **fostering linkages** between local RHI partners. This has greatly helped the RHI partners at country level, to work together towards achieving the goals of each respective country programme.

The following publication shows how this ground-breaking Initiative operated, outlines new strategies and approaches and highlights lessons drawn from its four years of implementation.



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https://www.yunbaogao.cn/report/index/report?reportId=5_20575

