Spearhead	Organisation	Date	Reporting Period
SRHR	Netherlands Embassy Sana'a, Yemen	20-June-2013	1st Jan - 31st Dec 2012

Activity Number	Implementing Organisations	Implementation Channel	Actual Expenditure 2012
15849	Ministry of Public Health and Population	Gov.	0
24184	Ministry of Public Health and Population	Gov.	98.000
24161	Dhamar Health Office	Gov.	1.155.000
18151	Marie Stopes International Yemen	NGO	1.900.000
25361	Marie Stopes International Yemen	NGO	
15849	Social Fund for Development	NGO	1.068.647
24860	YAMAAN (diploma courses MoPHP)	NGO	500.000
24974	SOUL for Development	NGO	0
25185	Equal Access	NGO	0
25487	UNFPA (Census)	Multilateral	0
pipeline	contraceptive roadmap		0
pipeline	other		0

Result area 1	Young people are better informed and are thus able to make healthier choices regarding their sexuality					
Question 1a: To what extent are young people better informed? What evidence is there that they are making healthier choices regarding their sexuality?	Yemen has a very young population. About half of the population is below the age of 15 years. Within the educational system little or no attention is given to sexuality education. There is a strong separation in male and female society. The Yemeni society does not have an open environment to discuss sexuality. Data collection in Yemen is very weak; even MDG indicators are not always measured. There is limited data on topics like condom use. Yemen is one of the countries with low prevalence of HIV (0.2%) in the general population. 34% of the reported HIV cases are women. Heterosexual transmission accounts for the majority of the reported cases (83%). UNAIDS did not update any data in 2012.					
disaggregate information by male/female, if possible	**Baseline (2010)**	**Objective (2015)**	**Result (2012)**	**Result (2013)**	**Result (2014)**	**Source**
Percentage using condoms at last high-risk sex, by age group (MDG indicator 6.2)	18% (15-49 yrs)	not available	no data			UNGASS Country Progress report 2012
Percentage of young people (15-24) with comprehensive correct knowledge of HIV/aids (MDG indicator 6.3)	5.6% (total) 4.9% (women) 6.3% (men)	not available	no data			UNGASS 2012
Question 1b: With which results has your programme contributed to comprehensive sexuality education for young people in and outside of school	Marie Stopes signed six contracts with local NGO's to provide awareness activities in schools and football clubs. A variety of activities in these schools and clubs have reached at least 1000 students / youth. The hot-line had 14,569 calls; out of these 7331 callers were below the age of 25 years.					
Optional indicators	**Baseline (2010)**	**Objective (2015)**	**Result (2012)**	**Result (2013)**	**Result (2014)**	**Source**
Number (or %) of youth-friendly (health) centres						
Number of calls to the Marie Stopes hotline	0		14569 (total) 9357 (men) 5212 (women)			MSIY report (2012)
Question 1c: With which results has your programme contributed to opportunities for young people to have their voice heard and stand up for their rights?	The support for youth organisations are planned under the Rule of Law programme (as part of the transition process). This does not yet include SRHR issues.					
Assessment of results achieved across the entire result area, Dutch contribution	**B**					
A. Results achieved better than planned	**Reasons for results:** With the approved (and running) activities we achieved the results that we expected. Overall we would have hoped for an earlier start of other activities but due to limited availability of the expat SRHR expert less work could be done (full staffing of EKN Sana'a was approved in December 2012).					
B. Results achieved as planned						
C. Results achieved poorer than planned						
D. Results achieved much poorer than planned						
Implications for planning						
Till date two new contracts have been signed (with Equal Access for support to the Radio programme 'Let's be the best together' and with SOUL for a focused family plannign programme). These activities focus very much on youth and on awareness. Within the discussion with Marie Stopes International - Yemen we discussed the need for clear objectives / targets for the next phase (2014-2017).						

Result area 2	A growing number of people have access to anti-retroviral drugs, contraceptives and other commodities required for good sexual and reproductive health
Question 2a: To what extent do more people have access to anti-retroviral drugs, contraceptives and other commodities required for good sexual and reproductive health?	Use of Contraceptives and other commodities are slowly on the increase. The access to ARVs is limited to just a small number of the eligible people (the two-years statistics show a stagnation at the level of 14%). A severe funding gap exist for procuring both the ARV medicines and contraceptives. In 2012 Yemen received a USD 800,000 contribution from the Global Fund for increasing access to ARVs; this however is not sufficient (at present the Government of Yemen does not provide funding for ARVs). The availability of contraceptives is very irregular. The Ministry of Health is fully dependent on donor funding for contraceptives. There is also no proper monitoring system in the country resulting in frequent stock out. Ordering of new commodities takes (mostly) place after such a stock-out (resulting in an emergency type of procurement). World Bank, KFW and EKN provided funding for the contraceptives for 2013 and 2014.

	Baseline	Objective (2015)	Result (2012)	Result (2013)	Result (2014)	Source
Contraceptive Prevalence Rate - modern methods- all women15-49 (MDG indicator 5.3)	19.2% (2006)	40%	no data			MICS 2006 (baseline) MoPHP 2011 (objective)
Unmet need for family planning (per age group, where available and relevant)(MDG indicator 5.6)	38.6% (1997)	24% married women	no data			DHS 1997 (baseline) MoPHP 2011 (objective)
Proportion of population with advanced HIV infection (according to CD4) with access to antiretroviral drugs (MDG indicator 6.5)	14% (2011)		no data			UNGAS 2012

Question 2b: With which results has your programme contributed to a greater choice in and sufficient availability of contraceptives/medicines?	The programme has a strong focus on availability, accessibility and affordability of reproductive health commodities (contraceptives). Approvals have been given to increase the stock at various levels. An additional amount of $ 800,000 (being the balance of the Maternal and Neonatal Health programme) has been transferred to UNFPA. Training of health providers in Manual Vacuum Aspiration have increased access to safe abortion.

Optional indicators	Baseline (year)	Objective (2015)	Result (2012)	Result (2013)	Result (2014)	Source
Number of couples protected by various contraceptives (Couple Year Protection)			46071 (MSIY) 26832 (Rayaheen) 14063 (outreach) 36897 (DRHP)			MSIY report (2012) DHO (2012)

Question 2c: With which results has your programme contributed to addressing sociocultural barriers preventing women from using contraceptives?	In 2012 Marie Stopes started outreach services on a structural basis in order to reach women who are not able to travel to a clinic. The Dhamar programme is already reaching out to the couples for a longer period of time. In the Yemeni society women are not allowed to travel without a male companion, restricting their ability to visit a SRH clinic. By bringing services to the people (together with a clear awareness message) this obstacle is partly addressed.

Optional indicators	Baseline (2011)	Objective (2015)	Result (2012)	Result (2013)	Result (2014)	Source
Number of women reached with family planning services through outreach programme	0		79032			MSIY report (2012) DHO (2012)

Assessment of results achieved across the entire result area, Dutch contribution	**B**
A. Results achieved better than planned	After a relative slow start, both the Dhamar reproductive health programme as the outreach of Marie Stopes gained momemtum. Dhamar Health Office relies mainly on one person (the DG), who was partly absent due to illness and who resigned early December 2012.
B. Results achieved as planned	
C. Results achieved poorer than planned	
D. Results achieved much poorer than planned	

Implications for planning

The already started coordination with other donors on Reproductive Health Commodity Security needs additional efforts. Since the assignment of the (new) Deputy Minister for Population in October 2012 the Reproductive Health Technical Group did not meet. Further advocacy is required.

Result area 3	Public and private clinics provide better sexual and reproductive healthcare services, which more and more people are using
Question 3a: To what extent has the use of sexual and reproductive healthcare services in the public and private sector changed?	The National Health Strategy 2010-2015 states that 'many of the health facilities are lacking equipment, staff, and operational budget which reflects directly on the accessibility of health services. About 26% of the health facilities are without drugs, 24% are without equipment, 17% are without operational budget, and 7% are without health staff'. The private sector is expanding rapidly (providing about 60% of the services); however these services are not affordable nor always accessible to the majority of the population in rural areas (75% of the Yemeni population lives in rural areas). The private sector is not quite independent from the public sector and is not regulated (does not share performance statistics with the Ministry of Health). Coverage of services is realized in urban areas. There is a clear increase in performance statistics, although all indicators are far from satisfactory. Antenatal coverage has increased over the last 20 years (from 25,8% in 1992, 41,4% in 2003, to 47% in 2006). The trend for the proportion of births attended by skilled health personnel is also positive (from 15.9% in 1992, to 26.8% in 2003 to 35.7% in 2006). The data over 2012 are very low, and most probably not reflecting the reality - there is a clear problem of reporting since a number of governorates did not collect data. The DHS should reveal whether it is only a statistical problem or whether the insecurity has major impact on ANC and other RH services.

	Baseline (2006)	Objective (2015)	Result (2012)	Result (2013)	Result (2014)	Source
Antenatal care coverage (at least one visit and at least four visits) (MDG indicator 5.5)	47%	70%	19%			MICS (baseline) NRHS 2011 (objective) MoPHP data (2013)
Proportion of births attended by skilled health personnel (MDG indicator 5.2)	35,7%	60%	19%			MICS (baseline) NRHS 2011 (objective) MoPHP data (2013)
Percentage of HIV-positive pregnant women receiving treatment to prevent mother-to-child transmission of HIV	no data		no data			

Question 3b: With which results has your programme contributed to improved cooperation between public and private healthcare services?	Through the support to the Social Fund for Development (under the Maternal and Neonatal Health Programme) a total number of 51 Emergency Obstetric Care Units have been rehabilitated / build (finalised by December 2012). Marie Stopes International in Yemen works in close collaboration with the Ministry of Health to provide sexual and reproductive health services. Besides providing public SRH services (with commodity support of the Ministry if possible), they also include public health staff in their training and they have developed a network of private operating Community Midwives (who are responsible for deliverng statistics to the public system).

Optional indicators	Baseline (2007)	Objective (2015)	Result (2012)	Result (2013)	Result (2014)	Source
Number of Emergency Obstetric Care Units (basic and comprehensive)	0	53	53 (51 SFD 2 DHO)			SFD 2012 report DHO 2012 report
Number of reproductive health clinics (providing family planning services)	249 (MSIY + Dhamar)	261	259 (+4 MSIY +2 DHO)			MSIY (2012) DHO (2012)

Question 3c: With which results has your programme contributed to making sexual and reproductive health care more affordable?	With the transfer of USD 800,000 from the balance of the Maternal and Neonatal Health programme to UNFPA (in order to buy contraceptives) we have supported the Ministry of Health to provide free contraceptives in the public health institutions.

Question 3d: With which results has your programme contributed to improved obstetric care?	As a follow-up of the positive evaluated diploma course component of the Maternal and Neonatal Health programme a consultancy was contracted to assess the need for capacity development of obstetric and gyneacology health professionals. The comprehensive report served as the project document for the activity to train 500 health professionals at diploma level. The contract for this activity was signed with Yamaan in December 2012.

Optional indicators	**Baseline**	**Objective (2015)**	**Result (2012)**	**Result (2013)**	**Result (2014)**	**Source**
Number of doctors, nurses and midwives per 1000 inhabitants	0,97 (2009)	not available	no data			MoPHP 2009
Number of graduated general practitioners, nurses, theatre and anaesthesia technicians on Emergency Obstetric and Neonatal care	202 (2012)	500	0			

Assessment of results achieved across the entire result area, Dutch contribution	**B**
A. Results achieved better than planned	**Reasons for results**: Although the political transition had started by early 2012 most development organisations in the country were still suffering from the worsened security situation and the political insecurity. The support to governmental institutions in Yemen was suspended till half of February 2012. This situation created a delay in implementation (mainly at the level of Social Fund of Development).
B. Results achieved as planned	
C. Results achieved poorer than planned	
D. Results achieved much poorer than planned	

Implications for planning

The diploma training programme in the country is funded for 50% by EKN. The EU and KFW have been approached to cover the funding gap. This has not resulted in a commitment. In order to train the required professionals in Emergency obstetric care in Yemen further discussions are needed in 2013.

Result area 4	Greater respect for the sexual and reproductive rights of people to whom these rights are denied
Question 4a: What evidence is there of greater respect for the sexual and reproductive rights of women, young people, sexual minorities, sex workers and intravenous drug users?	Child marriage is a common practice in Yemen (in both rural and urban areas). Girls may be married as early as 12 or 13 (14% of all girls marry before the age of 15). Conservative forces in parliament have stopped legislation regarding the early marriage law. The safe motherhood law is now in parliament but the minimum age of marriage has been taken out from the draft law (in order to increase the chance that this law will pass). Marital rape is quite common in Yemen, however not legally recognized as a crime. A 2001 ministerial decree prohibited FGM in Yemen, but in a number of areas it is still common practice. Under Islamic law, the performance of an abortion is generally illegal except when carried out to save the life of the pregnant woman. Homosexuality is forbidden by law. A recent UNAIDS study however proves that the HIV mode of transmission through men-who-have-sex-with-men is on the increase (from 7% of the total transmission in 2009 to 9% in 2011). In May 2013 a first yemeni gay blog appeared (a revolution activist used his own name while coming out).

indicators that illustrate the compliance with the law - choose the issues relevant to local context	**Baseline**	**Objective (2015)**	**Result (2012)**	**Result (2013)**	**Result (2014)**	**Source**
Percentage of girls married before age 18	52% (2006)	0%	no data			MICS 2006
Percentage of female genital mutilation	23% (2005)		no data			UNICEF
Percentage of unsafe abortion	no data		no data			
Percentage of women/men that would be in favoour of abandoning FGM	48% (1997)		no data			DHS
Percentage of women that think it is normal to be punished / beaten if they refuse seks	no data		no data			

Question 4b: With which results has your programme contributed to the identification of or changes in legal and policy barriers for the sexual and reproductive health of women, young people, sexual minorities, intravenous drug users and sex workers?	MSIY RH programme support counts for 6895 MVA (safe abortion) intervensions in 2012. The Deputy Minister of Health participated in the WHA May 2012 and welcomed the WHO safe abortion guidelines as a means to facilitate the discussion in Yemen on abortion. Sister Arab Forum project support on combating violations against women and children produced a rape-study and brought to justice breachers of women's rights (mainly sexual based violence). Out of the total of 74 verdicts 55 were in favour of the victim.

optional indicators- choose the issues relevant to local context	**Baseline (2010)**	**Objective (2015)**	**Result (2012)**	**Result (2013)**	**Result (2014)**	**Source**
Number of health professionals trained on Manual Vacuum Aspiration (MVA)	0		85			MSIY (2012)
Number of MVA procedures performed by trained health staff	0		6895 185			MSIY (2012) DHO (2012)
Indicate whether analyses has become available and whether it has influenced policymaking? On	Analysis available?	Included in policy?				
LGBT	N		N			
unmarried - young people	N		N			
Indicate which laws exist and if there are changes? On .	Laws exist?	Changes?				
(emergency) contraception available?,	N		N			
abortion legal for incest, rape, women's health? If more, specify	unclear		N			
FGM forbidden?	N		N			
minimum age of marriage (18 yrs)?	N		N			
freedom of homosexuality (LGBT) ?	N		N			
modern contraceptives available without parental/spousal consent?	N		N			

Question 4c: With which results has your programme contributed to improving the access of people and these specific groups to sexual and reproductive health services and commodities?	N.A.					
Are services for groups mentioned below better integrated in regular services, according to policy?	Baseline (year)	Objective (2015)	Result (2012)	Result (2013)	Result (2014)	Source
Sexworkers	Y/N	Y/N				
LGBT	Y/N	Y/N				
unmarried - young people	Y/N	Y/N				
intravenous drug users	Y/N	Y/N				
others	Y/N	Y/N				
Assessment of results achieved across the entire result area, Dutch contribution	**B**					
A. Results achieved better than planned	**Reasons for results:** We are very pleased with the attention on MVA and the results achieved. Due to the political deadlock the activities related to early marriage law has to be re-determined.					
B. Results achieved as planned						
C. Results achieved poorer than planned						
D. Results achieved much poorer than planned						

Implications for planning

EKN supports the National Dialogue Conference (NDC) through our Rule of Law programme. The legal situation of women and youth also (in the field of SRHR) is among the topics. Based on the outcome of the dialogue and the reference to SRHR and legal status of women and youth in the new consititution, we have to discuss how we can support initiatives to bring the outcomes of the NDC further.