



Ministerie van Buitenlandse Zaken

Sexual and Reproductive Health and Rights

Organisation		Date			Reporting period			
Embassy of the Kingdom of the Netherlands, Sana'a, Yemen		June 2016			2015			
Activity Number	Name	2015 Actual expenditure	Implemented by		Result area	Rio marker	Significant/principal	Gender marker
			Name organisation	Channel	Result area	Mitigation/Adaptation		Significant/principal
25361	FP and RH in Yemen (MSIY II)	1.957.171	MSIY	NGO	General	Not applicable	Not applicable	Significant
26489	Girls' education and adults' literacy	0	SFD	Government	Youth, information and choice	Not applicable	Not applicable	Significant
24860	EmONC Diploma training	310.686	Yamaan	NGO	Quality healthcare services	Not applicable	Not applicable	Significant
25654	Promoting small family norms	491.609	SOUL	NGO	Youth, information and choice	Not applicable	Not applicable	Significant
25816	RHCS III (contraceptives)	0	UNFPA	Multilateral organisation	Health commodities	Not applicable	Not applicable	Significant
26383	Prevention and treatment of GBV	135.429	FCDF	NGO	Rights and respect	Not applicable	Not applicable	Significant
27090	RHCS IIV (EmOc medicines)	1.265.789	UNFPA	Multilateral organisation	Health commodities	Not applicable	Not applicable	Significant

Result Area 1				Youth, information and choice				
Result 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. People find it difficult to discuss sexuality openly. Gender segregation in society is strong. Data collection in Yemen is very weak. Since the results of the Yemen National Health and Demographic Survey 2013, no more recent national data have become available. Also the last available UNAIDS Country Progress report is of the year 2013. Monthly reporting rates of health facilities declined to an average of 70 per cent. 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%). Last but not least, conflict and security threats to health facilities and health workers posed additional challenges to partners.				
Indicator	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Result 2015	Results 2016	Source
Indicator 1: Percentage using condoms at last high-risk sex, by age group (MDG indicator 6.2)	18% (15-49 yrs)	NA	NA	In key pop. female sexworkers: 35%; M/M sex: 20%	NA	no recent data available		
Indicator 2: 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)	NA	NA	19% of women (no data on men)	NA	no recent data available		

Result question 1b: (1) With which results has your programme contributed to comprehensive sexuality education for young people in and outside of school?				Result question 1b: (2) With which results have programmes contributed to opportunities for young people have their voice heard and stand up for their right?				
				Family Counselling and Development Foundation (FCDF) received 71,226 calls, of which 23,447 received psycho-social counselling. 80% of the calls received were from women, 26% of youth below 18 years and 81% of people below the age of 38. Noteworthy is that the cases suffering from depressive disorders and anxiety disorders has increased (with 37% of cases of Gender Based Violence). SFD supported community learning centres for rural girls and contributed to improved knowledge in the area of SRHR. (No specific data available, as reports indicate no exact numbers but 'partially implemented' etc.). SOUL reached 22,095 beneficiaries with their family planning messages, 13,460 with RH media campaigns and 85,257 with the Family Friends awareness sessions (out of which 75,521 were below 30 years of age). Mari Stopes International Yemen (MSIY) Shabab line received 40,631 calls, out of which 30,136 were of youth (14-25).				
Indicator	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Result 2015	Result 2016	Source
Indicator 1: Number of calls to the Marie Stopes hotline	0	not available	14569 (total) 9357 (men) 5212 (women)	31,435 (total) 14,434 (men) 17,001 (women)	54,248 (37,631 youth)	40,631 (30,136 from youth)		Report MSIY 2015
Indicator 2: Number of calls to FCDF	0				9373	FCDF received 71,226 calls out of which 23,447 received psycho-social counselling.		Report FCDF 2015
Indicator 3: Number (and %) of teenage girls (<20) that are pregnant or have a child								
Indicator 4: Number (or %) of youth-friendly (health + safe space) centres								
Indicator 5: Number of youth (10-24) using sexual and reproductive health services by organisation supported								
Indicator 6: Number of schools that adopt comprehensive sexuality education								
Indicator 7: Number of youth (10-24) in school & out of school reached with information on sexuality, HIV, STIs, pregnancy, contraceptives						48,648 (FCDF: 18,512; MSIY: 30,136)		Report FCDF 2015; Report MSIY 2015
Indicator 8: Number of schools with HIV/Aids education								
Indicator 9: Pupils and teachers with changed attitudes as well as improved knowledge and skills for protection against HIV/STI transmission and unwanted pregnancies								
Indicator 10: Children and young people demonstrate positive behavioural change on SRHR								

Assessment of results achieved by NL across the entire Result Area 1		Youth, information and choice
Assess achieved results compared to planning:		B. Results achieved as planned
Reasons for result achieved:		MSIY experienced a decline in the number of incoming calls (compared to 2014) resulting from the impact of the war (e.g. head office of MSIY was destroyed, reduced office hours for counsellors for security reasons, poor internet and mobile network, frequent electricity cuts). As the issue of SRHR is sensitive, MSIY had to adopt a low profile approach and for security reasons stopped promotional activities. FCDF: The report indicates an impressive number of incoming calls (71,226) showing that the number of people in need of psycho-social counselling is much higher than the targeted number, 23,447 cases (against annual target of 10,000) of which 80% were women. It may reasonably be argued that the number of people suffering from depressive disorders and anxiety disorders has increased as a consequence of the war. From the cases in need of psychotherapy, 37% were related to Gender Based Violence.
Implications for planning:		Though the number of clients served at MSIY clinics declined (49% of the target for 2015), the franchised community midwives have served more clients than planned (147%), indicating the importance of this level of service provision in time of crisis.

Result Area 2				Health commodities				
Result 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?				No new data have become available since the results of the Yemen National Demographic and Health Survey 2013 became available in 2014 (indicating 29% use of any modern method of contraceptives). The Government of Yemen is fully dependent on donor funding for the procurement of contraceptives. It can reasonably be argued that since the outbreak of the war, indicators like contraceptive prevalence rate and unmet need for Family Planning have deteriorated. Nearly 600 health facilities have stopped functioning due to conflict-related damage or lack of medicines, supplies, electricity, fuel for generators and outreach, staff or equipment. Imposed restrictions by parties to the conflict have prevented – or unduly delayed – critical supplies from reaching contested areas. Women – especially pregnant women and women in rural areas – are particularly disadvantaged by a lack of (gender-sensitive) health services.				
Indicator	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Result 2015	Result 2016	Source
Indicator 1: Contraceptive Prevalence Rate - modern methods- all married women 15-49 (MDG indicator 5.3)	19.2% (2006)	40%	not available	29%	not available	not available		
Indicator 2: Unmet need for family planning (per age group, where available and relevant)(MDG indicator 5.6)	not available	not available	not available	15-24: 29.2% 25-29: 29.9% 30-24: 28.6%	not available	not available		
Indicator 3: Unmet need for family planning (per age group, where available and relevant)(MDG indicator 5.6)	not available	not available	not available	35-39: 31.6% 40-44: 25.8% 44-49: 22.5%	not available	not available		
Indicator 4: Proportion and number of the access to antiretroviral therapy of people living with HIV (MDG indicator 6.5)	NA	NA	NA	703/5249 = 13.4% (adults), 53/843= 15.9% (pediatric)	not available	not available		
Indicator 5: Unmet need for family planning of 20% poorest								
Indicator 6: Unmet need for family planning of 20% richest								
Result question 2b: (1) With which results have programmes contributed to a greater choice in and sufficient availability of contraceptives/medicines?				2b (1) With Dutch funding (EUR 1.7 million in 2014 and 1.3 million in 2015) UNFPA procured EmOc drugs. Part of these medicines has arrived in Yemen in 2015, while another part is delayed due to air and naval blockages and the need to obtain clearance from the Saudi-led coalition. Contraceptives, procured with Netherlands funding in 2013, have arrived in 2014 and 2015 and are being used in 2015, thus contributing to greater availability and choice. 2b (2) The majority of Yemeni women depend on a male relative for travelling, restricting their ability to visit a clinic. MSIY attempts to reach these women with outreach services and through franchised community midwives.				
Result question 2b: (2) With which results have sociocultural barriers preventing women from using contraceptives been addressed?								
Indicator	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Result 2015	Result 2016	Source
Indicator 1: Number of couples protected by various contraceptives (Couple Year Protection = CYP)	NA	NA	86,966 (MSI + Dhamar)	143,478 (MSIY+Dhamar)	107,949 (MSIY only)	107,335 (MSIY only)		MSIY Report 2015
Indicator 2: Number of people reached with information on sociocultural barriers regarding family planning								
Indicator 3: Number and type of new, user-friendly products / medicines on the market for improved sexual and reproductive health								
Indicator 4: Number of children immunised with vaccines								
Indicator 5: Number of people being treated with anti-retroviral drugs								
Indicator 6: Number of male and female condoms distributed								
Assessment of results achieved by NL across the entire Result Area 2				Health commodities				
Assess achieved results compared to planning:				B. Results achieved as planned				
Reasons for result achieved:				Despite the challenges related to the impact of the war, MSIY has reached 94% of the annual target for CYP at centres, and the franchised CMWs reaching 80% of the target set before the war. The procurement of RH commodities experienced no delay due to the war. Distribution to health facilities experienced delay however.				
Implications for planning:				Since the outbreak of the war, the focus has shifted to the provision of SRHR humanitarian aid. For 2016 humanitarian aid will remain a necessary instrument for service delivery. Local NGOs can fulfill an important role.				

Result Area 3	Quality healthcare services
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Result question 3a: To what extent has the use of sexual and reproductive healthcare services in the public and private sector improved?	SRHR services have significantly deteriorated since the outbreak of the war in Yemen. Nearly 600 health facilities have stopped functioning due to conflict-related damage or lack of medicines, supplies, electricity, fuel for generators and outreach, staff or equipment. Outreach activities are increasingly hampered due to the security situation and lack of fuel. It is estimated by UNOCHA that 14.1 million people lack sufficient access to health care. There are no national data available on Ante Natal Care (ANC) coverage and percentage of deliveries by skilled staff. Only an average of 70% % of health centres are reporting on monthly basis.
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Indicator	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Result 2015	Result 2016	Source
Indicator 1: Antenatal care coverage (at least one visit and at least four visits) (MDG indicator 5.5)	47% (2006)	70%	19%	60%	not available	not available		
Indicator 2: Proportion of births attended by skilled health personnel (MDG indicator 5.2)	35.7% (2006)	60%	19%	45%	not available	not available		
Indicator 3: Proportion of births attended by skilled health personnel of 20% poorest								
Indicator 4: Proportion of births attended by skilled health personnel of 20% richest								
Indicator 5: Percentage of HIV-positive pregnant women receiving treatment to prevent mother-to-child transmission of HIV - low- and middle income countries								
Indicator 6: Percentage of government's budget allocated to health sector								

Result question 3b: (1) With which results has your programme contributed to improved cooperation between public and private healthcare services?	MSIY trained 196 service providers in Manual Vacuum Aspiration (MVA), out of which 53 from the private sector. Yamaan Foundation trained 201 trainees, of which 178 successfully graduated (and 16 are in the process of fulfilling additional requirement for re-take exam). Innovative partnerships have come up between SOUL and the local public health staff and MSIY and the local public health staff. SOUL conducted refresher courses for 382 midwives.
Result question 3b: (2) With which results has sexual and reproductive health care including emergency obstetric care become more affordable and accessible?	

Indicator	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Result 2015	Result 2016	Source
Indicator 1: Number of Emergency Obstetric Care Units (basic and comprehensive)	0 (2007)	53	53 (51 SFD 2 DHO)	Dhamar: 2 BEmOc+ 1 CEmOc	not available	not available		
Indicator 2: Number of reproductive health clinics (providing family planning services)	249 (MSIY + Dhamar) (2007)	261	259 (+4 MSIY +2 DHO)	278 (Dhamar)	not available	not available		
Indicator 3: Number of doctors, nurses and midwives per 1000 inhabitants	0,97 (2009)	not available	not available	not available	not available	not available		
Indicator 4: Number of graduated general practitioners, nurses, theatre and anaesthesia technicians on Emergency Obstetric and Neonatal care	202 (2012)	500	0	278	354 (76 still under training)	532 (178 new graduates in 2015) of Yamaan		Report 2015 Yamaan
Indicator 5: Number of midwives/ skilled birth attendants trained								
Indicator 6: Number of health staff and community health workers trained in ante- and post natal care, safe deliveries and basic health care								
Indicator 7: Number of mothers receiving ante & post natal care								
Indicator 8: Partners have a staff policy in place that contributes to the sustainability, accessibility and quality of the health system at large								
Indicator 9: Percentage of maternal health facilities with an increase in satisfaction by women								

Assessment of results achieved by NL across the entire Result Area 3	Quality healthcare services
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Assess achieved results compared to planning:	B. Results achieved as planned
Reasons for result achieved:	Despite the security situation, NGOs achieved most results as planned and even innovative partnerships between NGOs and local public health staff have emerged. Especially at village level, good results are achieved.
Implications for planning:	During 2015 MSI allocated EURO 300,000 (of the Netherlands' support) to humanitarian aid.

Result Area 4				Rights and respect				
Result question 4a: To what extent have the conditions for women, young people, sexual minorities, sex workers and intravenous drug users improved with regards to their sexual and reproductive rights?				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 and 52% before the age of 18). Conservative forces in parliament had stopped legislation regarding the early marriage law. The National Dialogue Conference had recommended the minimum age of marriage for both sexes at 18 years and recommended punishment in case of violation. There is a draft 'child rights law' with this age included. The NDC also recommended to criminalize FGM, sexual harassment and trafficking of women. Marital rape is quite common in Yemen, however not legally recognized as a crime. The Demographic and Health Survey 2013 (DHS 2013) indicated high variance in the prevalence of FGM: in a number of governorates still as high as 79.9 % (Hadhramout) and 84.7 % (Al-Mahrah), while in other governorates the practice is almost absent, e.g. 0% in Al-Bayda, 0.3 % in Al-Mahwit. Under Islamic law, the performance of an abortion is illegal except when carried out to save the life of the pregnant woman. Homosexuality is forbidden by law. A UNAIDS study however had proved 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).				
Indicator	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Result 2015	Result 2016	Source
Indicator 1: Percentage of women married before age 18 in 20-24 year age group	52% (2006)	0%	NA	52%	NA	NA		
Indicator 2: Percentage of female genital mutilation in 15-49 year age group	23% (2005)		NA	18.5%	NA	NA		

Result question 4b: (1) 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 (unmarried) people, sexual minorities, intravenous drug users and sex workers?				Before the war, the Embassy contributed extensively to changes in legal and policy barriers, together with partners in the RoL sector. For example, in the draft constitution minimum age of marriage and Gender Based Violence (GBV) were well incorporated. As the constitution writing is halted, no work has been done in this area during 2015. However, SOUL continued working on smaller family size (through delaying marriage and pregnancies and child spacing), MSIY has trained 196 health service providers in conducting MVAs and 7.102 MVAs have been conducted in 2015.				
Result question 4b: (2) With which results has your programme contributed to improving the access of these specific groups to sexual and reproductive health services and commodities?								
Indicator	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Result 2015	Result 2016	Source
Indicator 1: Number of health professionals trained on Manual Vacuum Aspiration (MVA)	0 (2010)	not available	85	70 (Dhamar)	252	196		MSIY (2015 report)
Indicator 2: Number of MVA procedures performed by trained health staff	0 (2010)	not available	6895 185	5217 (MSIY)	7.095	7.102		MSIY (2015 report)
Indicator 3: Number of changes in laws, legal guidelines leading to decrease of legal barriers for key populations in their sexual and reproductive health and rights								
Indicator 4: Number of communities / local leaders that have denounced childmarriage / FGM								
Indicator 5: Number of key populations having received sexual and reproductive health services and information								
Indicator 6: Perceived change in public statements made by leaders / personalities advocating for sexual and reproductive rights								
Indicator 7: Number of countries where health or health related policies changed to favor rights of vulnerable groups								
Indicator 8: Increased involvement of community leaders in realisation of SRHR in % of the targeted communities								
Indicator 9: Community members and community leaders participating in SRHR awareness-raising activities at community level								

Assessment of results achieved by NL across the entire Result Area 4		Rights and respect	
Assess achieved results compared to planning:		B. Results achieved as planned	
Reasons for result achieved:		The Embassy is pleased with the results of MVA, despite the low profile approach of MSIY, indicating the need for these services.	
Implications for planning:		Because of the sensitivity of SRHR and MVA, MSIY has adopted a low profile approach and indicates its services as 'safe motherhood services'.	