

	Organisation			Date			Reporting period	
Embassy of the Kingdom of the Netherlands, Addis Ababa, Ethiopia			June 2016			2015		
Activity		2015	Implemented by		Result area	Rio marker		Gender marker
Number	Name	Actual expenditure	Name organisation	Channel			Significant/principal	Significant/principal
24136	MDG-PF	11.747.447	Federal Ministry of Health	Government	Quality healthcare services	Not applicable	Not applicable	Significant
24963	Social Marketing	470.133	DKT-Ethiopia	NGO	Health commodities	Not applicable	Not applicable	Principal
27560	Support to Strategic Plan 2015-2019	2.886.000	DKT-Ethiopia	NGO	Health commodities	Not applicable	Not applicable	Principal
25360	Strategic Plan 2013-2015	2.304.000	Family Guidance Association of Ethiopia	NGO	Quality healthcare services	Not applicable	Not applicable	Principal
23142	SPRING	3.134.655	Marie Stopes International - Ethiopia	NGO	Quality healthcare services	Not applicable	Not applicable	Principal
24835	Comprehensive Sexuality Education	923.312	icco	NGO	Youth, information and choice	Not applicable	Not applicable	Principal
27886	Ethiopia Demographic Health Survey 2016	247.900	John Snow Inc.	NGO	General	Not applicable	Not applicable	Significant
27713	Child Marriage Fund	500.000	Plan International - Ethiopia	NGO	Rights and respect	Not applicable	Not applicable	Principal
23968	SRHR blockgrant	12.527	COYDOE & individual consultant	NGO	General	Not applicable	Not applicable	Significant

Result Area 1				Youth, information and choic	Э				
Result question 1a: To what extent are young people better informed? What evidence is there that they are making healthler choices regarding their sexuality?				The next Ethiopian Demographic Health Survey (DHS) will be implemented early 2016. In 2015 all preparations were in full swing. The Embassy also provide support to this Ethiopian DHS. The DHS is the only tool used in Ethiopia to measure knowledge and youth / sexuality. In January 2015 the National Youth conference took place. Overall this was a disappointing event; too little youth representation and too little youth focussed. There was little attention for SRHR the end it was a rather political event, where the role of youth was defined as passing on the heroic victory of the freedom fighters). Due to an substantial incrin franchise clinics the number of youth reached with SRH resvices has increased drastically.					
Indicator	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Result 2015	Results 2016	Source	
ndicator 1: Percentage using condoms at last high-risk sex, by age group (MDG indicator 6.2)	15-24 year: F : 61.6 M : 47.2 T : 54.4	15-24 year: T : 95.0 (2015)	-	-	-	-			
ndicator 2: Percentage of young people (15-24) with comprehensive orrect knowledge of HIV/aids (MDG indicator 6.3)	Age 15-19 : M: 31.8 / F: 24 Age 20-24: M: 37.4 / F: 23.6	-	-	-	-				
Result question 1b: (1) With which results has you outside of school? Result question 1b: (2) With which results have pr for their right?				for youth to access SRH inforr reached has increased substa Organizations in Ethiopia). Thi exclusive focussing on SRHR	nation and services, it is still a n ntial in 2015. The embassy sup s umbrella organization support this topic was rather important	najor achievement. Due to increa ported the newly established orga ed small community based youth and prominent in their strategy. In	s youth bulge this might look logic sed social franchising of NGO clin anization COYDOE (Consortium o organizations in expressing their n 2015 a pilot Menstrual Hygiene I 200 adolescent girls. A full fledged	ics the number of people of Youth Development issues in society. Although not Management (MHM) activity wa	
ndicator	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Result 2015	Result 2016	Source	
	FGAE : 28	FGAE : 200 (2015)	FGAE: 40	FGAE: 84	FGAE: 25	FGAE: 25		Annual report FGAE	
ndicator 1: Number (or %) of youth-friendly (health) centres	MSIE : 31 DEC : 0	MSIE : 31 (2015) DEC : 25 (2015)	MSIE : 31 DEC : 0	MSIE: 30 DEC: 8	MSIE: 23 DEC: 10	MSIE: 23 DEC: 16		Annual report MSIE Annual report ICCO	
Indicator 2: Number of youth (10-24) using sexual and reproductive health services by organisation supported	NA	NA	-	FGAE : 237,940	FGAE: 637,218 MSIE: 254,820	FGAE: 3,403,084 MSIE: 439,089		Annual report FGAE Annual report MSIE	
Indicator 3: Number of schools that adopt comprehensive sexuality education	FGAE: 7 DEC: 0	FGAE : 300 (2015) DEC : 60 (2015)	FGAE : 10 DEC : 8	FGAE: 25 DEC: 12	FGAE: 22 DEC:23	FGAE: 24 DEC: 23		Annual report FGAE Annual repot ICCO	
Indicator 4: Number of youth (10-24) in school & out of school reached with information on sexuality, HIV, STIs, pregnancy, contraceptives	NA	FGAE : 4,381,909 (2015)	-	FGAE: 1,335,720	FGAE: 1,352,337	FGAE: 2,955,407		Annual report FGAE	
Indicator 5: Number of (functioning) 'Young Marketeers'Youth Clubs (DKT)	186	200	186	192	229 (157 clubs purchased condoms)	192		Annual report DKT-E	
indicator 6: Number of 'Young Action Movement' members (FGAE)	1650	10000	2455	3439	1345	1522		Annual report FGAE	
Indicator 7: Number (and %) of teenage girls (<20) that are pregnant or have a child									
ndicator 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 choic	9				
Assess achieved results compared to planning:				B. Results achieved as planned					
Reasons for result achieved:				Both FGAE and MSIE reached higher number of youth than planned / expected. The higher support for franchise clinics is one of the main reasons for reaching more youth. Expansion of Comprehensive Sexuality Education in primary and secondary schools remains difficult due to resistance of the educational sector (mainly the bureaucrats).					
mplications for planning:				implementing this strategic pla	n. Although we are very pleased we agreed to have age and sex	d with the number of youth reach	bassy is one of the strategic dono ed further strengthening is require r onwards. With this disappregate	d. Early 2016 the joint donors	

				Health commodities				
Result question 2a: To what extent do more peoplood sexual and reproductive health?	The FMoH does not use the Contraceptive Prevalence Rate (CPR) in their information system. Instead they use the Contraceptive Acceptance Rate (CAR). The performance for EFY 2007 was 69.9% (in EFY 2006 the achievement was 63%). The regional variance for the CAR is huge (the lowest rate of 5.7% in Somality highest rate of 97.2% in Amhara). The third round of the PMA2020 project (Performance, Monitoring & Accountability) showed a slightly lower CYP over 2015. The unmet need according to the PMA2020 was 16.5% for all women and 24.4% for married women. After a long delay a final draft of the condom strategy was presented to the Federal Minsitry of Health. This document is an important tool in forecasting the total market of condoms (free distribution, social marketing, etc.). There is a steady increase in number of people with access to ARVs. At the same time the HIV prevalence continues to decline.							
ndicator	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Result 2015	Result 2016	Source
dicator 1: Contraceptive Prevalence Rate - modern methods- all arried women 15-49	18,7% (27% currently married women)	66% (2015)	-	33.3%	27.9% (40.4% currently married women)	25.6% (35.8% currently married women)		PMA2020 (3rd round)
licator 2: Contraceptive Prevalence Rate - modern methods- all girls 19	5.2%	NA	-	-	-			
licator 3: Unmet need for family planning of married women 15-49 ars old	25.3% urban: 15% rural 27.5%	10% (2015)	-	18.8%		-		
licator 4: Unmet need for family planning of girls 15-19 years old	32.8%	NA	-	-				
dicator 5: Unmet need for family planning of 20% poorest				24%				
				13%				
dicator 6: Unmet need for family planning of 20% richest								
dicator 6: Unmet need for family planning of 20% richest dicator 7: Proportion and number of population with advanced HIV fection (according to CD4) with access to antiretroviral drugs (MDG dicator 6.5) Result question 2b: (1) With which results have prontraceptives/medicines?	rogrammes contributed to a gr		, in the second	result of the strong focus of	n LARC (long acting reversible co	ntraceptives), fully in line with the	Ethiopian strategy of the F	•
dicator 7: Proportion and number of population with advanced HIV ection (according to CD4) with access to antiretroviral drugs (MDG dicator 6.5) esult question 2b: (1) With which results have proportion traceptives/medicines?	rogrammes contributed to a gr	eater choice in and sufficien	nt availability of	The couple year protection result of the strong focus of involvement in Ethiopia is simplants and as a result it a full method mix. Due to h	achieved through the embassy su n LARC (long acting reversible cor of major importance in order to gua s quite often difficult for women to	upport has further increased in 2 intraceptives), fully in line with the arantee full choice in methods. High get another method. The NGO of trugs in the public sectore (and a	e Ethiopian strategy of the Fealth workers in the public lilinics (together with their su	rted a higher outcome. This is mainly
dicator 7: Proportion and number of population with advanced HIV ection (according to CD4) with access to antiretroviral drugs (MDG dicator 6.5) esult question 2b: (1) With which results have pi	rogrammes contributed to a gr	eater choice in and sufficien	nt availability of	The couple year protection result of the strong focus of involvement in Ethiopia is simplants and as a result it a full method mix. Due to h	achieved through the embassy su n LARC (long acting reversible cor of major importance in order to gue s quite often difficult for women to igher availability of anti-retroviral d	upport has further increased in 2 intraceptives), fully in line with the arantee full choice in methods. High get another method. The NGO of trugs in the public sectore (and a	e Ethiopian strategy of the Fealth workers in the public lilinics (together with their su	rted a higher outcome. This is mainly ederal Ministry of Health. NGO lealth sector are rewarded for providir sbstantial franchise clinics) do guaran
dicator 7: Proportion and number of population with advanced HIV ection (according to CD4) with access to antiretroviral drugs (MDG iicator 6.5) esult question 2b: (1) With which results have proportionally proportionally proportionally esult question 2b: (2) With which results have so	ogrammes contributed to a gr	eater choice in and sufficien	nt availability of ceptives been addressed?	The couple year protection result of the strong focus of involvement in Ethiopia is a implants and as a result it a full method mix. Due to hwill be tested) FGAE received.	achieved through the embassy sun LARC (long acting reversible coof major importance in order to guas quite often difficult for women to igher availability of anti-retroviral dived less ARVs and could treat less	upport has further increased in 2 intraceptives), fully in line with the arantee full choice in methods. High another method. The NGO of trugs in the public sectore (and a people.	e Ethiopian strategy of the F ealth workers in the public I linics (together with their su change in voluntary testing	rted a higher outcome. This is mainly lederal Ministry of Health. NGO lealth sector are rewarded for providir sbstantial franchise clinics) do guaran j in EThiopia where only people at risl
icator 7: Proportion and number of population with advanced HIV ccton (according to CD4) with access to antiretroviral drugs (MDG icator 6.5) sult question 2b: (1) With which results have printraceptives/medicines? sult question 2b: (2) With which results have so dicator licator:	ogrammes contributed to a gr	eater choice in and sufficien	nt availability of ceptives been addressed?	The couple year protection result of the strong focus of involvement in Ethiopia is a implants and as a result it a full method mix. Due to hwill be tested) FGAE received.	achieved through the embassy sun LARC (long acting reversible coof major importance in order to guas quite often difficult for women to igher availability of anti-retroviral dived less ARVs and could treat less	upport has further increased in 2 intraceptives), fully in line with the arantee full choice in methods. High another method. The NGO of trugs in the public sectore (and a people.	e Ethiopian strategy of the F ealth workers in the public I linics (together with their su change in voluntary testing	rted a higher outcome. This is mainly rederal Ministry of Health. NGO health sector are rewarded for providin libstantial franchise clinics) do guarant in EThiopia where only people at risl
icator 7: Proportion and number of population with advanced HIV cction (according to CD4) with access to antiretroviral drugs (MDG icator 6.5) soult question 2b: (1) With which results have printraceptives/medicines? soult question 2b: (2) With which results have so icator 1: Number and type of new, user-friendly products / dicines on the market for improved sexual and reproductive health icator 2: Number of couples protected by various contraceptives upple Year Protection = CYP)	ogrammes contributed to a grociocultural barriers preventing Baseline NA DKT: 2.1m FGAE: 106,920	reater choice in and sufficient g women from using contract Target 2017 NA DKT: n.a. FGAE: 2.6m (2015	reptives been addressed? Result 2012 3 DKT: 2.8m FGAE: 136,144	The couple year protection result of the strong focus of involvement in Ethiopia is of implants and as a result it in a full method mix. Due to him will be tested) FGAE received Result 2013 1 DKT: 1,892,659 FGAE: 222,472	achieved through the embassy sun LARC (long acting reversible coof major importance in order to guas quite often difficult for women to igher availability of anti-retroviral dived less ARVs and could treat less Result 2014	upport has further increased in 2 Intraceptives), fully in line with the arantee full choice in methods. H get another method. The NGO of trugs in the public sectore (and a speople. Result 2015 DKT: 3,594,895 FGAE: 537,430	e Ethiopian strategy of the F ealth workers in the public I linics (together with their su change in voluntary testing	rted a higher outcome. This is mainly dederal Ministry of Health. NGO nealth sector are rewarded for providi abstantial franchise clinics) do guaran gin EThiopia where only people at rist Source Annual report DKT-E Annual report DKT-E Annual report FGAE
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dicator 7: Proportion and number of population with advanced HIV action (according to CD4) with access to antiretroviral drugs (MDG icator 6.5) Boult question 2b: (1) With which results have proportionally produced by the proportional properties of the proportional properties of the properties of t	Baseline NA DKT: 2.1m FGAE: 7 CORHA: 2	reater choice in and sufficient g women from using contract graph of the contract graph	Result 2012 3 DKT: 2.8m FGAE: 136,144 MSIE: 709,049 male: 64,990,765 female: 250 FGAE: 8	The couple year protection result of the strong focus of involvement in Ethiopia is a implants and as a result it is a full method mix. Due to him will be tested) FGAE received the following the strength of the following the f	achieved through the embassy sun LARC (long acting reversible color major importance in order to gua signature quality of anti-retroviral dived less ARVs and could treat less Result 2014	upport has further increased in 2 Intraceptives), fully in line with the arantee full choice in methods. H get another method. The NGO of lrugs in the public sectore (and a s people. Result 2015 DKT: 3.594.895 FGAE: 537,430 MSIE: 882,888 male: 52,269,426 female: 25,044 FGAE: 11	e Ethiopian strategy of the F ealth workers in the public I linics (together with their su change in voluntary testing	2007) rted a higher outcome. This is mainly rederal Ministry of Health. NGO health sector are rewarded for providing stantial franchise clinics) do guarant in EThiopia where only people at risl source Source
icator 1: Number and type of new, user-friendly products / dicines on the market for improved sexual and reproductive health icator 2: Number of couples protected by various contraceptives incort 3: Number of meetings with religious and political leaders icator 4: Number of meetings with religious and political leaders icator 4: Number of meetings with religious and political leaders icator 5: Number of meetings with religious and political leaders icator 4: Number of meetings with religious and political leaders icator 5: Number of people being treated with anti-retroviral drugs redictive cases + adults)	Baseline NA DKT: 2.1m FGAE: 7 CORHA: 2	reater choice in and sufficient g women from using contract graph of the contract graph	Result 2012 3 DKT: 2.8m FGAE: 136,144 MSIE: 709,049 male: 64,990,765 female: 250 FGAE: 8	The couple year protection result of the strong focus of involvement in Ethiopia is a implants and as a result it is a full method mix. Due to him will be tested) FGAE received the following the strength of the following the f	achieved through the embassy sun LARC (long acting reversible color major importance in order to gua signature quality of anti-retroviral dived less ARVs and could treat less Result 2014	upport has further increased in 2 Intraceptives), fully in line with the arantee full choice in methods. H get another method. The NGO of lrugs in the public sectore (and a s people. Result 2015 DKT: 3.594.895 FGAE: 537,430 MSIE: 882,888 male: 52,269,426 female: 25,044 FGAE: 11	e Ethiopian strategy of the F ealth workers in the public I linics (together with their su change in voluntary testing	2007) rted a higher outcome. This is mainly rederal Ministry of Health. NGO health sector are rewarded for providing stantial franchise clinics) do guarant in EThiopia where only people at risl source Source

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: Implications for planning:				The Couple Year Protection (CYP) is on the increase due to the focus on implants and IUCDs. The number of condoms distributed is still decreasing due to the continued free condom distribution by the USAID funded MULU project.					
					n the projects for 2016. With FGA d. This might result in a change ir		s (rather expensive model) comp	pared to the franchising model	
Result Area 3				Quality healthcare services					
Result question 3a: To what extent has the use of sexual and reproductive healthcare services in the public and private sector improved?			The Government of Ethiopia continues building and upgading health facilities. The number of functional hospitals increased in EFY 2007 to 189 (from 150 in EF 2006), the number of functional health centers increased to 3547 (3315 in EFY 2006), and the number of health posts reached the total of 16,447 (16,251 in EF 2006). The statistics from the routine data collection (Health Management Information System - HMIS) are still on the high end (and according to most development partners not fully reliable). Comparison between the years however provides a very clear trend. The skilled delivery increased substantial in 2015 (to 60.7%). Also the antenatal care (4th visit) is improving. The Ethiopian Demographic Health Survey 2016 will provide the reliable data to compare the increase seen in the HMIS. In 2015 the new 5 year strategic plan (the Health Sector Transformation Plan - HSTP) was launched. The role of the private sector in health care has been discussed at length and (and although limited) included in the new 5 year strategy.						
Indicator	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Result 2015	Result 2016	Source	
Indicator Indicator 1: Antenatal care coverage of at least one visit (MDG indicator 5.5)	Baseline 42.6%	Target 2017 90% (2015)	Result 2012 59.1%	Result 2013 97.4%	Result 2014 57% / 98.1%	Result 2015 96,90%		Source FMoH Annual Performance Report (EFY 2007)	
Indicator 1: Antenatal care coverage of at least one visit (MDG								FMoH Annual Performance Report (EFY	
Indicator 1: Antenatal care coverage of at least one visit (MDG indicator 5.5) Indicator 2: Antenatal care coverage of at least four visits (MDG	42.6%	90% (2015)			57% / 98.1%	96,90%		FMoH Annual Performance Report (EFY 2007) FMoH Annual Performance Report (EFY	
Indicator 1: Antenatal care coverage of at least one visit (MDG indicator 5.5) Indicator 2: Antenatal care coverage of at least four visits (MDG indicator 5.5) Indicator 3: Proportion of births attended by skilled health personnel	42.6%	90% (2015) 86% (2015)	89.1%	97.4%	57% / 98.1% 31.6%	96,90% 57,90%		FMoH Annual Performance Report (EFY 2007) FMoH Annual Performance Report (EFY 2007) FMoH Annual Performance Report (EFY 2007)	
Indicator 1: Antenatal care coverage of at least one visit (MDG indicator 5.5) Indicator 2: Antenatal care coverage of at least four visits (MDG indicator 5.5) Indicator 3: Proportion of births attended by skilled health personnel (MDG indicator 5.2) Indicator 4: Percentage of HIV-positive pregnant women receiving	42.6% 19% 10%	90% (2015) 86% (2015) 62% (2015)	89.1%	97.4%	57% / 98.1% 31.6% 14.5% / 40.9%	96,90% 57,90% 60,70%		FMoH Annual Performance Report (EFY 2007) FMoH Annual Performance Report (EFY 2007) FMoH Annual Performance Report (EFY 2007) FMoH Annual Performance Report (EFY 2007)	
Indicator 1: Antenatal care coverage of at least one visit (MDG indicator 5.5) Indicator 2: Antenatal care coverage of at least four visits (MDG indicator 5.5) Indicator 3: Proportion of births attended by skilled health personnel (MDG indicator 5.2) Indicator 4: Percentage of HIV-positive pregnant women receiving treatment to prevent mother-to-child transmission of HIV Indicator 5: Percentage of government's budget allocated to health	42.6% 19% 10% 24%	90% (2015) 86% (2015) 62% (2015) 77% (2015)	89.1%	97.4% - 23.1% 42.9%	57% / 98.1% 31.6% 14.5% / 40.9%	96,90% 57,90% 60,70%		FMoH Annual Performance Report (EFY 2007) FMoH Annual Performance Report (EFY 2007) FMoH Annual Performance Report (EFY 2007) FMoH Annual Performance Report (EFY 2007)	

Result question 3b: (1) With which results has your programme contributed to improved cooperation between public and private healthcare services?

Result question 3b: (2) With which results has sexual and reproductive health care including emergency obstetric care become more affordable and accessible?

Through the embassy support to MSIE and FGAE the number of SRHR specialised clinics has increased again. With 625 Blue Start clinics and 306 FGAE franchised clinics the accesibility to quality SRHR services has drastically improved.

Indicator	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Result 2015	Result 2016	Source
Indicator 1: Number of doctors, nurses and midwives per 1000 inhabitants	Doctors: 0.026 Midwives: 0.25	Doctors: 0.1 (2015) Midwives: 0.96	Doctors: 0.027 Midwives: n.a.	Doctors: 0.037 Midwives: n.a. Nurses: 0.43	Doctors: 0,047 Midwives; - Nurses: -	Doctors: 0,058 Midwives; - Nurses: -		FMoH Annual Performance Report (EFY 2007)
Indicator 2: Number of midwives/ skilled birth attendants trained	NA	NA		1672	1219			
Indicator 3: Number of health facilities providing basic emergency obstetric care (BeMOC)	NA	NA	752	1.813	-			
Indicator 4: Number of MSIE clinics	31	31 (2015)	31	31	23	23		Annual report MSIE
Indicator 5: Number of Blue Star Clinics supported by MSIE	207	750 (2015)	653	599	589	625		Annual report MSIE
Indicator 6: Number of clients served in MSIE supported clinics	527.011	927,015 (2015)	732644	1,000,713	722,04	863.960		
Indicator 7: Blue Star clinics quality of services score	NA	>85% (2015)	86%	84.3%	87%	35%		
Indicator 8: Number of clinics in FGAE social franchising network	0	200 (2015)	5	57	136	306		
Indicator 9: Number of health staff and community health workers trained in ante- and post natal care, safe deliveries and basic health care								
Indicator 10: Number of mothers receiving ante & post natal care								
Indicator 11: Access to basic emergency obstetric care (BeMOC) per 500,000 population								
Indicatot 12: Partners have a staff policy in place that contributes to the sustainability, accessibility and quality of the health system at I	В							
Indicatot 13: Percentage 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
Assess achieved results compared to planning:	A. Results achieved better than planned
Reasons for result achieved:	A stronger focus on supporting the private sector has (rather than investing in the own NGO clinics) has resulted in a sustantial higher outcome. Strengthening the (small) private health clinics has resulted in a more cost effective and efficient approach.
Implications for planning:	The contract with MSIE has been extended (on a no-cost basis) with one year.

Result Area 4 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?			Rights and respect In 2015 parlementary elections took place. This period is not the best time to discuss rights issues in Ethiopia. Within the new cabinet the responsibility issues has moved from the Ministry of Women, Children and Youth affairs to the new Ministry of Youth and Sport. This development is too new to concl whether this will have a positive impact on youth. Repression of LGBTI continues in Ethiopia.						
ndicator	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Result 2015	Result 2016	Source	
dicator 1: Percentage of women married before age 18 in 20-24 year le group	41%	0% (2025)	-	-	-				
	0-14 yrs: 23% 15-19 yrs: 62% 35-39 yrs: 81%	0% (2025)		-					
ssult question 4b: (1) With which results has you xual and reproductive health of women, young (esult question 4b: (2) With which results has you productive health services and commodities?	unmarried) people, sexual mine	orities, intravenous drug us	ers and sex workers?		•	• •		e selected and start in 2010, ware	
dicator	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Result 2015	Result 2016	Source	
dicator 1: Number of implementing partners of embassy active to me up for the rights and needs of sexworkers	1	5	2	3	3	3			
iicator 2: Number of implementing partners of embassy active to me up for the rights and needs of LGBT	1	5	2	1	2	2			
ficator 3: Number of changes in laws, legal guidelines leading to crease of legal barriers for key populations in their sexual and oroductive health and rights						-			
licator 4: Number of communities / local leaders that have nounced childmarriage / FGM						-			
licator 5: Number of key populations having received sexual and productive health services and information									
licator 6: Perceived change in public statements made by leaders / rsonalities advocating for sexual and reproductive rights									
dicator 7: Number of countries where health or health related policies anged to favor rights of vulnerable groups									
dicator 8: Increased involvement of community leaders in realisation SRHR in % of the targeted communities									
dicator 9: Community members and community leaders participating SRHR awareness-raising activities at community level									
ssessment 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					
ssess achieved results compared to planning:				The expected results w	ere limited, so the outcome is i	n line with the planning.			
ssess achieved results compared to planning: easons for result achieved:				The first projects under the child marriage fund will start in 2016. Based on the first tender (where 78 organizations applied for funding) some adjustments					