



Ministerie van Buitenlandse Zaken

Sexual and Reproductive Health and Rights

Organisation		Date		Reporting period				
Embassy of the Kingdom of the Netherlands, Addis Ababa, Ethiopia		June 2016		2015				
Activity Number	Name	2015 Actual expenditure	Implemented by Name organisation	Channel	Result area Result area	Rio marker Mitigation/Adaptation	Significant/principal	Gender marker 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 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?				The next Ethiopian Demographic Health Survey (DHS) will be implemented early 2016. In 2015 all preparations were in full swing. The Embassy also provides 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 (in 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 increase in 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
Indicator 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)	-	-	-	-	-	-
Indicator 2: Percentage of young people (15-24) with comprehensive correct 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 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?				The embassy supported programmes to focus strongly on youth. In a country with an enormous youth bulge this might look logical, but due to the cultural barriers for youth to access SRH information and services, it is still a major achievement. Due to increased social franchising of NGO clinics the number of people reached has increased substantial in 2015. The embassy supported the newly established organization COYDOE (Consortium of Youth Development Organizations in Ethiopia). This umbrella organization supported small community based youth organizations in expressing their issues in society. Although not exclusive focussing on SRHR, this topic was rather important and prominent in their strategy. In 2015 a pilot Menstrual Hygiene Management (MHM) activity was carried out as part of the embassy supported WASH program, in selected schools to reach 12,200 adolescent girls. A full fledged MHM program with UNICEF will start in 2016.				
Indicator	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Result 2015	Result 2016	Source
Indicator 1: Number (or % of) youth-friendly (health) centres	FGAE : 28 MSIE : 31 DEC : 0	FGAE : 200 (2015) MSIE : 31 (2015) DEC : 25 (2015)	FGAE : 40 MSIE : 31 DEC : 0	FGAE : 84 MSIE : 30 DEC : 8	FGAE: 25 MSIE: 23 DEC: 10	FGAE: 25 MSIE: 23 DEC: 16	-	Annual report FGAE 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 report 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								
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:	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).
Implications for planning:	In the FGAE strategic plan 2016-2020 there is specific attention to reaching the youth. The Embassy is one of the strategic donors for this organisation in implementing this strategic plan. Although we are very pleased with the number of youth reached further strengthening is required. Early 2016 the joint donors and management of FGAE have agreed to have age and sex disaggregated data from this year onwards. With this disaggregated data the planning (with strong focus on youth) will further improve.

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:	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.
Implications for planning:	No adjustments are foreseen in the projects for 2016. With FGAE the role of the own static clinics (rather expensive model) compared to the franchising model will be discussed and assessed. This might result in a change in strategy in 2017.

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 upgrading health facilities. The number of functional hospitals increased in EFY 2007 to 189 (from 150 in EFY 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 EFY 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 1: Antenatal care coverage of at least one visit (MDG indicator 5.5)	42.6%	90% (2015)	89.1%	97.4%	57% / 98.1%	96.90%		FMoH Annual Performance Report (EFY 2007)
Indicator 2: Antenatal care coverage of at least four visits (MDG indicator 5.5)	19%	86% (2015)	-	-	31.6%	67.90%		FMoH Annual Performance Report (EFY 2007)
Indicator 3: Proportion of births attended by skilled health personnel (MDG indicator 5.2)	10%	62% (2015)	20.4%	23.1%	14.5% / 40.9%	60.70%		FMoH Annual Performance Report (EFY 2007)
Indicator 4: Percentage of HIV-positive pregnant women receiving treatment to prevent mother-to-child transmission of HIV	24%	77% (2015)	25.5%	42.9%	60.6%	64.90%		FMoH Annual Performance Report (EFY 2007)
Indicator 5: Percentage of government's budget allocated to health sector	5.6%	15% (2015)	-	8.5%	-	-		
Indicator 6: Proportion of births attended by skilled health personnel of 20% poorest					-	-		
Indicator 7: Proportion of births attended by skilled health personnel of 20% richest					-	-		

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 accessibility 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	325		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%	85%		
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								
Indicator 12: Partners have a staff policy in place that contributes to the sustainability, accessibility and quality of the health system at I								
Indicator 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 substantial 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				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?				In 2015 parliamentary elections took place. This period is not the best time to discuss rights issues in Ethiopia. Within the new cabinet the responsibility for youth 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 conclude whether this will have a positive impact on youth. Repression of LGBTI continues in Ethiopia.				
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	41%	0% (2025)	-	-	-	-	-	
Indicator 2: Percentage of female genital mutilation in 15-49 year age group	0-14 yrs: 23% 15-19 yrs: 62% 35-39 yrs: 81%	0% (2025)	-	-	-	-	-	

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? 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?				In 2015 the Child Marriage Fund became operational. The first call for proposals has been launched - the projects will be selected and start in 2016. Marie Stopes International Ethiopia trained some staff members of the call centre on the needs of LGBTI. This was done in collaboration with the NGO LVCT (from Nairobi).				
Indicator	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Result 2015	Result 2016	Source
Indicator 1: Number of implementing partners of embassy active to come up for the rights and needs of sexworkers	1	5	2	3	3	3		
Indicator 2: Number of implementing partners of embassy active to come up for the rights and needs of LGBT	1	5	2	1	2	2		
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 expected results were limited, so the outcome is in line with the planning.	
Implications for planning:		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 have been made to the selection criteria in order to select the activities that are in line with the EKN policy paper on the prevention of child marriage.	