

# Ex post evaluation – Yemen

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**Sector:** Reproductive health care (CRS code: 13020)  
**Project:** Cooperative programme for reproductive health I (BMZ no. 2004 65 740)\*  
**Implementing agency:** Ministry of Public Health and Population, MoPHP

## Ex post evaluation report: 2017

		Project A Planned	Project A (Actual)
Investment costs (total)	EUR million	5.30	6.19
Counterpart contribution	EUR million	-	-
Sales revenue	EUR million	0.80	0.45
Funding	EUR million	4.50	5.74
of which BMZ budget funds	EUR million	4.50	5.74

\*) Random sample 2015



**Summary:** The FC components of the cooperative programme aimed to bring about behavioural changes through the distribution of subsidised contraceptives via retail operations, and increase demand by launching generic information campaigns for specific target groups and product-specific advertising campaigns. In an effort to prevent unwanted pregnancies and reduce the risk of HIV, the activities were designed to target the entire population with anti-stigmatisation campaigns as well as key HIV risk groups and young people with HIV prevention measures. The FC project was primarily geared towards family planning, though also containing secondary HIV/AIDS components. The measures were implemented by the non-governmental organisation Marie Stopes International (MIS) and the Yamaan Foundation, local to Yemen, which was established as part of the FC project.

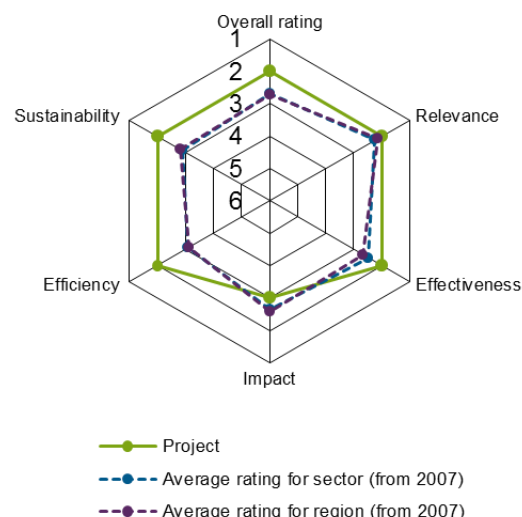
**Development objectives:** The FC project was created to contribute to improving sexual and reproductive health and to curb population growth (impact). The objective was extended to include a goal concerning stabilisation (dual objectives for fragile states). The aim of the FC project was to improve the population's knowledge, attitudes and practices surrounding the prevention of unwanted pregnancies, with reference to the risks of HIV and AIDS and other sexually transmitted diseases (outcome).

**Target group:** Sexually active members of the country's population living in poverty and specifically HIV risk groups.

## Overall rating: 2

**Rationale:** The FC project helped to secure a reliable supply of modern contraceptives to the population and supported important work related to clarifying and providing information on issues related to family planning and sexually transmitted diseases, including HIV and AIDS. Despite the huge challenges to the family planning project posed by the extremely conservative social and political environment, the programme successfully disseminated suitable content both on a political level and among the target group. It was also able to embed the marketing concept for modern subsidised contraceptives at a political and local level, and achieve the requisite effects.

**Highlights:** As Yemen's first donor in this field, the FC supported the distribution of subsidised contraceptives via commercial channels. The Yemeni foundation Yamaan, which was set up as part of the FC project, has established long-term roots and shall act as the implementing agency for later stages of this programme, which can still be implemented during the crisis thanks to the structure in place.



## Rating according to DAC criteria

### Overall rating: 2

#### Relevance

At the time of the programme appraisal (PA) in 2004, Yemen was characterised by very high population growth of around 2.8% and a very young population (49% under the age of 15). This demographic pressure was closely linked to other core socio-economic problems in the country, such as restricted access to education and exceptionally high unemployment. Causes included marriage at an early age – which contributed to limited access to education for girls – a low level of education among women, and a low contraceptive prevalence rate of just 23%. One fifth of women believed that their religion prohibited the use of contraceptives. All of these factors led to a very high birth rate of 6.2 children per woman.

Due to a general lack of health and family planning services, 55% of all women had no access to prenatal care. Furthermore, just 25% of births were attended by trained professionals and a mere 16% of women had access to emergency obstetric care. Knowledge and awareness of family planning (FP) and sexual and reproductive health and rights (SRHR) were poor. Consequently, infant and maternal mortality rates were both very high. What is more, evidence showing a sharp rise in HIV prevalence among those donating blood (from 0.04% in 1998 to 0.28% in 2000) revealed that HIV/AIDS prevention measures were also urgently needed. Issues such as prostitution, homosexuality and HIV/AIDS were taboo in Yemeni society and those infected with the disease were widely stigmatised.

The FC project was geared towards these core problems. At its core, the chain of effects was plausible. A strategy would be employed to curb population growth by reducing unwanted pregnancies and decreasing the risk of HIV. This would involve providing access to contraceptives through the private sector and increasing their availability as a result, combining this with work to improve knowledge and understanding and campaigns to bring changes in behaviour. Prior to the project, no other donors had made any significant efforts in the field of HIV/AIDS prevention. As the country's first donor, the FC supported the distribution of contraceptives through commercial channels and thereby enhanced the Technical Cooperation measures embedded in the public sector. As a result, the FC project had the potential to contribute to the attainment of the Millennium Development Goals (HIV/AIDS prevention, empowering women, reducing child mortality and improving the health of pregnant women and mothers; Goals 3-6) and the current sustainable development goals ("ensure healthy lives and promote well-being for all at all ages"; Goal 3). It complied with the development cooperation focus on health in place at the time of the PA and supported the Yemeni government in its work to reach the poverty alleviation targets under its Five-Year Plan. Coordination among the donors in the Yemeni health sector however was poor.

The FC project was and still remains highly relevant in light of the rapid increase in population growth in Yemen and the concomitant pressures on natural resources, social infrastructure and social services. In terms of the concept, equality for women, in particular autonomy over their own bodies and sexuality (Gender Development Index 2004: ranked 127th out of 144 countries) should have been given greater priority as a central factor for successful family planning – even though the publicly male-dominated society presented a clear challenge to this goal. The link to SRHR measures complies with the current best practice and was embedded further into the programme's concept in its later stages.

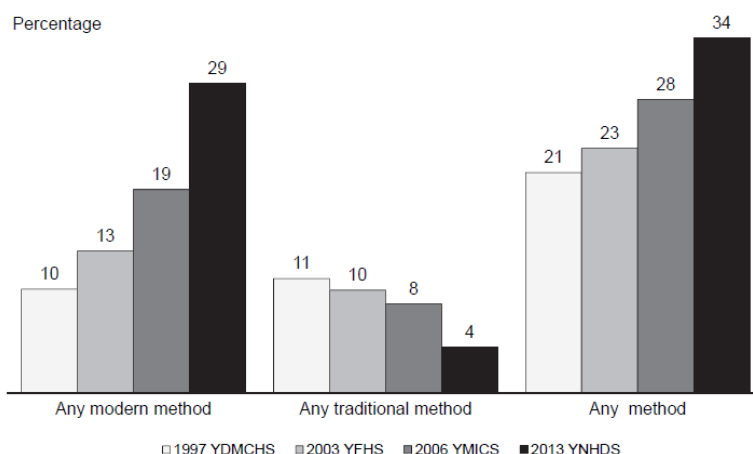
#### Relevance rating: 2

#### Effectiveness

During the PA, the aim of the FC project was to improve the population's behaviour surrounding the prevention of unwanted pregnancies, with reference to the risks of HIV and AIDS and other sexually transmitted diseases. This goal was extended to include the increased use of contraceptives. The project's objectives can be measured using the following indicators (some of which have been expanded under the EPE):

Indicator	Status PA, target value in brackets	EPE
<p>(1) Rise in the proportion of respondents in the KAP (Knowledge, Attitude, Practices) studies who reported an improvement in their attitude, knowledge and risk-taking behaviour</p> <p>(2006 baseline; 2010 control study)</p>	<p>Proportion of respondents (2006)</p> <p>a) Who are aware of all the contraceptives subsidised by the FC project: 42.1% (60%)</p> <p>b) Who believe that family planning methods are safe: 58.1% (60%)</p> <p>c) Who believe that family planning is not effective: 63.7% (&lt;40% of women, &lt;60% of men)</p> <p>d) Who are married women who use contraceptives: 34.1% in urban areas (38%), 13.5% in rural areas (18%)</p> <p>e) Who do not discriminate or stigmatise HIV/AIDS sufferers by i) treating patients well: 22.9% (30%) and ii) treating patients like any other patient: 9.6% (15%)</p>	<p>a) 54.5% – Not achieved but improved.</p> <p>b) 66% – Achieved.</p> <p>c) 39.9%, 48.3% – Achieved.</p> <p>d) 44%, 17% – Achieved.</p> <p>e) i) 52%, ii) 1.6% – Achieved in part.</p>
(2) Increase in the distribution of contraceptives across the entire market	No targets defined during PA.	Achieved. See table overleaf.
(3) Increase in the Contraceptive Prevalence Rate	23% in 2003	34% in 2013. Achieved.

Improvements were identified in the majority of the values covered in the KAP study, which reflect the communication campaigns launched under the FC project. Nevertheless, only slight improvements were revealed in terms of actual use of modern methods. However, the actual comparability of the figures is somewhat limited due to a different random sampling procedure in the two KAP studies (the respondents in the second study were poorer on average) and some inconsistent results. Furthermore, achievement of the targets was obstructed by the slow development of the contraceptives market early on, the lack of sex education at schools, the heavy segregation of men and women in society, accompanied by discrimination against women and the lack of public discourse surrounding sexual and reproductive health.



However, the UNGASS Country Progress Report 2012 and the UNAIDS 2013 Regional Report MENA substantiate the trajectory of the indicators: The proportion of young women (aged 15-24) who possess an extensive and correct understanding of HIV/AIDS rose from 4.9% at the time of the PA to 19% (2013). Although they are only slight, the developments between the Yemeni Family Health Survey (YFHS) in 2003 and the Yemeni National Health Demographic Survey (YNHDS) in 2013 are positive. While just 23% of married women (aged 15-49) employed family planning methods in 2003, the figure had risen to 34% in 2013. The proportion of modern contraceptives used also rose at a disproportionate rate, meaning that traditional methods began to fall away (see graph). This increases the reliability of contraceptives as a whole. The percentage of women between 15–19, 20–24 and 25–29 who reported having used modern contraceptive methods also rose, albeit slightly, from 9.7%, 21% and 28% (2003) to 12.1%, 23% and 33% (2013). The indicator added during the EPE (3) concerning the increase to the Contraceptive Prevalence Rate corroborated this trend. Despite the substantial 50% rise in the Contraceptive Prevalence Rate, Yemen still has the lowest rate in the Arab world (compared with Turkey at 73%, Jordan 59.3%, Syria 58.3%, Iraq 51.2%, Saudi Arabia 23.8% (all 2013)).

In view of groups with a high risk of HIV, risk-taking behaviour remains very prevalent. In a study carried out in Aden and Hudaydah in 2011, 80% of the 261 homosexual men surveyed said that they did not use a condom the last time they had sexual intercourse, despite 67.6% admitting they could have accessed one.<sup>1</sup> Of the 301 prostitutes surveyed in Hudaydah, just 34.1% said that they had used a condom with their most recent client.<sup>2</sup>

Indicator (2) was expanded in accordance with current best practice to assess the total contraceptives market<sup>3</sup>. While the indicator provides an output benchmark, it serves solely as a reasonable proxy indicator. When the FC-funded social marketing (SM) activities were first launched, the country's state health care facilities – close to 3,000 in number – were the population's first point of contact for covering their contraceptive needs. Supply shortages were a common occurrence. Data regarding the size and significance of the commercial sector was not available in 2013. Distributing SM products (Protec brand) through unconventional sales points, such as kiosks, bars, hotels and NGOs, helped to increase sales figures for contraceptives across the entire market and, as a result, brought about a rise in CYP<sup>4</sup>. The high percentage of SM products on the market as a whole (57% for condoms) provides evidence for the successful marketing and sales strategy and for the population's willingness to pay for good quality.

The indicators reveal a positive trend over the term of the project: Access to contraceptives, availability and quality of contraceptives were increased. Although the developments were relatively modest, the fact that they were achieved in a conservative Muslim country makes them all the more significant. The effectiveness of the FC project is rated good overall.

Product	Public sector (MoPHP)					FC programme (SM)					Total market	SM share
	2007	2008	2009	2010	Total 1	2007	2008	2009	2010	Total 2		
Pill cycles	2,851,220	1,817,180	2,245,920	1,882,177	8,776,477	342,520	347,070	374,548	500,315	1,564,451	10,340,928	15%
DPMA injections	312,925	257,900	352,300	111,110	1,034,235	147,804	79,682	127,008	172,696	527,188	1,561,423	34%
Contraceptive implants	84,700	100,220	52,450	38,812	276,182	31,115	25,172	28,122	29,253	113,662	389,844	29%
Condoms	1,849,536	1,289,092	1,497,600	1,189,854	5,806,082	1,672,302	1,680,527	2,088,031	2,134,152	7,565,012	13,371,094	57%
<b>Total CYPs</b>	<b>762,162</b>	<b>755,577</b>	<b>548,740</b>	<b>383,495</b>	<b>2,449,974</b>	<b>248,782</b>	<b>199,266</b>	<b>233,620</b>	<b>260,430</b>	<b>942,098</b>	<b>3,392,072</b>	<b>28%</b>

Source: MSI: Consulting Services for Social Marketing of Contraceptives through the Private Sector; Final Report 2011.

## Effectiveness rating: 2

1 National AIDS Programme and Iran research economic (2011): Bio-Behavioural Survey among Men who Have Sex with Men in Yemen

2 National AIDS Programme and WHO (2010): Bio-behavioural survey among female sex workers in Al-Hodeidah

3 Total market approach: Contraceptives sold or distributed for free by private, state and non-governmental organisations

4 Couple years protection, equivalent to the number of couples supplied with contraceptives during the course of one year; UNAIDS definition used as a basis for calculations: condoms 1/120, contraceptive pills 1/15, injections 1/15, intrauterine devices 1x3.5

## Efficiency

The FC project received additional funding through the use of residual funds from the previous project, enabling the term to be extended from the original four years planned to five years and three months. The measures were completed before the beginning of the unrest in March 2011 so that the subsequent severe deterioration of the security situation did not impact the implementation of the project.

The weak structures and capacities at state level, particularly at the Yemen Ministry of Public Health (which is one of the country's weakest ministries in terms of administrative and conceptual skills), were identified during the programme appraisal. The measures were implemented through the non-governmental organisation (NGO) Marie Stopes International (MSI) and later through the non-profit Ya-maan Foundation, created as an offshoot of MSI and then established as an independent Yemeni NGO. Commercial channels were also used to integrate the measures. To date, state duties have been outsourced to the private sector, enabling them to be performed more efficiently and without any supply shortages or other qualitative deficiencies. In relation to opening times and its presence in the country, the private sector is less restricted than public health facilities. Furthermore, the degree of social control is considered to be lower in contrast to state organisations. Relieved of its duties to provide these services, the state should have concentrated more on its management duties, yet it failed to meet expectations in this regard. The coordination of activities and donors in this sector in Yemen has been assessed as weak.

In view of the rapid population growth in Yemen and a lack of understanding of reproductive health and FP amongst the young population, the strategy of addressing young people through general information campaigns, product-specific advertisements, interpersonal communication, mobile cinemas, and brochures for girls at primary and secondary schools was an efficient tool with a great deal of potential to reduce birth rates. The involvement of political and religious leaders, and the use of peers and influential figures was also effective. For instance, the project attempted to use barbers as influencers in an effort to make sailors and fishermen more aware of risk-taking behaviour when using prostitutes. Although it would have been preferable to involve women more directly in these measures, addressing women directly and aggressively focusing on their right to autonomy could have ultimately been counterproductive in this heavily male-dominated society. However, by primarily addressing men, the project was able to generate awareness of gender equality. In relation to information concerning HIV and AIDS, the anti-discrimination campaigns focused on communities in the two provinces most heavily affected by the diseases: Sana'a and Hudayda. However, directly addressing groups with a high risk of contracting HIV could have improved allocation efficiency.

According to the final inspection in 2012, the programme was nevertheless able to reach almost 80% of the Yemeni population using funding of EUR 5.74 million. Efficiency is therefore assessed to be good. In comparison to other SM projects, overall efficiency is rated as good with costs of EUR 7.80 per CYP (e.g. guideline for African projects: EUR 18 per CYP), therefore undercutting the assumptions set out in the PA. The coverage of the total costs (9%) and operating costs (33%) by proceeds from sales is below average in contrast to other similar programmes. This is down to the low retail prices, which were deemed suitable in the context of the country. The sale of SM products via a sales agency resulted in efficiency gains as it meant that sales could be almost completely handed over to the private sector. MSI supplied the NGO.

**Efficiency rating: 2**

## Impact

The impact objective, which was simultaneously the aim of the development cooperation programme, was realised as part of the EPE for the FC project: "To improve sexual and reproductive health and to curb population growth." Furthermore, a dual objective ("to contribute to the stabilisation of Yemen") was also introduced in view of the country's fragile environment. The following indicators (expanded during the EPE) can be used to reveal the direction of developments:

Indicator	Status PA	EPE*
(1) Reduction of a) Maternal mortality b) Infant mortality	a) 365/100,000 live births (DHS 2003) b) 57.2/1,000 live births	a) 148/100,000 (DHS 2013) b) 33.8/1,000 (2015)
(2) Reduction in the HIV incidence rate among 15-49 year olds	0.06 per 1,000 persons without disease (2004)	0.07 per 1,000 persons without disease (2016)
(3) Reduction of the birth rate per woman	6.2 (1999-2003)	4.4 (2015)

\* The latest official data or forecasts were used in each case (UNAIDS, UNICEF, DHS, WHO).

Although it has undergone positive development, indicator (1) reveals obvious differences between urban and rural areas as well as differences related to the level of education among women. The use of professional pre-natal preparatory and support services is closely correlated to the level of education and, on a wider basis, (likely) to prosperity. Women with a higher level of education are three times more likely to give birth in hospital (64%) than women without any qualifications (21%). Indicator (3) is also linked closely to both urban/regional differences and education. A woman without any school qualifications has an average of 5.8 children; a woman who went to primary school 4.7. Due to the high number of early marriages and traditional duty to have a child after one year of marriage, reproduction begins at a very early age with a high number of teenage pregnancies. This area has also experienced positive developments: While the age-specific birth rate<sup>5</sup> for 25-29 year olds was 247 per 1,000 women in 2006, this fell to 208 per 1,000 women by 2013. Nevertheless, both indicators (1, 3) remain high.

The number of new incidences of HIV has risen slightly since 2011 but is still relatively low with 232 new cases statistically recorded in 2013. The number of unreported cases is assumed to be significantly higher as just 11% of the population is aware of their status.<sup>6</sup>

The outbreak of the civil conflict in 2011, which swiftly escalated into civil war, took place after the completion of the FC project under evaluation, meaning the project was not affected by the unrest. In light of the conflict-laden situation in the fragile country, the measures had only an indirect impact on the stabilisation of the country's situation. Due to the fall in birth rates and the contribution to easing demographic pressures on natural resources (food and water) and state services over the long term, it appears plausible that the FC project has contributed – albeit to a limited extent – to the stabilisation of the country's situation, though not to the prevention of the armed conflict. As a result of the gaps in allocation, the indicators can only be used for orientation purposes. Far-reaching, socio-cultural changes are slow to take effect.

**Impact rating: 3**

### Sustainability

As already identified in the PA, financial sustainability of the FC project could not be achieved during the implementation period. Measures to curb Yemen's high population growth remain primarily dependent on financing from external donors. While the issue is treated as a developmental priority in the relevant national policies, very few public funds are allocated to the area of reproductive health. Funding from external donors is ensured through the follow-up programme funded by the FC.

The Yamaan Foundation established as part of the FC project now sells subsidised contraceptives and is therefore active in the fields of both family planning and HIV prevention. It also acted as the implementing agency for the follow-up FC project. This approach enabled Yamaan (as the implementing agency) to

<sup>5</sup> KPI that relates to the number of births by women aged X out of a total of 1,000 women aged X over one calendar year.

<sup>6</sup> BMJ Global Health. 2016 Sep 15;1(2).



support health services for the population following the outbreak of the conflict in 2011 and during the period of civil war where no politically legitimate government was in place to act as a contact partner and implementing agency. With regard to the sustainable embedding and permanent cultivation of the social marketing concept and also in relation to the continuity of activities in a fragile environment, the decision to hand over responsibility for implementation to a Yemeni organisation as opposed to an international consultant was an important, decisive step, as was the involvement of the private sector.

Measures for transferring social marketing expertise to political bodies (Ministry of Public Health), e.g. staff secondments to MSI/Yamaan, visits to successful SM programmes in other countries, and special training measures, helped to reinforce ownership and embed the new SM concept within the ministry. As a result, there were no political obstructions or objections to family planning either during the project phase or after its completion. Thanks to its improved understanding, the Ministry of Public Health has even adopted the information measures and training activities from the FC project into its own work (e.g. midwife training).

In traditional, religious countries like Yemen, positive behavioural changes regarding FP and SRHR are expected to take time. However, the project under evaluation has played an important role in opening doors. The follow-up phases build on this FC project and are a continuation of its measures with a stronger focus on SRHR. The majority of the country-wide trends for the relevant indicators have remained on a positive trajectory over the past few years despite the violent conflicts that have afflicted the country since 2011. Official data is only available for the years up to 2015.

In summary, the sustainability of the project is deemed to be good with regard to its integration into institutional structures and the consolidation of its effects, despite the financial and cultural challenges in a fragile environment shaped by violent conflicts.

**Sustainability rating: 2**

### Notes on the methods used to evaluate project success (project rating)

Projects (and programmes) are evaluated on a six-point scale, the criteria being **relevance, effectiveness, efficiency** and **overarching developmental impact**. The ratings are also used to arrive at a **final assessment** of a project's overall developmental efficacy. The scale is as follows:

<b>Level 1</b>	Very good result that clearly exceeds expectations
<b>Level 2</b>	Good result, fully in line with expectations and without any significant shortcomings
<b>Level 3</b>	Satisfactory result – project falls short of expectations but the positive results dominate
<b>Level 4</b>	Unsatisfactory result – significantly below expectations, with negative results dominating despite discernible positive results
<b>Level 5</b>	Clearly inadequate result – despite some positive partial results, the negative results clearly dominate
<b>Level 6</b>	The project has no impact or the situation has actually deteriorated

Rating levels 1-3 denote a positive assessment or successful project while rating levels 4-6 denote a negative assessment.

### Sustainability is evaluated according to the following four-point scale:

Sustainability level 1 (very good sustainability): The developmental efficacy of the project (positive to date) is very likely to continue undiminished or even increase.

Sustainability level 2 (good sustainability): The developmental efficacy of the project (positive to date) is very likely to decline only minimally but remain positive overall. (This is what can normally be expected).

Sustainability level 3 (satisfactory sustainability): The developmental efficacy of the project (positive to date) is very likely to decline significantly but remain positive overall. This rating is also assigned if the sustainability of a project is considered inadequate up to the time of the ex post evaluation but is very likely to evolve positively so that the project will ultimately achieve positive developmental efficacy.

Sustainability level 4 (inadequate sustainability): The developmental efficacy of the project is inadequate up to the time of the ex post evaluation and is very unlikely to improve. This rating is also assigned if the sustainability that has been positively evaluated to date is very likely to deteriorate severely and no longer meet the level 3 criteria.

The **overall rating** on the six-point scale is compiled from a weighting of all five individual criteria as appropriate to the project in question. Rating levels 1-3 of the overall rating denote a "successful" project while rating levels 4-6 denote an "unsuccessful" project. It should be noted that a project can generally be considered developmentally "successful" only if the achievement of the project objective ("effectiveness"), the impact on the overall objective ("overarching developmental impact") and the sustainability are rated at least "satisfactory" (level 3).