I. Introduction and Context

Country Context

Yemen is one of the poorest countries in the Middle East and North Africa Region, with nearly half of its estimated population of 25.5 million living on less than US$2 per day, Yemen ranks 154th out of 179 countries on the 2010 Human Development Index. The County has one of the highest population growth rates in the world, placing pressure on educational and health services, drinking water, and employment opportunities. The mass protest, violent crashes and armed conflict in 2011 has deteriorated the economic condition of Yemen. Poverty, which was already increasing prior to the crisis, is estimated to have risen further from 42 percent of the population in 2009 to 54.5 percent in 2012. Poverty is particularly high in rural areas, which are home to about 73 percent of the population and 84 percent of the poor. Women, who are already severely disadvantaged in Yemen, have suffered disproportionately as a result of the unrest. Preliminary figures from 2011 indicate decreased access to basic and social services and economic opportunities, as well as high levels of gender-based violence as a result of the unrest. These effects have compounded the severe
gender imbalances that already existed.

The past several decades, however, have witnessed significant improvements in key development indicators, including average life expectancy which increased from 42 years in 1970 to 65 in 2011 with the life expectancy of women mirroring the overall trends, and a significant increase in the enrolment rates in basic education, reaching 54 percent for both boys and girls. Despite these achievements, there remain many areas of concern, among which are the very high maternal and child mortality rates and the rapid population growth rate.

There are limited available financial resources (both public and private), limited infrastructure (less than half the population has access to basic health services), and few systems in place to support service delivery (e.g., for medical supplies and drugs). In addition, most of the population lives in isolated rural communities, making both the delivery of, and access to, services at the community level a complex challenge. Health services, although improving, do not cover more than 30 percent of the rural population or more than 45 percent of the total population. Given these challenges, it is unlikely that Yemen will achieve health-related Millennium Development Goals 4 (child health) or 5 (maternal health) by 2015.

**Sectoral and Institutional Context**

Maternal, newborn and child health, and sexual and reproductive health. Although Yemen has made great strides in reducing the maternal mortality rate, it remains high at 210 deaths per 100,000 live births and some 22 women die every day due to pregnancy and birth-related complications. While some progress has been made in the last four years to provide women with antenatal healthcare services, most mothers still deliver at home with little or no support. Across the region, however, Yemen continues to have the lowest level of antenatal care coverage, although according to a recent report from the Ministry of Health, the proportion of women benefiting from antenatal healthcare services increased from 40 percent to 55 percent during 2006–2010. Although Yemen’s maternal health policy refers to skilled attendants as doctors, nurses and midwives, nearly 21 percent of births are attended by traditional birth attendants and only around 36 percent of births are attended by skilled health staff. As a result, many women suffer from hemorrhage, anemia, infections, and/or obstetric fistula and, in many cases, death.

Given the young age at which many girls marry, particularly in rural areas, the adolescent fertility rate is high at 80 births per 1,000 girls aged 15–19 years. Contraceptive prevalence is low at 28 percent and unmet need for family planning is estimated to be 39 percent.

Yemen has very high rates of malnutrition with 43 percent of children under the age of 5 years being moderately to severely underweight and 58 percent suffering from moderate to severe stunting. A shocking 60 percent of deaths in children aged 5 years and under are related to malnutrition.

Yemen is facing a human resources crisis in public healthcare. A recent report commissioned by the Ministry of Public Health and Population (MOPHP) exposed serious shortages in staff skilled in Maternal, Neonatal, and Child Health (MNCH). Nationwide, only 60 percent of the 261 obstetricians and only 5 percent of the 794 neonatal nurses required to staff government health facilities are working. However, this does not reflect the existence of skilled personnel in the
country. It has been argued that there is a surplus of trained clinicians in urban areas (particularly Aden and Sana’a), most of whom operate in the private sector and, although efforts have been made by development partners such as UNFPA to train additional personnel, many midwives are under or unemployed.

In rural areas it is common for midwives, as well as other health staff, to work in public health facilities in the morning and then to work in their own private practice in the afternoon and evening. Thus ‘free’ healthcare is only available for a limited time every day and even then informal fees often apply.

National Health Policy. The reduction of the number of maternal and neonatal deaths as well as the number of children under-five deaths is one of the main expected results listed in the 2010-2025 National Health Policy.

Relationship to CAS

The proposed project supports the first pillar of the Interim Strategy Note (FY 2013-2014), achieving quick wins and protecting the poor by creating short-term jobs, restoring basic services, improving access to social safety nets, and revitalizing livelihoods, and the third pillar, enhancing governance and local service delivery by supporting local governance, capacity building, service delivery, and improved citizen engagement, in that it will protect the poor from catastrophic health care costs, such those associated with emergency obstetric care, facilitate access to safe and attended delivery particularly for poor rural women, and improve the delivery of quality maternal and newborn health care. The project is closely aligned with the priorities identified under the Mutual Accountability Framework agreed between the Government of Yemen and the donors.

The project has received additional grant funds amounting to USD 10 million from the Health Results Initiative Trust Fund (HRITF), thus the project total amount will be USD 20 million.

II. Proposed Development Objective(s)

Proposed Development Objective(s) (From PCN)

The project would contribute to supporting the Government of Yemen’s efforts to achieve the 4th and 5th MDGs in reducing maternal and newborn mortality.

Project Development Objective (PDO). The PDO is to increase access to and utilization of maternal and neonatal health services in selected poor rural and urban areas in Yemen.

Key Results (From PCN)

The project’s key results will be measured by the following indicators:

- Percentage of eligible women receiving vouchers and using them for medically assisted deliveries.
- Percentage of eligible women receiving vouchers and using them for at least one antenatal care visit.
- Percentage of eligible women receiving vouchers and using them for at least one postnatal care visit.
- Percentage of eligible women receiving vouchers and using them for modern postnatal family planning methods.
III. Preliminary Description

Concept Description

This is a five year project with a proposed cost of US$10.0 million equivalent to be implemented using a Specific Investment Loan (SIL) instrument. The overall approach is to have a community-based maternal and newborn health program using demand-side financing, including a voucher for safe delivery services and neonatal care, together with a cash benefit for women living in rural areas to cover transport, food and possibly other opportunity costs. The supply side will be supported by the ongoing World Bank financed Health and Population Project (HPP, Cr.H640) in the same project target governorates, i.e., Ibb and Sana’a Governorates. The HPP, which has a Closing Date of September 30, 2017, will be operating in parallel with the proposed project.

The proposed project would have two components:

Component 1: Improving Access to Maternal and Newborn Health Services (US$9.0 million equivalent total) which would support results-based payments for the reimbursement of vouchers and cash benefits for maternal and newborn health services for eligible women in reproductive health age through for-profit and non-profit private and public health sector providers.

Component 2: Results-Based Monitoring, Impact Evaluation, Quality Assurance, Verification, and Project Management (US$1.0 million equivalent total) which would include support for: (i) capacity building activities for the Social Fund for Development (SFD), the implementing agency for the project, in the area of results based financing; (ii) quality assurance of service provision; (iii) monitoring of compliance with medical waste management; (iv) independent monitoring of project targets and verification of project outputs; (v) project impact evaluation; and (vi) project management.

IV. Safeguard Policies that might apply

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V. Financing (in USD Million)

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