Evaluation of Community-Based Primary Health Care Project in Hadhramout, Yemen

Executive Summary

Oxfam GB Programme Evaluation

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Executive Summary

This is an end of project evaluation of the Oxfam **Community-Based Primary Health Care Project in Hadhramout, Yemen** funded by the EC. The overall objective of the project is to improve the health status of poor women, men, and children in 24 remote villages in Sah and Sayoun districts of Hadhramout

The purpose of the evaluation is to provide decision makers of the project management, Oxfam and the EC with sufficient information about the performance of the project in terms of its efficiency, effectiveness and impact. The primary purpose is to help Oxfam GB Office in Yemen to assess lessons learned for the future work of Oxfam in its attempt to build on the experience of this project in supporting health care in the area and Yemen in general, and community based health financing in particular.

The methodology utilized in this evaluation comprised of a desk study and visits to the project areas in which key informants interviews and group discussions were conducted with the project team and with various stakeholders including end-beneficiaries.

The findings of the evaluation revealed the followings:

- The project overall objective is in line with the National Development Plan for Poverty Reduction and relevant to national health policies. The specific objectives are linked with the pursuit of sectoral goals and contribute to the achievements of MDG goals and targets. Of particular relevance to national health policy is the decentralized district health system in which the project supported the district health structures (DHMTs and the DHCs) in the two targeted districts and built their capacity. The project interventions were technically adequate in reducing the main causes of problems that have persistently faced the health system in delivering quality health care in the remote areas of the two districts. The interventions included innovations that have gained acceptance and popularity at local level and has caught the eyes of the MOPHP leadership at national level and raise its interest in the scheme for possible replication in similar settings in Yemen.

- The project has improved the allocative efficiency by investing in district health system and PHC facilities. The project has increased the technical efficiency which can be seen in the increase in utilization of services at health unit level. The services are produced at lower cost in health facilities which were underutilized. The project has also been efficient in the sense that the CBHF generated additional funding from families contribution and from philanthropic organizations and wealthy individuals as well as from oil companies. Cost effectiveness of the project is high in terms of creating synergies with other programs and projects financed by the EC and by other donors, which means that the project has provided *"value for money"* for the EC and for Oxfam. The flexibility adapted by the project to respond to changing circumstances and the way in which the project was designed has increased the project cost effectiveness to make up for the project low efficiency due to delay in implementation and the relatively high turnover of staff faced by the project at the start

- The project has improved access to and utilisation of good quality health services at peripheral health facilities, which, before the start of the project, received little investment and insufficient operational budget, and many, if not most, were challenged by a crumbling physical infrastructure, shortage of skilled personnel, biased staffing pattern (exclusively male and often lacked a midwife), serious gaps in basic equipment for obstetric care and

lack of essential drugs and supplies, a result, they are often bypassed in preference for hospital level care in Sayoun. This health seeking behaviour of bypassing lower level health facilities to hospital level care where people have no choice results in paying higher costs from their out-of-pocket money for hospitalisation and transport at the expense of their other basic needs. The improved access of women and children to quality health care have resulted in greater equity in access to health care between deprived rural and areas who are relatively better off in terms of access to services. Greater equity has also been realized by reducing the gender gap in access to services between women and men in rural areas due to the increase in female cadre in health facilities which were previously almost exclusively staffed by male cadre.

- There are significant changes to project indicators at the output and outcome level which are attributable to the project not to any other external factors. These observed changes would have been impossible to occur without the intervention. The evaluation mission reviewed the project assumptions and tested whether they still hold true in the light of the information collected during fieldwork, and found that most assumptions have held true. Therefore, there is no reason why the overall objective would not be realised. The increase coverage of reproductive health services (for instance ANC) is considered a proxy or indirect indicator for improved health because a high coverage of ANC relates positively to maternal health. Likewise high coverage of child care relates to improved child health.

- The project has improved perceptions, shaped attitudes and changed practices at local level. The attitude towards girls' employment in health facilities have changed favorably. Men who are the decision makers at household level are now more likely to accept that their daughters join the CMWs training course and work in health facilities after graduation. Another project impact relates to the advocacy efforts which materialized in an increase in resource allocation for health facilities.

- The project planned and implemented activities that addressed *practical gender needs* which are concerned with meeting people's basic needs by improving the quality of health care while accepting the existing division of labor and without challenging existing gender roles. The "*bias in staffing pattern*" was addressed by the project from the perspective of improving access to health care through the training of female CMWs. During implementation, the project found itself dealing with *strategic gender needs* when parents did not allow their daughters to join the CMWs training course. The project respected this and worked in the most sensible way to change the statuesque by addressing the social barriers that prevented girls from joining the CMWs training course. For a conservative society to allow their girls to train as community midwives outside their areas and to stay nights away from home might have been a killer assumption at the start of the project. The dedication and persistence of the project team and their accumulative knowledge of local culture together with the keen interest of girls to become midwives have turned this into a success story.

- The project was not involved in service delivery, but rather strengthened local institutions to assume responsibilities according to their mandates - a process which empowered local actors and fostered a sense of ownership, and increased the chances of sustainability of these services. The project supported activities, which are in line with national health policies and are key elements of the Health Sector Reform. Most of these activities are already institutionalized within the health care system and have their own operational costs although not sufficient to effectively maintain the improved quality of care. Few other activities such as the CBHF and the regular visits of the mobile medical team were initiated by Oxfam to improve access to and utilisation of health services in peripheral health

facilities. The regular visits of the mobile medical team were initiated by the project based on the recommendations of the Midterm Review. The mobile medical team is demand driven by the community and should stand a higher chance of sustainability, but the community can not currently afford to bear the full cost of *the "the mobile clinic"*. Oxfam supported the mobile clinic by paying for the vehicle hire and remuneration for the team knowing that the initiative will raise the interest of the health office and in a way create pressure through community demand on the health office to takes responsibility by allocating the necessary resources for it. The regularity and frequency of the mobile clinic has reduced to a minimum since the project stopped its support. Hadhramout Regional Health Office has expressed commitment to allocate resources for the mobile clinic from next year onwards. In the mean time Oxfam is looking into how to resume such activities giving the high demand for it from various stakeholders including end-beneficiaries.

- The project has been able to link micro level initiatives to macro and policy level and served as a breeding ground for the development of national policy in CBHF. The development on the micro and policy level should serve as a supportive environment for the sustainability of CBHF. The CBOs have accumulated a modest review in their accounts which can be used to sustain the quality of services. The CBOs currently cover first line health facilities and should expand to cover referrals to (say) comprehensive obstetric emergency care and possibly share the operational cost of the mobile clinic.

The project achievements to-date should be seen as the basis to further consolidate and institutionalise the CBHF within the district health system, and to expand the experience in the project area and to inform national policy for scaling up the experience to other areas in Yemen. Aware of this, Oxfam has secured funding from a British Based Trust Fund and is seeking to raise funds to cover the remaining 20% of the estimated budget to sustain and consolidate the current innovations and to further strengthen the DHMT and DHC to assume responsibility under a decentralised setting where major devolution of authority to local level is expected by the MOPHP under the forthcoming local governance. For the remaining 20%, it makes sense to approach the EC first for possible contribution who may like to continue to be part of this success story in the making and eventually cultivate further achievements when they are fully realized and sustained. Along the same line and to capitalise on current achievements, it is recommended to focus the forthcoming support on further consolidating the CBHF and promoting rights based approach to support women and men to gain a better understanding of their rights as an important first step to promote their active engagement to influence policy.

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