

Ex Post-Evaluation Brief

Yemen: Family Planning and Family Health



Programme/Client	13030/ - Family Planning	
Programme executing agency	Family Planning and Family Health – BMZ No. 1998 65 288	
Year of sample/ex post evaluation report: 2012*/2012		
	Appraisal (planned)	Ex post-evaluation (actual)
Investment costs (total)	EUR 4.76 million	EUR 3.1 million
Counterpart contribution (company)	EUR 0.50 million plus EUR 0.25 million from sales revenue	EUR 0.23 million
Funding, of which budget funds (BMZ)	EUR 3.99 million EUR 3.99 million	EUR 2.9 million** EUR 2.9 million

* random sample; **Remainder of FC commitment used in follow-up projects

Project description: The project comprised two main components. Under the Contraceptive Social Marketing (CSM) component, contraceptives were to be sold to public health institutions - and, increasingly, to private health institutions as well - using the distribution network of the Yemen Family Care Association (YFCA). The YFCA's existing activities in the areas of health education, public information and training were to be expanded and professionalised. Under the infrastructure component, selected basic healthcare facilities in the provinces of Hajjah, Al Mahweet, Ibb and Abyan were to be rehabilitated and furnished with equipment, and, in certain cases, extended. The aim here was to strengthen healthcare provision for mothers and children and improve in-clinic family planning services. This programme was implemented jointly with GIZ.

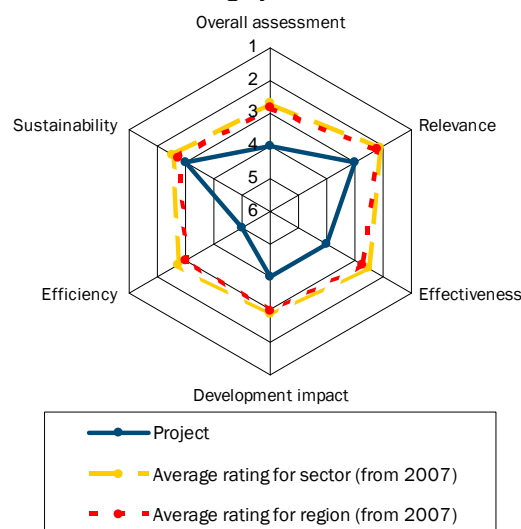
Objective: The programme's overarching developmental objective was to improve the health of women and children and to reduce population growth. The indicators here were a fall in maternal and child mortality rates and a reduction in the fertility rate. The programme objectives were: 1) to increase the demand for, and the use of, contraceptives and 2) to improve the quantity and quality of services offered by the healthcare institutions, especially services in the areas of family planning and Mother and Child health. Programme objective indicators were: the contraceptive prevalence rate, the level of unmet demand for family planning services, the utilisation of those health facilities which received funding, and the level of customer satisfaction with the services they offer.

Target group: The project's primary target group comprised women of childbearing age and their partners, and women and children living in the catchment areas of the selected healthcare facilities. The estimated size of the target group was not stated at programme appraisal.

Overall rating: The programme's overarching developmental impact has been assessed as no longer satisfactory (Rating 4).

Of note: By supplying contraceptives and providing support for healthcare establishments, primarily in the area of family health, the programme has undoubtedly addressed major developmental constraints. However, insufficient work was undertaken in the area of public information. In addition the programme implementation structure as originally planned proved inadequate; as a result, the programme was eventually discontinued. Only the CSM component was carried forward under an interim phase, in preparation for a new programme. Furthermore, because the service provided under the programme was curtailed, its impact proved much weaker than expected.

Rating by DAC criteria



EVALUATION SUMMARY

Overall rating: The programme's overarching developmental impact was assessed overall as no longer satisfactory. Rating: **4**

Relevance: Programme appraisal correctly identified the core problems as rapid population growth combined with high rates of maternal and infant mortality, together with inadequate provision in the area of reproductive health. The chain of effects assumed in the programme, which was that supplying contraceptives (thereby increasing their availability) and supporting Mother and Child health services would help contain population growth and improve the health of women and children, was logical in principle. However, due to weaknesses at the executing agency and the challenging conditions prevailing in this sector, it proved difficult overall to implement the programme plan as laid down at appraisal with the resource levels estimated. In addition, senior staff at the Ministry of Health only supported this approach (the social marketing of contraceptives) to a certain extent. Lastly, in order to counter the significant lack of information and the reservations which existed with regard to contraceptive use, the project should have focused - even more than originally planned - on providing information, increasing knowledge, and mounting behaviour change campaigns (as took place in the follow-on phases). After the introduction of a modified implementation plan, the social marketing of contraceptives was expanded successfully in the phases following the programme under evaluation. Although the health sector is not one of the priority areas of German Development Cooperation with Yemen, support for the reproductive health sub-sector is continuing. Furthermore, containing population growth and improving family health were among the Yemeni Government's priorities, and they remain so today. The programme also accords with MDG 5 (improving maternal health) and MDG 4 (reducing child mortality). Coordination between the donors active in the Yemeni health sector is rather poor. Given this background, we have assessed programme relevance as satisfactory. Sub-Rating: 3

Effectiveness: At programme appraisal, the programme objectives were identified as improving the availability of family planning and increasing knowledge about family planning methods. The programme also aimed to improve Mother and Child health and to enhance in-clinic family planning services within the programme region. From today's perspective, all four of the objectives formulated at the time of appraisal constitute outputs and not programme objectives. Therefore, the programme objectives were reformulated for the purposes of this evaluation as follows: 1) to increase both the demand for, and the use of, contraception, and 2) to improve the quantity and quality of the provision offered by the healthcare facilities, especially with regard to services in the area of reproductive health. To this end, the following programme objective indicators were employed: a) an increase in the contraceptive prevalence rate (CPR, modern methods); b) the level of unmet demand for family planning among married women (expressed in percentage terms); c) increased utilisation of reproductive health services and Mother and Child health services in the healthcare facilities which received support; and d) greater customer satisfaction with those healthcare facilities which received support. At programme appraisal, the CPR for modern methods of contraception (indicator a) at a national

level was approx. 11%. This has since improved to 19% in 2006 and 28.4% in 2010. Based on a national average, the level of unmet demand for family planning among married women (indicator b) was approx. 39% at the time of appraisal. At present, it still remains high at 24%. It can therefore be assumed that, through contraceptive distribution, the programme has helped raise the contraceptive prevalence rate. However, in view of the fact that terminating the programme resulted in reduced sales volumes, the increase in CPR achieved was bound to turn out significantly lower than planned. Compared to the volumes originally scheduled, only approx. 68% of the condoms and 48% of the pills were distributed, even though the period of implementation was extended. With regard to utilisation levels in the reproductive health area (indicator c), nationally only 35% of pregnant women had one or more health check-ups the time of appraisal, but this number had climbed to 47% by 2006. Improvements were also seen in both the proportion of births attended by a qualified person and the proportion of births taking place in healthcare establishments. At the time of programme appraisal (1998), the figures here, at a national level, were 22% and 16% respectively; by 2006 they had climbed to 36% and 24%. Separate data is not available for the facilities supported by Financial Cooperation. However, the final follow-up indicated that utilisation rates in these facilities were still very low. Furthermore, the programme financed only 14 out of the several thousand healthcare establishments within the country, so it is not possible to measure the contribution which this support made to the positive trend seen in utilisation rates at a national level. Lastly, although only limited data is available, there are indications that the use of healthcare facilities - including in the province of Abyan, which was covered by the programme - has, at least temporarily, declined as a result of the crisis. Data on trends in customer satisfaction for those healthcare facilities which received support (indicator d) has not been collected. More generally, however, it should be pointed out that patients nationally are for the most part dissatisfied with the service provided by the healthcare establishments. Reasons include the high level of charges, the poor equipment at the facilities, inadequate staff qualifications and the lack of free basic medicines. The overall effectiveness of the programme has been assessed as unsatisfactory. Sub-Rating: 4

Efficiency: At the time of appraisal, programme implementation was expected to take three years and start in early 1999. However, cooperation - both between the consultant and the Ministry of Health, and between the consultant and FC - proved difficult. Even before implementation started, the planned cooperation with the *Yemen Family Care Association* (YFCA), the intended programme agency, was terminated. A collaboration between various Yemeni organisations, led by the *Charitable Society for Social Welfare* (CSSW), was planned as a replacement for the YFCA. In addition to the delays in starting the programme, which were related to the changes in implementation responsibility, there were also delays in obtaining supplies of contraceptives. These did not become available until the beginning of 2002. After a 2004 interim evaluation, in view of weaknesses in the consultant's performance and the difficulties which resulted from sharing implementation responsibility between the CSSW and other organisations, the programme was aborted. Of the two programme components that were originally planned only the social marketing component was carried forward, using the services of the Marie Stopes International organisation (MSI) during an interim phase from 2004 to 2006. The infrastructure component was completely discontinued. As a consequence significantly fewer

contraceptives were distributed under the social marketing component than had been planned, and under the infrastructure component just 14 healthcare facilities received financing instead of the scheduled 20. As a result of the delays experienced, consultancy costs, expressed as a proportion of total programme costs, increased significantly, climbing from the level of 24% estimated at programme appraisal to 59%. Against this background of delays and evident weaknesses in implementation, we have assessed the programme's efficiency as clearly inadequate. Sub-Rating: 5

Overarching developmental impact: At programme appraisal, the overall objective was defined as follows: to help contain population growth and improve the standard of health, especially among women and children. Over the medium to long-term, this was expected to result in a fall in morbidity and mortality among mothers and children (the overall objective indicators). From an ex-post perspective, the overall objectives identified at programme appraisal were formulated correctly. Both the maternal mortality rate (or MMR, expressed as a number per 100,000 live births) and the rate of child mortality (the under 5 mortality rate, or U5MR, expressed as a number per 1,000 live births) still constitute appropriate indicators for the overall objective. These were to be supplemented by another indicator, a fall in the fertility rate (number of children born per woman). At programme appraisal the national figures for these three indicators were 351/100,000 (MMR), 105/1,000 (U5MR) and 6.5 children per woman. At the time the programme underwent final follow-up improvements were recorded in both the child mortality rate (U5MR 78/1,000 live births) and in the fertility rate (5.2 children per woman). The MMR for 2009 was stated as 365/100,000. The deterioration in the MMR figure since programme appraisal is probably attributable to differences in data collection methods rather than an actual increase in maternal mortality, since the long-term trend for this indicator is falling. Maternal mortality in Yemen is, however, the highest in the Arab region, and it is reasonable to conclude that 75% of the country's maternal deaths could be avoided if appropriate healthcare services were more accessible and of a higher standard. Separate data is not available for the trends in these indicators within the programme area. Overall, however, it is certainly reasonable to assume that the programme has made a contribution toward the overall objective, although this was bound to be much smaller than expected (see section on Efficiency). At the structural level it should be noted that, as a first entry into this sector, the family planning component can be described as initially difficult, but ultimately successful: after first transferring implementation responsibility in the interim phase to MSI, and subsequently implementing follow-on programmes, the social marketing of contraceptives was undertaken successfully. This has been evidenced by increased sales volumes, measurable changes in knowledge and behaviour, and political support in the Ministry of Health. However, the impact of the programme evaluated here has been assessed as unsatisfactory. Sub-Rating: 4

Sustainability: Following this programme's interim phase, social marketing of contraceptives continued in a series of FC-financed follow-on phases. The programme agency for the interim phase, Marie Stopes International (MSI), was retained as programme agency for the "Reproductive Health, Phase I" programme. At the start of the follow-on programme "Reproductive Health, Phases II and III", the subsequent implementation of social marketing components was trans-

ferred to a local organisation, the Yamaan foundation. Established by MSI in 2009, Yamaan now distributes not only hormonal contraceptives but also condoms at subsidised prices, and is thus equally active in the fields of both family planning and HIV prevention. Transferring implementation responsibility to a Yemeni institution rather than an international consultant, which took place during the latter half of the programme's implementation, was an important and appropriate step in the long-term establishment of social marketing concepts.

Measures to contain the high rate of population growth in Yemen are still largely dependent on external donor finance. Although this topic is treated as a developmental priority in relevant national policy documents, the amount of public funding allocated to the reproductive health area is very small. However, in a country such as Yemen, where tradition and religion both have strong influence, positive behaviour changes in family planning and reproductive health are likely to be slow. In this respect, the programme evaluated here has played an important role as a "door-opener". Overall, national trends in the relevant indicators over recent years have been positive. In summary we have assessed this programme's sustainability - despite the challenges which remain - as satisfactory, in view of the increasing success seen in establishing the social marketing approach. Sub-Rating: 3

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:

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

Ratings 1-3 denote a positive or successful assessment while ratings 4-6 denote a not positive or unsuccessful 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. Ratings 1-3 of the overall rating denote a "successful" project while ratings 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" (rating 3).