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July 20, 1982

MEMORANDUM

TO : Near East Advisory Committee

THRU : NE/TECH, Kenneth H. Sherper ^{1/s/} KS

FROM : NE/TECH/HPN, Julie Weissman *JW*

SUBJECT: Issues Paper: Yemen Arab Republic, Tihama Primary Health Care Project (279-0065) Project Paper Amendment (NEAC, July 29, 1982 Rm. 6439 N.S.)

Background: This project was approved in FY 80 for six years with a LOP cost of \$11.5 million. The purpose of the project is to support the development of primary health care services in the Tihama region of the Yemen Arab Republic in accordance with the guidelines established under the Ministry of Health Plan for Basic Health Services.

The project amendment does not change the original project purpose, but shifts the major areas of project activity to emphasize the refinement and further expansion of the primary health care system which the MOH, with CRS assistance, began to establish in the Tihama. The amendment will decrease the number of long-term technical assistance staff and provide the resources for the development of mass media health education programs and the construction of primary health care units.

This project continues to be a high priority of the Ministry of Health. Several key MOH officials worked closely on the evaluation and redesign of this project to inform A.I.D. of the MOH perspective vis a vis the problems with the existing project and the project activities to be proposed under the amendment.

In view of the above, we recommend approval of the amendment.

The Project Review Committee supports the concept of continuation of the project, however, several issues were raised during the review of the Project Paper Amendment.

1. The plans for construction of primary health care facilities have not been sufficiently developed and justified. The plans should include: 1) identification of sites and evidence that site selection was part of an overall MOH plan for health services; 2) architectural plans for facilities which are appropriate for their location and function; 3) construction cost estimates and the basis on which costs are estimated; 4) formal agreements for LDA support of

a predetermined share of construction and operating costs for all facilities; 5) an analysis of the recurrent cost implications of construction and expansion of the service delivery system; 6) a plan for equipping and staffing the facilities; 7) a discussion of donor coordination issues relevant to construction; 8) a plan for management of construction, monitoring, inspection, etc., which would meet the requirements of FAA 611 (A).

Recommendation: That a financial analysis of the investment and recurrent cost implications of the construction component, and other studies and plans outlined in points 1-8 be developed and documentation completed prior to approval of this project component.

2. The evaluation plans described in the PP amendment do not differentiate between project monitoring and project evaluation activities. There is no provision in the budget for evaluation.

Recommendation: Plans should be developed for monitoring and evaluation activities based on the indicators of attainment in the revised logical framework. The project budget should be revised to include funds for project evaluation.

3. The PP Amendment does not discuss the need to ensure the design of culturally appropriate media program, and to continue the social analysis of various strategies for the recruitment, training and deployment of local birth attendants.

Recommendation: That the social analysis activity which began during the project evaluation and amendment process be continued throughout the life of the project to ensure the design and implementation of project activities which are appropriate for Yemen.

Project Review Committee:

NE/TECH/HPN:J.Weissman, Chairperson
NE/NENA/Y:C.Crowley
NE/TECH/SARD:P.Johnson
NE/PD:A.Gooch
GC/NE:B.Janigian
NE/PD/ENGR:J.Habron
S&T/HEA:A.Tinker
AID/NE/DP:PAE:J.Wills
SER/CM/NE:K.Cunningham
NE/TECH/HPN:B.Turner

Tihama Primary Health Care Project Summary *

A. Introduction: Nearly 90 per cent of Yemen's Tihama population live in rural areas with little or no access to health services. The Tihama is an arid strip of land from 30 to 70 kilometers wide bordering on the Red Sea and extending the length of the country. It has been classified as one of the poorest and neediest areas of Yemen. Rainfall is scant and irregular, the soil is high saline content, and the high winds and shifting blowing sands characterize much of the area. The potential for agriculture is low to nonexistent in much of the area, at least by present techniques. The percentage of the population working outside is low. Consequently remittances are proportionately lower than for much of the rest of Yemen. Poverty is more widespread than in any other comparably populated region of Yemen. Child mortality rate is excessively high. Indications are that possibly as high as 40% of all female deaths are related to child-bearing. Diseases such as malaria, bilharziasis, tuberculosis, and such problems as gastro-enteritis and infant dehydration--all of which can be alleviated, if not prevented, with proper attention, are rampant.

Because of Yemen's long period of isolation from the rest of the world, and because of the minimal budgetary allocations, the development of medical facilities throughout the country has been extremely slow. Those which do exist are mainly curative in function. At the bottom of the priority list for development has been the racially, ethnic-mixed Tihama region. Curative care clinics with minimal services do exist in Hodeidah, Zabid, Bajil, and Zaydiyah. There is no organized system for primary health care available in Yemen--there is little access to the rural population for any type of health care.

In 1976 the YAR Government developed a Basic Health Service/Primary Health Care Plan and invited international assistance to implement it. The plan has been designed to improve health training, develop information systems, and increase technical assistance so that primary health care is implemented in Yemen.

B. The CRS Tihama Primary Health Care Project

The CRS Primary Health Care System brings base-level preventive, promotive, and essential curative care to isolated, distant villages (1,000-2,500 pop.) throughout the semi-arid desert strip of land running the length of the country along the Red Sea. 800,000 persons live in this poorest and neediest area of Yemen. Their indices of poverty are compounded by the Tihama's specific health problems:

- infant mortality rate is higher in Tihama than elsewhere in Yemen, ranging from 150-210/1,000.
- maternal mortality is estimated at 10/1000 (live births), but is actually an unknown because the majority of women dying of childbirth are at home and deaths are not yet reported.

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*This Summary is from the original Project Paper approved in FY 80.

- life expectancy is 37 years.
- endemic diseases of malaria (bilharzia in limited areas), T.B., parasitical diseases
- high occurrence of infantile gastro-enteritis causing severe dehydration and death.
- malnutrition and infections with serious complications; respiratory infections leading to infant death are common (60% deaths)

To respond to this need, CRS is submitting to AID a proposal to develop a network of primary health care units: 3 Centers, 12 sub-centers, and as many as 250 community service areas supported by the major referral Center at Al Olofi Hospital in Hodeidah, Y.A.R.

This development will be accomplished with Yemeni Counterparts and the participating Local Development Association. Ten Technical Assistants, recruited from other countries, will assist the Yemeni officials to implement this project design which has been given National Priority by the Yemen Arab Government's National Health Plan.

The Major Purpose is to provide access to a cost-effective Primary Health Care (PHC) system to the majority of the rural population in the Hodeidah Governate (this division forms the majority land area of the Tihama).

The end of the project status is to have 250 PHC units established and staffed. To respond to the person-power primary health care provider (PHCP) need, the Project's technicians will coordinate a Training Program, train trainers, and produce the following providers:

- up to 750 Local Birth Attendants and Primary Health Care Workers
- up to 40 Community Health Nurses
- up to 12 Medical Assistants
- up to 30 Supervisor/Trainers of the PHCPs.

The Technical Assistants work in two separate teams: a field team composed of a physician, a community health nurse, a midwife, and a mechanic; and a Central Team (in Hodeidah at Al Olofi Hospital) composed of a Midwife, a MCH Practitioner, and a Pediatric Practitioner. Both teams are coordinated by an Administrator who assists the team with their Yemeni Counterparts and Support Staff to develop and stabilize a primary health care infrastructure. An Educator develops and coordinates the entire training program which occurs in the rural field sites of Zaydiyah, Al Zohrah, and Beit al faqik.

C. Project Strategies

This project emphasizes the importance of human resources and deemphasizes the importance of costly buildings at the peripheral level. Where possible the Primary Health Care Providers will be chosen from those individuals already providing traditional types of care and they will be trained, as a supplement to their present skills, in more modern techniques.

In addition, a cadre of 16 specialists will be trained abroad to the Masters degree level in various aspects of public/primary health care and 40 technicians will be trained abroad in short term specialized programs. These people will serve as a cadre to assume replicability of the Tihama "pilot" project elsewhere in Yemen.

In addition, training materials will be developed in all phases of the Primary Health Care, workshops and seminars will be organized on a regular basis. One strategy is to demonstrate the efficacy of primary health care, facilitate national and governorate continued priority support of PHC, allow interdisciplinary sharing between curative and preventive sectors.

The Project addresses the need for mid-level supervisors by providing sufficient Support Staff (SS) until sufficient medical assistants and community health nurses are trained as supervisors/trainers. Each PHCW/LBA will have supervisory contact quarterly.

The system will develop a functional referral system for high risk patients and 75% of the referrals will be traced. Outreach for high risk patients is emphasized at all levels of care.

A cost accounting system will contribute to replicability of the system elsewhere. Community surveys, before and after service is provided, will provide evaluative data regarding the impact of the system. Standard operation manuals for all components of the system will contribute to implementation of the system by other health providers.

Collaborative strategies will involve the Local Development Associations in all relevant project activities, link the training component of the project with the Health Manpower Institute, cause consultation between the Technical experts and short-term consultants, invite native healers to participate in the system, seek support from the curative sector, co-opt the unofficial drug sellers in the communities--all this to effect a unified primary health care system.

D. Supportive Purposes

1. to develop the Local Develop Associations capacity to plan, finance and manage the PHC units.
2. To develop the PHC training capacity in a Basic Health Services office of the Ministry of Health in the Hodeidah Governorate in accordance with the Health Manpower Institute guidelines.
3. To develop the capacity at 12 centers, 3 sub-centers, and the Al Olofy out-patient dept. to deliver a standard package of services to referrals from the PHC system.
4. To develop a Basic Health Services logistics system that adequately supports centers, sub-centers, and the PHC system.

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5. To promote Primary Health Care Systems development to Yemeni doctors and health officials throughout Yemen.

E. Project's Characteristics

This project is unique for the following reasons:

- first project to attempt to implement the Basic Health Services in Yemen.
- it pioneers the role of women in the Health profession as a Community Health Nurse and promotes women in the peripheral role as a Local Birth attendant; native healers will be encouraged to participate.
- systems of local financing will be explored to complement the Ministry of Health's Central financing; Project's professionals will plan and develop each community's health program with the Local Development Board of the area.

The project's life extends six years; it is hoped to begin early in FY '80 and extend through FY '85. A major evaluation at the end of year three will give direction to the second phase of the project.

The Project will cooperate and collaborate with other donor agencies as: UNICEF - providing the transport component and support to drugs, equipment, and supplies.

Peace Corp - providing up to 10 Support staff.

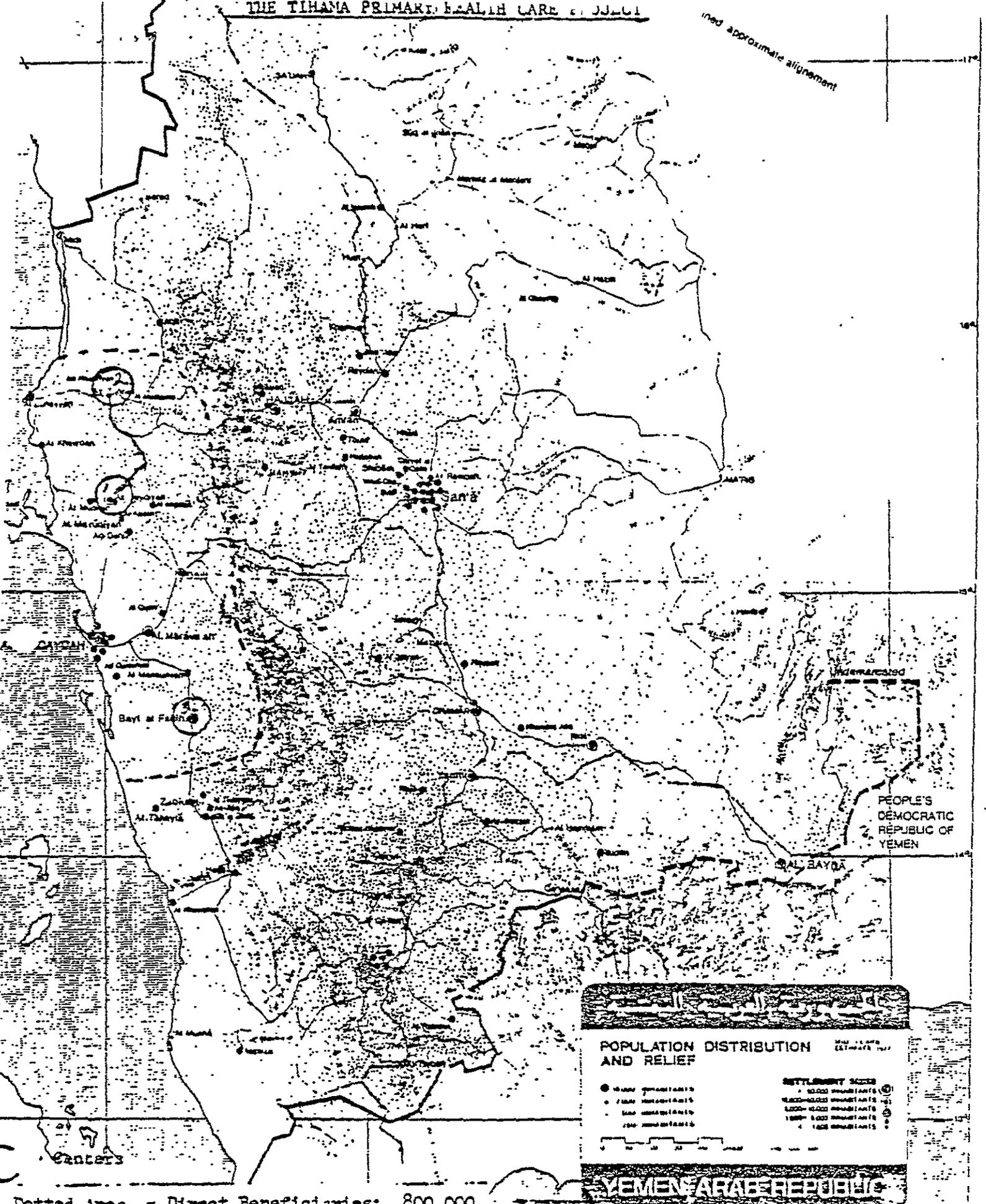
The German Volunteers (DED) - providing up to 5 Support staff.

CRS will be contributing the Project Administrative management locally, and internationally. In addition CRS will assist the Ministry of Health to recruit up to 20 support staff as well.

F. Input Quantification

USAID is the major funder through the Operational Grant methodology. CRS is the sponsoring and implementing international relief and development agency. Unicef will provide the transport and some drug and supply support. The Peace Corps and German Volunteers will provide some technical assistant support. The MOH and LDAs are providing their match through buildings, recurrent cost, petrol, and supporting staff salary support.

lined approximate alignment



Dotted Area = Direct Beneficiaries: 800,000
 Target Area
 Shaded Area = Indirect Beneficiaries 500,000
 Referral Catchment areas

Total geographic area = 135,200 sq. km.
 Tihamas area = 22,000 sq. km.