Summary

Evaluation conducted by: JICA Overseas Office

<table>
<tr><td colspan="3">1. Outline of the Project</td></tr>
<tr><td colspan="2">Country : Republic of Yemen</td><td>Project title : The Tuberculosis Control Project (Phase III) in the Republic of Yemen</td></tr>
<tr><td colspan="2">Issue/Sector : TB control/Health Sector</td><td>Cooperation scheme : Technical Cooperation</td></tr>
<tr><td colspan="2">Division in charge : Human Development Dept.
Infectious Diseases Control Group</td><td>Total cost : 67,976,915 Yen for running costs + 144,940,711 Yen for equipment. Total of 212,917,626 Yen</td></tr>
<tr><td rowspan="2">Period of Cooperation</td><td rowspan="2">August 6, 1999 – August 5, 2004</td><td>Partner Country's Implementing Organization : National Tuberculosis Control Program of the Ministry of Public Health and Population</td></tr>
<tr><td>Supporting Organization in Japan : 1. Research Institute for Tuberculosis, Japan Anti-Tuberculosis Association,
2. International Medical Center of Japan</td></tr>
<tr><td>Related Cooperation</td><td colspan="2">Grant Aid by the Government of Japan for construction of the Aden Regional TB Control Center (589,000,000 Yen), and X-ray and other medical equipment for three sub-Centers, Grant Aid for Debt Relief (300,000 USD)</td></tr>
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1-1. Background of the Project Since 1983, the Japanese Government has supported the National Tuberculosis Program in the Republic of Yemen, by offering technical assistance through the Tuberculosis Control Project (Phase I and II). As a result of this cooperation, the central institutions for TB control such as the Central Unit of the NTP, the National Tuberculosis Institute (NTI), and the TB Control Centers in Taiz and al Hodeidah were established, which brought about improvement in NTP activities. However, the tuberculosis problem of the Republic of Yemen still remained a serious health issue. Therefore the Government of Yemen (GOY) requested Phase III of the Tuberculosis Control Project, with the purpose of expanding DOTS throughout the country and strengthening the management of TB control.

1-2. Project Overview

The main project inputs to the NTP were technical support by long and short term experts, counterpart training in Japan and Egypt, equipment donation, in-country training, and financial and management support for implementation of activities. A final evaluation was carried out in February 2004, and a final report was delivered by the end of the project on July 28, 2004. According to the final evaluation, the project was considered to have produced remarkable outcomes in general, but with a few low performing governorates and districts. The project was judged to be relevant, highly effective, efficient (though with some gaps such as conduct of operational research), and having a positive impact. Institutional sustainability was considered to be improved but with a need for further improvement. Financial sustianability was unclear, and technical sustainability was considered adequate but with further training at the primary health care unit (PHCU) level needed.

（1）**Overall Goal** **T**o reduce mortality, morbidity, and transmission of tuberculosis in the Republic of Yemen.

（2）**Project Purpose** To expand the quality service of the National Tuberculosis Control Program all over the country of the Republic of Yemen.

（3）**Outputs**

(1) Improvement of case-finding and diagnosis of tuberculosis by strengthening the laboratory network;

(2) Improvement of treatment of tuberculosis based on a proper case management system;

(3) Improvement of the supply system of drugs and other materials with special emphasis on establishment of a good reserve stock system;

(4) Improvement of a program monitoring system based on a standardized recording and reporting system;

(5) Re-evaluation of the size and nature of the tuberculosis problem of the Republic of Yemen.

（4）**Inputs** (as of the Project's termination)

Japanese side：

Long-term Expert	**2**	**Equipment**	144,940,711 **Yen**
Short-term Expert	**22**	**Local cost**	67,976,915 **Yen**
Trainees received	**21**	**Others**	**-** **Yen**

Yemeni's Side：

Counterpart 27 **Equipment 0 YR (0 Yen)**

Land and Facilities: Office space (not costed out) **Local Cost: Operational funds YR 64 million (46,682,353 Yen)**

Others: 0 YR (0Yen)

2. Evaluation Team

Members of Evaluation Team	Sharon E. Beatty, MPH Dr. Abdul Salam Al-Arifi Dr. Mohammed Suhail

Period of Evaluation	**Day/ month/ Year - Day/ month/ Year** **21/11/ 2006 – 31/1/2007**	**Type of Evaluation：Ex-post**
3. Results of Evaluation		

3-1. Summary of Evaluation Results

(1) Impact

The JICA Tuberculosis Control Project, Phase III has succeeded in creating a technically competent national tuberculosis control program in Yemen. Twenty months after JICA support has ended, coverage of governorates and districts by DOTS continues to expand, a higher percentage of new sputum smear positive cases are treated by DOTS than previously, and the success rate of treatment of DOTS cases has improved, thus solidifying the project purpose of expanding quality NTP services throughout Yemen. Laboratory activities and quality control are functioning well in 20 out of Yemen's 22 governorates, and false positives and false negatives of diagnostic slides continue to decline, as has the proportion of defaulters. In addition, the level of activity of the NTP is high, it has made good use of the resources it has received from JICA, it has the confidence of the Ministry, most TB patients are satisfied with the treatment they have received, and the NTP's good performance has resulted in attracting international funding, notably that of the Global Fund and the Global Drug Facility. The NTP has been especially successful in improving its diagnosis and treatment objectives. However, there remain some weaknesses. The non-DOTS drugs, which are meant to be supplied through the MoPHP, are not available, there is yet little TB control activity below the level of district centers, supervision systems are weak and sometimes nonexistent, especially at the district level, budgets do not appear to reach many of the peripheral areas and/or are irregular, health education is minimal (although new initiatives are expected to help correct this), and information systems that promote good management are deficient. Also of concern is the fact that detected cases have been declining in recent years, and the proportion of females being diagnosed as compared to males is low. Access of the poor, women, and geographically isolated populations remains problematic, as does the issue of stigma.

(2) Sustainability

Sustainability, as measured by MoPHP commitment, is high. TB is among the 11 infectious diseases listed as being of the highest priority of the MoPHP, and the control of TB through the DOTS strategy is one of the priority actions of the MoPHP. There have been no policy nor legal changes in the MoPHP that have negatively affected the NTP, and the MoPHP continues to support TB programming as before. The NTP has also achieved strong technical sustainability Although it continues to demonstrate some weaknesses, it has managed to maintain and even improve the level of many of the indicators from the time of the JICA support project, using local staff almost entirely. The morale and commitment of the NTP staff at different levels of the system is strong, and local NTP staff have proven that they no longer require a long term international advisor, a significant measure of technical sustainability. Turnover at the higher management levels of the program has been modest, and the majority of the staff that were trained by JICA remain with the program. JICA equipment was found to be available and well maintained at all sites surveyed, and the buildings constructed by JICA were well utilized, with all but one in good repair. Financial sustainability of the NTP, however, is a serious issue. The MoPHP's contribution to meeting the NTP's costs was only 19% in 2006, as compared to 61% in 2003, with the real amount decreasing over that period. In addition, it has completely failed to provide the non-DOTS drugs that was its responsibility to procure during the last two years, due to the complicated MoF procurement procedures Other sustainability issues are the high incentives provided by GF to key staff at the governorate and national level, the high dependence on the GF for many categories of cost such as supervision, training, and equipment, and the lack of a supervision budget from the MoPHP.

3-2. Factors that have promoted project

(1) Impact 1. JICA's manner of support ,which was long term, comprehensive, and focused on the building of a national system, 2. the high level of international interest in TB control as well as dedicated funding (GFD, GF and WHO), and
3. the long term presence and commitment of the NTP director, who has guided the program for over ten years.

(2) Sustainability 1. The long term, comprehensive and systems oriented manner of JICA support, which created strong technical competence of the NTP, allowing it to gain the strong local and donor support it now enjoys, which has been so crucial for its sustainability, 2. high level of donor interest in TB, 3.low attrition of NTP management staff., and 4. partial decentralization (resulting in greater efficiency).

3-3. Factors that have inhibited project

(1) Impact 1. Failure of the MoPHP to supply non-DOTS drugs, 2. overall financial, administrative and management weaknesses within the MoPHP, 3. the lack of an MoPHP strategy to integrate the different vertical programs, 4. increasing levels of poverty, 5. an insufficiently strategic approach to TB control by the NTP, which failed to target low access groups adequately, and 6. weaknesses of administrative systems and follow up.

(2) Sustainability 1. Lack of integration of vertical programs, 2. delayed regionalization, 3. weak financial monitoring and support at district levels, 4. lack of a sustainability strategy by the NTP and the MoPHP for the program,and 5. overdependence on international funding.

3-4. Conclusions The JICA Tuberculosis Control Project (Phase III) has succeeded in creating a strong national tuberculosis control program in Yemen that has managed to continue to improve on many of the gains made during the period of JICA support. The NTP has also achieved high technical sustainability, and national commitment to TB is strong. The success of the NTP is widely believed to be due to the manner in which JICA support was provided. However, despite the many positive gains made by the NTP, this program demonstrates some weaknesses related to efficiency, health education, access to services by the disadvantaged, transparency and organization of administrative systems, and financial sustainability. Financial sustainability of the NTP is the most serious issues the MoPHP will face, once donor support for tuberculosis wanes.

3-5. Recommendations

Recommendations when considering future support to Yemen's health sector are as follows: 1. Continue to use the model of long term, comprehensive support to national programs. 2. Future support for any vertical program should be accompanied by simultaneous support to the MoPHP for integration of such programs with other vertical programs. 3. Key sustainability issues should be clearly identified during the project design phase, strategies to combat them designed, and the project period itself be fully utilized to solve these problems. 4. Support should focus on building administrative and strategic planning capacity as well as technical capacity. 5. Projects should utilize a strategy which is gendered, to take into account the special access issues women face, and which also targets the poor and the geographically disadvantaged. 6. Take advantage of the new potential of donor coordination in Yemen to tackle sustainability and effectiveness issues. 15 additional recommendations for the NTP have been included in the report.

3-6. Lessons Learned

1.Comprehensive, long term support to national programs is one of the best ways to build sustainable national systems that can be managed long term by competent local staff. A focus on training and system building is especially important. 2. Health programs need to consciously tackle issues of access of disadvantaged population groups, and should not expect a passive system to reach these populations effectively. 3. Technical support should be supplemented by support to build management capacity and the ability to work strategically in solving problems. 4. Sustainability issues should be identified in the design phase of a project, and local and international partners actively engaged during the course of project implementation to solve these issues. 5. Attrition, while not a big problem in this project, can be decreased by requiring all staff trained abroad to make a written commitment to remain with the program for three to five years.

3-7. Follow-up Situation

The NTP is now receiving technical support by WHO, and it is expected, although not certain, that external financial support by GF, GDF will continue for the next three years. The MoPHP is considering integration of vertical programs. Support by JICA to the NTP in the near future is not necessary, although the health sector as a whole is in need of sustainable support.