



Evaluation of German Doctor's Project

Baraka Health Center

Facilitated by:



EXECUTIVE SUMMARY

Overview

This report and its findings resulted from a detailed evaluation process conducted by independent external evaluators from Act for Change Consulting Limited. German Doctors e.V, an international NGO based in Bonn, Germany, started to support the long-term medical project in Mathare Valley, Nairobi-Kenya, in 1997. Inspired by the dire gaps in Mathare Valley's informal settlements, the project aimed to provide affordable, quality primary healthcare for the vulnerable people living in the slum area. The project has grown steadily in response to the numerous needs and currently has five components: General Health Clinic, Comprehensive Care Clinic, Nutrition Center, Community-Based Services, and Child Protection Unit.

Evaluation Approach

The evaluation adopted a mixed-methods approach pegged on three evaluation methodologies, namely outcome harvesting, the most significant change, and interrupted time series. The process included face to face in-depth interviews and focused group discussions targeting beneficiaries and the project team and key informant interviews targeting community and religious leaders. Online questionnaires specifically targeting German Volunteer Doctors, the project team, and partners were also utilized with the aim of exploring various topics of interest including, but not limited to, accessibility and quality of the activities that BHC implemented. Triangulation approaches were used to verify gathered information all along the evaluation process.

The data collection process started with a debriefing meeting and an in-depth review of project documents, which helped enrich and refine the evaluation approach and tools. Qualitative methods were used to identify project successes, challenges and their triggers, and the stakeholders' participation level. Further, the evaluation approach used enhanced understanding of BHC's components, their functionality and appropriateness to target groups, subsequent effects, and impacts. The evaluation identified 16 community-level outcomes and 15 organizational level outcomes. The community level outcomes touched on a wide range of changes within the community and how these changes have contributed to improved health outcomes and general quality of living for the target community. The organizational level outcomes outlined institutional practices and changes that have influenced efficiency and quality of service delivery.

Key Findings

Relevance: The project sought to achieve dignified and improved life for marginalized and vulnerable persons living in the slum areas of Mathare Valley by making quality primary health care affordable. The beneficiaries interviewed indicated that they benefited most from activities that the center has implemented over the years. The expansion of services and modification of operations experienced over the years has been informed by community needs and identified gaps, which ensured constant response to actual community needs. This evaluation found BHC's interventions relevant in that they fit the context of the area and realities of the target group.

Effectiveness: Baraka Health Center has focused on the provision of affordable quality primary healthcare services, improving nutritional status of the vulnerable individuals and households, and supporting other critical facets of the community life such as income generation with the aim of enabling beneficiaries to have dignified lives. These interventions have contributed to actual behavior changes that have led to an enhancement in the health status and quality of life. For example, a change in the way

most individuals handled waste and food has reduced the cases of waterborne diseases recorded at the center. Additionally, a change in lifestyle choices has seen more beneficiaries living with chronic diseases record better health outcomes. One of the main contributors to these changes has been an intentional, continuous awareness creation campaign. Such awareness creation continued to be done at various platforms, including community-based health camps, public barazas/meetings, and health talks at the clinic.

Efficiency: The slum environment is characterized by many challenges that one stakeholder can never meet alone. In response to this realization, the center has established a network of partners thus enabling collaborations that play a critical role in enriching and widening the scope of BHC's interventions and impact. This unique relationship with other actors has seen the center achieve more outputs than expected or planned without increasing the project budget and time frame. Internally, the five components are strongly interlinked, and they seem to complement each other seamlessly. For example, GHC serves as a critical entry point for both the CCC and the Nutrition Center. The interconnectivity allows patients coming for services at the GHC to undergo voluntary HIV counselling and testing, which serves to increase awareness and detect any positive cases early on. In case a patient tests positive, the close working relationship allows an easy passage to the CCC for more specialized care and close follow-up. Additionally, activities were implemented in a timely and collaborative manner.

Impact:

The interventions of BHC had contributed immensely towards improving the target community's health outcomes and quality of life. Some of the tangible changes that have been recorded include a reduction in morbidity and mortality. By extension, a reduction in poverty, crime, and illiteracy levels was also reported. The various interventions were judged to have contributed positively to reducing the number of deaths related to various diseases and conditions, including HIV, diabetes, and hypertension. In poverty reduction, health status improvement was established to have increased individuals' productivity, thus enhancing engagement in productive economic activities. BHC also supported some beneficiaries with capital to boost their income-generating activities, thus expanding household income streams. The project can only claim a contribution to these impacts since other contextual factors, including government policies and support, have also played a part in their realization.

Sustainability:

Out of the five components of BHC, only GHC and CCC directly generates revenue. However, the amount of revenue raised is low since the focus has been on making quality healthcare services available to the most vulnerable rather than maximizing profit. This means that the center is heavily dependent on support from German Doctors e.V and other donors with any possible shortage of funding having the potential to seriously jeopardize service delivery. This also highlights the need to intentionally diversify funding sources with specific focus being given to self-sustenance. In the endeavor to boost sustainability, it is essential to note that scaling-up of the contribution fee that patients currently pay and termination of social screening would negatively affect access to critical services for the most vulnerable. A focus on capacity building and working in close collaboration with other stakeholders, including local NGOs, community leaders, and CVHs has boosted sustainability prospects of some of the realized outcomes. The evaluation also revealed that outcomes dependent on direct access to healthcare services are only sustainable if a trusted and affordable health provider is at the disposal of the target community, underlining the need to ensure financial well-being and a fully operational BHC.

Accountability: Community feedback mechanisms have been strongly encouraged in the operations of the center. The CHVs live within and work directly with the community, thus creating a vital source of

genuine feedback. Additionally, the presence of an active quality improvement team enables the center to address any issues raised by staff and other stakeholders regarding service delivery. The down-up communication and feedback channels have been effective. The evaluation established that there was a culture of adjusting elements of interventions at different implementation stages based on learning done. There were no stakeholders' fraud complaints, and the target community strongly identified with the center.

Gender: Baraka Health Center activities and targets were well engendered, with men, women, youths, children, PWDs, and people from Mathare all being considered. Beneficiaries of BHC are mainly women in the age between 19-59 years, as indicated by data collected from BHC's five components.

Recommendations

To fill the various identified gaps while still tapping any available opportunities, the evaluation recommends that: Baraka health Center considers developing a long-term master plan that will clearly outline the level of space needed in the future and how this will be handled. This will reduce the need to sort issues to do with limited space with a short-term perspective, which will lead to more space dilemma in the long-term. By not focusing on research and advocacy, BHC is limiting the scope of its impact. The center has earned national recognition on some elements such as management of sickle cell, and this kind of reputation can be better optimized to influence policy and practice. Based on the kind of dependency that the wet feeding programme was cited to be having, the evaluation recommends that long-term exit strategies be put early on as any sudden exit would have a devastating impact on the community.

Conclusion

The evaluation concludes that BHC was relevant to the true needs of the target community. The evidence gathered and verified provided multiple examples of changes that the center has made in the target community. For example, it has complemented access to health services, income, and household food security and nutrition for the most vulnerable. Most importantly, the center has played a critical role in positively influencing the target group's health-seeking behaviour. The five components of BHC have been transformative and the design was appropriate to the context. The various interventions were also found to be effective and impactful to women and children. However, there remain huge gaps in various fronts, including supporting the most vulnerable beneficiaries in boosting their income streams, combating the high levels of gender-based violence and child abuse, and dependency on the wet feeding programme.