

## **Impact assessment of the Save the Children USA LEAP Health Program, Afdher and Dolobay Woredas, Somali Region, Ethiopia**

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The Somali Region in eastern Ethiopia is one of the least developed areas of the world. Covering around 400,000 square kilometers, the region is characterized by insecurity, harsh physical environment, and livelihoods based on mobile pastoralism. Crude life expectancy for men has been estimated at 41 years, and for women 33 years. Between 2002 and 2007 Save the Children US (SC US) implemented a health program in selected districts of the Somali region, and this program included support to community health agents (CHAs). Tufts University conducted an impact assessment in 2008, focusing on the activities of CHAs and examining the use of these workers by women and men. The impact assessment used five indicators of service provision viz. accessibility, availability, affordability, acceptance and quality, and asked both women (n=200) and men (n=200), sampled randomly, to score these indicators for the different health service providers/facilities which they used. A standardized participatory method called matrix scoring was used, and supported with semi-structured interviews to elicit explanations for the scores offered.

The types of health service providers/facilities used by women were traditional birth attendants, CHAs, government health centers and 'other' service providers comprising traditional healers and informal drug sellers; men used CHAs, government health centers, a hospital and 'other' service providers. CHAs received relatively high scores from both women and men for all service indicators apart from quality, but were also significantly more accessible, available, affordable and acceptable to women compared with men. This result was explained by men's preference for health clinics over CHAs, and their ability to travel to and afford health clinic services relative to women. These results reflected cultural discrimination against women in Somali pastoralist communities, as reported in other studies. The main area for improving the CHA system was to improve quality, and this required the CHAs to be allowed to provide a wider range of clinical services, with related training, supervisory and policy support. Such improvements were likely to provide particular health benefits for women.