1. Introduction

1.1. Background

Ginnir Hospital located in the Bale Zone in Oromiya Region, was inaugurated in April 2001. It was built according to national Ethiopian hospital standard for a Zonal Hospital. The hospital has medical, surgical, pediatric, gynecological and labor wards, in all 120 beds. There is an operation theatre, laboratory, x-ray department and pharmacy. An emergency room as well as a four bed intensive care unit (ICU) for critical sick patients is also established. Out patient department have two rooms for adult patients and one for pediatrics. MCH as well as services targeting HIV and TB patients is located separately. Care and support of HIV infected patients is insured through the partnership with ICAP.

The agreement of Ginnir Hospital Capacity Building Project (GHCBP) for the first project phase was signed between OHB, OFSDPPC, NLM and EECMY/DASSC in December 10th, 2003. The agreement for the second phase (2008 – 2012) was signed between OHB, OBoFED, NLM and EECMY/DASSC in January 2008.

The strategy was to build up the capital capacity by purchasing specific major and minor equipments which should be maintained regularly, as well as building the capacity of hospital staff by training, exchange visits to other hospitals in Ethiopia, seconding expatriate health workers to give in-service training and external consultancy visits.

Ginnir town is situated 560 kilometers from Addis Abeba. After Doodola the road condition is very poor. It takes one and a half day by public transport to reach the town. Even though the water supply has improved compared to the first years, it is still unpredictable with several days without supply from town. Frequent power cuts during the whole year put constrains on the activities. Even though there are good improvements, it is still difficult to get highly qualified medical personnel to fill possessions as the location is considered remote.

1.2. Objectives of the project

The overall objective of the project was to enable, empower and strengthen the multi faceted of the hospital service in the Eastern areas of the Bale Zone and Northern part of the Somali Region. More specifically the objectives of the project were:

- Strengthen the essential hospital functions in Ginnir Hospital
- Strengthen the supporting activities of the hospital
- Support the hospital in HIV/AIDS work
- Scale up the capacity of the administration of the hospital
- Provide access to electronic medical information

1.3. **Objective of the Evaluation**.

The evaluation is mainly intended to assess the performance against the agreed plan and other procedural and technical health care issues of the project and provide the outcome of the evaluation to the relevant government bodies and to the implementing agency NLM/EECMY to fill their information gap and improve the service delivery of the concerned organization.

Generally, the objectives can be summarized as follows:

- ✓ To see whether the project has realized its goals and objective as set,
- ✓ To assess the project specific achievement against plan,
- ✓ To look into the proper utilization of the project resources in the course of the project implementation,
- ✓ To assess the benefit laid down by the project and the extent of this benefit extension to the targeted beneficiaries,
- ✓ Offer ideas and recommendations on how to successfully accomplish the remaining project activities and work against the sustainability of the project.

1.4. Purpose of Evaluation.

The mid-term evaluation is mainly intended to assess the progress of the project and its achievement and the result generated due to this project intervention and to provide the outcome of the evaluation to the government organization and the implementing agency.

1.5. Methodology of the Evaluation.

In effort to collect the necessary data and information for the purpose of this evaluation, the evaluation team has used the following methods:

- ✓ Hold discussion with the project manager at the Hospital level and NLM/ EECMY representatives from the head offices.
- ✓ Reviewed the project document as well as periodical reports/quarter, and mid term reports of the project,
- ✓ Holding discussion with the medical staffs of the health facility and interviewed some of them on individual basis,
- ✓ Observation/ visiting of the hospital in order to see the specific contribution of the project and provision of medical equipment to the hospital as per the agreement or at least the minimum standard.

1.6. Duration of the Evaluation.

The whole days devoted for the evaluation activity were twelve days commencing as of 28 June 2010.These days include both for field observation and preparation of the first draft report of the evaluation.

1.7. The Evaluation Team.

A team of experts drowns from the signatory Bureaus and the implementing agency NLM/EECMY have participated in conducting the evaluation exercise.

Here under is the list of the team

S/N	Name of the Participants	Name of the Bureaus/ Organizations
1	Obbo Hundie Tilahun	Oromia BoFED Team Leader
2	Obbo Meseret Legesse	Oromia Health Bureau
4	Dr. Hunduma Kumera	EECMY
5	Obbo Tilahun Sefu	EECMY
6	Obbo Argachew Wondimu	NLM
7	Sr. Margiret	NLM

1. **Activities Accomplished and Achievement**
   1. **Strengthen the essential hospital functions in Ginnir Hospital**

Major achievements of Surgical care Activities

- ✓ Paying Top Ups to the surgeons and gynecologist
- ✓ Purchases of surgical equipments and anesthesia machine
- ✓ Ensuring 24 hours electricity by provision generators to the hospital and professional training.

Since the national anesthetic function of OR was suffering during the periods of absence of expatriate anesthesiologist, the project assisted to assign two national surgeons and one expatriate anesthesiologist to OR.

The money allocated by the project for GP training in emergency was in 2008 reallocated to two nurses in OR to be sent to St. Paulos hospital in Addis for fours weeks training as scrub nurses. As an answer to the request from the hospital, these money as well as money from other accounts in the budget has been used to pay Top Ups for the GPs.

Obstetric and gynecological care

The partograph was introduced by the project and for the moment filled out in most of the deliveries. It has currently filled both manual and electric vacuum extractor, and managed to reduce the utilization of episiotomies as well as increase the usage of augmentation with Oxytocin in the presence of ineffective contractions. A well functioning resuscitation table for the newborn with light and heat source that makes the Ginnir Hospital's service unique than other district Hospitals.

Regular teaching sections have been held and together with the local midwives, treatment guidelines and procedures provided by the project for the most basic delivery emergencies developed and put in folders on the walls. This is not yet completed. Subjects like ethic and Female Genital Mutilation have also been treated. All staff at delivery ward as well as medical doctors and others have received copies of medical books targeting maternal and newborn care using the guidelines.

Among the contribution of the project, focus on hygiene; cleaning and maintenance of medical equipments as well as procedures for refills of store have reputedly been issued and recognized. It has been a high focus on recording and documentation, and as the reports show, the quality of care has improved a lot as well as the number of deliveries continued to increase..

Moreover, the expatriate midwife has conducted work- shops for Traditional Birth Attendance (TBA) in the hospital as well as in collaboration with two other NGOs in Rayto and Sawena.

Additionally MERLIN completed the construction of the Maternity Waiting Home (MWH) for risk pregnancy women, close to the Delivery ward in 2008. This kitchen was funded by GHCBP. The idea has been that the women should stay there for free with their attendant, but purchase and prepare their food by themselves. The project made an information poster in Oromo language about the MWH together with the national hospital staff. This was printed in multiple copies and posted on the walls in all the Health Centres and some health posts in the catchments area of the hospital. In spite of this and in spite of information given in the districts during TBA trainings, there has only been one admission. Fistula patients have however been staying there on their way to Addis for treatment. As the concept of MWH is new in the target area it is essential to investigate what kind of obstacles exists both when it comes to cultural and economical issues as well as possible bottlenecks within the health system.

Generally, the numbers of deliveries have seen a nice increase during the last years and the figures by June 26th of 2010, are 412. 15 women have additionally been admitted with retained placenta due to improved facility of the hospital by the intervention of the project.

Pediatric and medical care

As the evaluation team physically observed, the Therapeutic Feeding Unit (TFU) was established and implemented by the project and is now functioning very well. TFU has got a good reputation, and other NGOs have been showing it as a good model for the participants in their nutrition workshops. There are six beds assign for these patients in the ward. The capacity is however to low compared to the need, which seems to be the case for the whole pediatric ward. It is a wish both from the hospital side and GHCBP to focus more on neonatal children and create a unit specifically for them. For the moment the evaluation team also realized the room constraint even to extend the service.

GHCBP have been continuing the work to secure a sustainable logistic of supplies to the TFU. During 2009 both the stay and the standard treatment for these patients became free of charge, in line with the national guidelines. There is still a need to improve the reliability for the supplies coming from UNICEF through the Zonal Health Office.

The medical ward also started to give TFU service for adult severely malnourished patients during 2009. During the month of May 2010, the medical ward was equipped with an oxygen concentrator from the project as well as a cable from the generator at ICH insuring a 24 hour provision of oxygen. This will hopefully easinen the load at ICH and increases the accessibility for children in need of Oxygen.

Laboratory and X-ray

As already witnessed by project management, except for purchase of some laboratory equipment, the input from GHCBP when it comes to the support in this area has been minimal. This is mainly due to the fact that ICAP has donated lots of equipments as a part of their HIV/AIDS activities as well as hopefully insuring quality of the tests performed.

Quality of care

As access to care and improved quality of care is the overall objective, training of personnel is one of the major activities. Exchanges visits to other hospitals as well as internal training both by national and expatriate staff have been conducted which had the evaluation team confirmed on some interview basis.

The project coordinator mentioned ICU had a long and difficult delivery but is now a nice, active 4 bed-unit equipped with two oxygen concentrators, patient monitors, sucking machine and generator providing 24-hour back up electricity. In December 2008 the Ginnir Hospital ICU was approved to serve as a standard for Zonal hospitals within Oromia Region. The hospital staff has got some training in oxygen treatment of critically ill patients with respiratory distress. As the expatriate anesthesiologist left just before the team was assigned, only one of the three nurses assigned there has received extended training which took place at The Korean Hospital in Addis. Hoever, there are still no GPs assigned to the ward. Each medical doctor is in charge of the follow up of the patient. The expatriate anesthesiologist left a well-developed observation form for critical ill patient for registration of vital sign. The proportion of children is high and the staff remarks that particularly many children suffering from severe pneumonia have been saved as a result of services provided in the ICH.

2 Strengthen the supporting activities of the hospital

2.1. Maintenance

The expatriate maintenance advisor in 20% position has been visiting the hospital two days every second week, carrying out essential maintenance on hospital cars and non-medical as well as medical equipments. He terminates his contract as planned in June 2010. Training of local staff and building up a maintenance department has been severely hampered due to the low capacity of the previous maintenance worker. It is a regret for the project that it has not been possible to establish a well functional maintenance department. In September 2009 another maintenance worker (electrician) was hired by the hospital. Even though he has received some training, maintenance will be one of the major challenges for the future. Major purchases of essential equipments for maintenance have lately been done. The two generators serving OR, Delivery Ward, ICU and one room in medical ward, are among one of the major contributions to the hospital. A new system aiming to stabilize the fluctuation of electricity in these units has recently been installed. The adviser assisted by the drivers has frequently repaired the ambulance.

In this regard the evaluation team recommended GHCBP to take the initiative to train and capacitate from the local micro enterprise through provision of further training to overtake the maintenance activities in sustainable manner.

2.2. Laundry

Even though failing to repair the original installed washing machines was a challenging phenomena, three big house- hold machines were purchased by the project as an temporally solution. The capacity of them are low and coupled with water-shortage as well as frequent power cut, it has not been able to meet the needs. According to the project management, budget for an industrial washing machine was secured for 2010, and two mechanical machines as well as one spinner are ordered. The technology requires simple maintenance and will hopefully serve the hospital for many years.

2.3. Cleaning services

In spite of water shortage, the hospital appears most of the time clean and net. There are good routines developed when it comes to cleaning, empting trash bins and collecting garbage. The project has provided courses as well as secured production of 2 locally made trolleys for transport of waste bins and 12 locally made waste bins of metal. The environmental health officer follows the daily work.

3. Support the Hospital in HIV/AIDS work

Since the national health coordinator was employed June 2008, the HIV/AIDS prevention activities have become a big part of the project. Most of the activities have been conducted in Ginnir woreda as there are other NGOs targeting other areas. Sensitization and awareness rising has resulted in a high request for VCT-services from different kebeles as well as institutions like schools, prison and Peasant Associations (PA). The tables show the figures from the second part of 2008 to the first six months of 2010.

Fig 1: Sensitization and awareness rising

`	2008	2009	2010	Total no of visits	No of attendants	Remark
Schools	14	19	31	**64**	**6 300**	Ginnir & Beltu woreda
Peasant Associations	12	32	19	72	9 200	Ginnir woreda
Market places	12	17	11	**40**	**3 160**	Ginnir & Jarra woreda
Prison	4	6	3	13	530	Ginnir town
College	4	6	3	**13**	**600**	Ginnir town
During ceremonies	5	7	3	**15**	**4 800**	Ginnir woreda
Total	**51**	**87**	**70**	**217**	**24 590**	

When it comes to VCT services, there is a close collaboration with the local HIV/AIDS prevention and control offices and most of the requests are channeled through them. They have also been supported with stationeries, fuel and spare parts for motorbike as well as mega phone. Some school materials has been purchased and given to them in order or to distribute it to children who lost their parents from HIV/AIDS.

Laboratory technicians and HIV counselors from the hospital have assisted during VCT services.

Fig 2: VCT services

Activities	**2008**	**2009**	**2010**	**Total**
VCT outreach	12	29	11	**52**
HIV tested	491	1 468	1 251	**3 210**

Among those tested, 13 individuals were found positive and forwarded to the ART clinic in the hospital.

During the last two years, lots of Information Education Communication (IEC) materials have been distributed. Five big out door information billboards in metal have been offered to Ginnir, Sewena and Beltu. Posters and pamphlets in Oromo and Amharic have been distributed to schools and prison, PAs and cooperatives, during VCT-services and workshops as well as to town administration.

Anti-Aids clubs (12) and Anti-Aids committees (9) located in Ginnir and Beltu have been established and received training, follow-up visits and materials like stationeries and sport-materials (footballs, volley-balls, pumps, nets and mega phone).

- 47 Trainers of Trainers (TOT) from Ginnir, Beltu, Jarra have each received four days of teaching.
- 27 Local Community Counsellors were trained for three days at Ginnir hospital

The participants were government workers and community members like PA representatives, religious leaders, youth - and female leaders. They have later on worked on awareness rising during meetings, ceremonies and assisted during VCT campaigns.

Application for funding of income generation activities for PLWHA was turned down by the donors but later on reallocated into training.

4 Strengthen the administration of the hospital

Since the beginning of GHCBP, one of the major objectives has been to support the hospital in creating a sustainable financial base. Implementation of the software Navision has been seen as

a major tool, but until recently, this has not been accepted by the Oromia region. More involvement from the management side at the hospital as well as an adoption of the software to the budget and accounting system of MOH, has resulted in acceptance from the region. Purchase of the soft ware and training will hopefully be finalized during the third quarter of 2010.

The administration has been equipped with 4 computers, photocopy machine, scanner and fax machine.

Documentation and registration has been highly emphasised in delivery ward, ICU and TFU. Monitoring of vital signs seems anyhow to need continues follow-up in all wards. We can see that the introduction of HMIS are facilitating the documentation and reporting system for the whole institution.

5 Provide access to electronic medical information

Lack of proper technology has hampered the accessibility to electronic medical information. The dial up is the only access to internet and too slows in order to access and download from medical databases and has therefore not been acquired. Medical doctors and other professionals have anyhow been given a compendium dealing with how to find information regarding health and medicine. The library is being equipped with new books and one medical journal targeting different professions in the hospital. Computer, printer and copy-machine have been ordered this year for the library aiming to create a resource center for employers and nursing students. Unfortunately, despite these intentions the evaluation team observed no significant work has been done so far in this regard.

Activities Accomplished GHCBP 2008-2010

Account no.		Activities	2008			2009			2010		
BN	**Local**		**Planned**	**Actual**	**%**	**Planned**	**Actual**	%	**Planned**	**Actual**	**%**
	1.1	**Capital capacity building**									
	1.2	Anesthesia machine for OR	1	1	100						
	1.3	Patient monitor for OR and ICU	1	1	100	2	1	50			
	1.4	Bore hole set	1	1	100						
	1.5	Bone set				1	1	100			
	1.6	Oxygen concentrator				3	3	100			
	1.7	Different OR supplies	1	1	100		1	-			
	1.8	Infusion pump for ICU	1	0	-						
	1.9	Heavy duty metal shelves		1	-						
	1.10	Different ICU supplies				1	1	100	1		
	1.11	Electric delivery vacuum extractor	1	1	100				1		
	1.12	Incubator				1	1	100			
	1.13	Examination lamp DW/Gyn	1	1	100		1	-			
	1.14	Different DW supplies		1			1	-	1		
	1.15	Different LB. + x-ray supplies	1	1	100	1	1	100			
	1.16	Photocopy machine	1	1	100				1		
	1.17	Maintenance for different equipment		1	-		1	-	1		
	1.18	Motorbike	1	1	100						
	1.19	Digital photo camera	1	1	100						
	1.20	Megaphone	1	1	100						
	1.21	Clip board	1	?	-						
	1.22	Test Kits	3	1	33	3	1	33	1		
	1.23	Finance program		0					1		
	1.24	Computer for finance	1	1	100		1	-	1		
	1.25	Finalized installation internal telephone system		1	-						
	1.27	Computer with accessory	1	1	100	1	2	200	1		
	1.28	Diesel generator 7 kW for OR				1	2	200			
	1.29	Laundry machine with high capacity	1						1	2	200
	1.30	Medical books for library					41		10	16	160
	1.31	Subscription on Medical Journals							2	1	200
	1.32	Bookshelves for library							4		

3.0. Project Benefit, Impact and Sustainability

3.1. Project Benefit

The overall efforts exerted by the intervention of the project were to improve the health condition of the marginalized communities especially in remote areas where there is poor/insignificant/ health service option exists. Accordingly nearly more than 1.4 million populations of eastern Bale Zone and the Northern part of Somalia region have been benefited from the hospital service. Thus, the GHCBP's intervention also couldn't exclude the threshold population especially targeting on improving health condition of mothers and children.

3.2. Impact

The GHCBP project is already linked with the hospital services and directly linked with government health policies and strategies as it is attempting to contribute for the provision of quality health services.

However, owing to the ongoing project, the overall project interventions were on process and are very early to measure impacts of the project except the project fills critical gaps of the hospital in medical facilities and financial support to render quality services.

3.3. Sustainability

The fact that the GHCBP supplement the hospital function directly or indirectly capacitate the hospital service so as to attract the demand and attention of customers towards the hospital's service.

Moreover, the hospital will gradually increase its financial inputs in order to financially self reliant according to the rule and regulation of health care financing system and even to extend the service further beyond the hospital in the surrounding health centers as outreach program.

4. Project Inputs and Utilization

4.1. Project Organization and Staffs

- Ginnir Hospital capacity building project coordinator has overall responsibility in facilitating the implementation of the project, in the day today management including coordinating, planning, and reviewing of activity plans and supervising project activities.
- NLM has been responsible for securing fund in collaboration with its back donor, and sees that efficiently utilized and reported.
- EECMY/DASSC is responsible through its church unit for implementing the HIV/AIDS component in the project but the evaluation team recognized no significant intervention has observed in this regard.

Project staff:

1 Expatriate Project Coordinator (Nurse)	100 % position (2008-2010) (2010-2012)
1 Expatriate Anesthesiologist	100 % position (2007-March 2009)
1 Expatriate Midwife	50-80 % position (2007-2009)
1 Expatriate Maintenance Advisor	20 % position (2004-2010)
1 National Social Health Coordinator	100 % position (2008-2012)

7.2. Project Budget

Previously the project was signed to utilize **5,982,750 ETB**, but at mid-term stage partners have increased the project budget to **8,543,250** with a difference of **2,560,500 ETB** due to the release of funds fragmentally. Regarding the budget utilization, even though audit report of the last three years has been offered by the implementing agency on annual basis, the compiled financial accomplishment against each physical performance isn't reported at this mid-term report.

4. Conclusion and Recommendations

4.1 Conclusion

Before the intervention of GHCBP there was not such significant functional medical services in Ginnir hospital . Access to surgical care like Caesarean Section oxygen concentrator and other life saving apparatus were non-existing. However, as the catchments area is very vast, the lifesaving services are still without reach for many people. Quite recently the need of the hospital and the nature of the project are rapidly changing. Thus, GHCBP would like to continue to keep an extra focus on maternal health and similar other critical health services. The project also intends to strengthen the ties between the different levels in the referral system as well as participating in building capacity also in health centers and health posts in the different woredas.

Medical and non-medical equipments purchased and fairly supplied to each wards in general and the pediatric & delivery ward equipped very well in particular. Regarding transformational leadership the project avail different important medical books. In order to improve the skill of health personnel different important books were purchased and given to health personnel and also available in the library. Training and experience sharing has been given to the hospital staff members for a week to a month on different tittles

Based on project agreement the project holder has committed to promote public health intervention and proved through satisfactory output registered in the project period. Information exchange among communities about the quality of the services increases the number of health seeking customers.

In general, the hospital contributed a lot in delivering quality health care service. Delivery ward is even it is the best when compared to other hospitals.

4.2. Recommendations and the way foreword

Having reviewed and analyzed the overall status of the GHCBP the evaluation team suggests the following recommendations on issues that need rectification:

- The project has to revise its remaining project lifetime especially estimate the exact project cost in order to set tangible project budget than collecting fragmented resource from the partners.
- Intimate collaboration and transparency is very important among all stakeholders, especially zonal wereda level sector offices in terms of joint planning and implementation. It is mandatory to provide them annual action plan to avoid duplication efforts in health care provision and support.
- It is essential to improve the recording system of the project such as property registration and management and proper handling of inventory report on separate record in order to easily handover the fixed asset at the termination of the project.

- Within the remaining the project lifetime the evaluation team recommends if the project design some income generating activities to insure the financial sustainability of the project.

- The mechanism of referral system among the lower health facilities is encouraging. Thus, capacitating the health workers through awareness creation and experience sharing helps further the health worker to easily refer the clients.

- The intended financial software installation and training should be strengthened so as to improve the poor financial and accounting system of the project.

- To avoid the risk of financial management it is more convenient if the project coordinator share with other project officers.

- The project has to widen the services regarding fistula, MCH and reproductive health, HIV/AIDS and improve the referral system through strengthening network in the catchment area.

- Physical plan should be quantified and put in time framework. This should be corrected by the project as well as by governing body who will be concerned for the project appraisal before implementation.

- In principle whenever there exist financial or activity change the implementing agency should make formal amendment and notifies the co-signatory bodies. Thus, in the future project accomplishment the organization should fill these gaps.

- The GHCBP also should design strategy to work on network among the mother hospitals and information exchange through 'tele- medicine' and similar strategies.

- Even though the Internet network is a little bit difficult in the project area the intended 'access to electronic medical information' should further tried.

- The plan Vs accomplishment of physical and financial performance should be clearly stated in order to measure and analyze the progress of the project performance in tabular form.

- Finally, among the targets set during the project conception at this mid-term evaluation the evaluation team observed that nearly 70 percent of the planned activities have been already accomplished with minor technical gaps. But the remaining part needs serious attention since most of the activities must be done towards the sustainability issues/ the phasing out strategies.