Review Evaluation Report
Of
Norwegian Church Aid Supported Home Based Care Project

Maekel Zone

Carried by: An evaluation team from NCA
And MOH-Maekel Zone

February 2008

Table of Content

Evaluation of Home Based Care Project in MoH Central Zone from February

12 – 14, 2008

1. Background

AIDS like many other conditions such as cancer, Tuberculoses, hypertension and congestive heart diseases is a long term illness which requires a long term maintenance plan to meet the **medical, social and psychological** needs. One of the exceptional characteristics of AIDS is that it is **inevitably fatal** and many societies relate it with **stigma** and **discrimination**. As result there are a relatively big numbers of People who are deprived of care and support from their family, friends and /or professionals.

To be able to reach PLWHA who need care and support, MOH-Maekel zone has been coordinating a home based care project since long. In 2007, with the support of Norwegian church Aid, the CDC program of Maekel zone implemented an effective home based care project which covered 10 villages of Maekel zone. This project was implemented by involving the four faith based organizations plus BIDHO Association (PLWHA), Ministry of Labor and Human Welfare and NUEW.

MOH- Maekel Zone jointly with NCA-Eritrea Evaluated the 2007 project. The recommendation that will be given from this evaluation will be used to make an appropriate change in the input, strategies and introduce a new approach in if possible in the 2008 Project document.

This evaluation report presents the background information of the project, the objective of the evaluation, the methodologies utilized; the findings classified coordinating to their topics, conclusion and recommendations.

2. Evaluation Team:

The Evaluation Team was formulated with four persons, W/ro Hanna Mehary, HIV/AIDS and Gender Awareness Program Officer from NCA, Ato Aman Solomon Program Officer MoH Central Zone, Ato Eyob Tesfayohans, Communicable Diseases Control Coordinator MoH Central Zone and Ato Fesehaye Negash, Monitoring and Evaluation Coordinator MoH Central Zone.

3. Objectives of the evaluations

3.1 overall objectives: The Main purpose of this Evaluation was to find out to what extent the NCA supported the Home Based Project carried out in 2007 and what

challenges were faced during this period and to come up with strategies and methodologies for the next phase 2008.

3.2 Specific objective

- To assess the relevance of the HBC project with the priorities and needs of the target group, and implementing agency.
- To assess immediate impact of the home based care project in the lives of PLWHA.
- To evaluate the sustainability of the NCA supported Home based care project

4. Methodologies

The methodologies of the Evaluation were an open ended form questionnaire, using guiding structured questions. Interview was held with 44 key informants. These included, Coordinators and Care Providers from the four faith based organizations plus BIDHO Association (PLWHA), Ministry of Labor and Human Welfare and NUEW and the beneficiaries (PLWHA) and it was carried out in Asmara and surrounding: Aba Shaul, Hadish Adi, Geza Birhanu, Vilago, Edaga Hamus, Merhano and Addi Sogdo.

4.1 preparations for the evaluation:

After the completion of the activities planned in the project document for 2007, an evaluation team was formed representing MOH- Maekel zone and Norwegian Church Aid. The team started its work by developing a TOR **(see annex-1)** which included the back ground information of the project status, objectives and scope of the evaluation.

On 12th February 2008 the Team started with a meeting with the coordinators of the partners at the Catholic Secretariat Office. During this meeting, the purpose of the evaluation and the program schedule of the evaluation were explained by the Team.

4.2. Evaluation

4.2.1 Desk Review:

The home based care activities are implemented by seven MOH-partners of which four are faith based organizations and BIDHO Association (PLWHA), Ministry of Labor and Human Welfare and NUEW.

The implantation of the project is coordinated by MoH-Maekel zone. All the partners regularly send their monthly report to the communicable diseases control program of MOH-Maekel zone using the home based care reporting formats **(see annex-2).** During the desk review the team has gone through the reports sent to the program from all the partners to assess the uniformity, date of report, and contents of the reports.

4.2.2 Interview:
To collect information from the direct beneficiaries of the project, the evaluation team has visited 30 PLWHA who have been reached by NCA supported home based care project. To be able to come with reliable conclusion and recommendation, the number of PLWHA interviewed during the evaluation were 10% of the over all beneficiaries of the project which total 300. These 30 households were selected together with all seven partners taking sex, and socio economic status and geographic area into consideration. A semi structured questionnaire was used to collect information from the beneficiaries (PLWA) and Care providers **(see annex-3)**

4.2.3 Observation:
To cross check the information collected from the desk review and individual interviews observations were made to each household visited during the evaluation. The observation focused on the physical condition and social environment of the interviewees.

5. Findings

5.1. Knowledge CHBC beneficiaries about Home based care
All the 30 CHBC receivers visited knew about the MOH coordinated home based care program. Most of them first heard about the home based care program from VCT centers through the counselors. And very few came to know about the home based care program from BIDIHO.

5.2 Expectation of PLWHA from CHBC project
To assess the difference between the expectations of beneficiaries before and after they received a home based care, the PLWHA were asked if they found the care provided to them by care providers were to their expectation. All the 30 visited beneficiaries said that the moral support they received from care providers was beyond their expectation However food and other material supports were far below their expectation.

5.3 Impact of the home based care project
To assess the immediate impact of the home based care project in the lives of PLWHA and their families, the evaluation team asked the beneficiaries in what ways they found the care and support important to their life; and what would have happened to them if the home based care providers were not present. What the evaluation found common in all the interviewed PLWHA was, when they first heard about their status they were completely hopeless and found themselves confined in their own world of dark future. However the home based care providers were very close to their hidden pain. And this resulted in a new hopeful and brighter future. Out of the 30 house holds we have visited 40% were bed ridden patients, and the home based care providers had supported them to have their CD4 checked and start ARV. Some of the beneficiaries said that the home based care providers are regularly following them to follow ARV and other drugs prescribed by Doctors.

5.4 Home visit

To know the average number of visits made by care providers, both the care providers and care receivers were asked separately. The reply from both sides was consistent. Averagely a care provider visits a targeted household 2 to 3 times a week. And the majority of the care providers stay for almost half an hour with their client in a single visit. Some care providers said that they sometimes use telephone call to check the condition of their care receiver. All the care providers have also mentioned that the number of visits and hours they stay in a household depends on the client's condition. If the client is very sick they have to frequently visits and support the patient in the house as well as in the hospital, if he or she is hospitalized. Each care provider we have interviewed cover between 4 to 5 households.

5.5 Home based care supports

5.5.1 Nursing care

Nursing care is one of the most crucial parts of home based care; it has a major contribution in reduction of physical suffering and promotion of positive living. To assess the nursing care support provided to the patients from care providers, the households visited were asked if they get nursing care. All of those who have experienced illness because of AIDS have witnessed that they got nursing care. Among the patients we have visited during the evaluation, three were completely bed ridden; they said that they have been receiving nursing care from the volunteers at home and in the hospital. The type of nursing care provided by the volunteers included promotion of personal hygiene, comforting measures, changing dirty bedclothes and care of wounds at home.

5.5.2 Nutritional care

As HIV infection is a long term condition, PLWHA are supposed to eat more food than a person with out the infection. To assess this situation, the team asked the patients as well as the care providers (volunteers) on the availability of supplementary food. Almost all of the households we have visited mentioned that they receive enough health education about nutrition from the volunteers however they don't have enough food to satisfy their basic needs. Some of the households we visited get only two meals a day. The volunteer' explained that lack of enough available food is one of the leading complaints they hear from the patients. This problem has even affected the acceptance of the volunteers by their clients to provide other forms of care and support like psychological and spiritual care.

5.5.3 Spiritual support

Of all the different types of care and support, we found the spiritual care as the least practiced type of care. As the patients/ clients expressed, the care providers (volunteers) do not sufficiently provide spiritual messages. Only four out of the thirty households we have visited have mentioned that they are satisfied by the spiritual care they receive form the care providers/volunteers.

5.5.4 Food and sanitary support.

To check if the targeted PLWHA have received sanitary and food items from the project, the evaluation team asked the patients to mention the sanitary and food item so far received. Each of the thirty PLWHA visited mentioned that they have received 9 bars laundry soap, 4 bars of bath soap, 6-OMO and 6-bleach from the sanitary items. As for the food items, the CDC coordinator of Maekel zone explained that the cost of Nido (Milk) was found highly inflated that it couldn't allow buying and reaching all households, instead through discussion with Zonal medical director and project officer of Maekel zone, it was decided to switch to nutritious biscuits. Each family who has breast feeding children has received 4-Gizozes. During the group interview, the home based care providers and facilitators from the partner organization explained that one Gigoz can only serve for maximum of four days, and if a mother received only 4-gizozez, it only lasts for half a month. With this small amount of gigoz it is not possible to satisfy the nutritional need of a child less than 6 months. This situation has lead some HIV positive mothers to breast feed their HIV negative children.

Concerning the distribution process, the evaluation has observed there was delay in distribution of this sanitary and food items from MOH to the parter organization and from the partner organization to the beneficiaries. In some of the households we have visited the amount of food and sanitary items distributed do not mutch with the size of the household. And amount is too small to cover the monthly need of sanitary and food items.

To assess the importance of the supplied food and sanitation items, the evaluation team asked both the beneficiaries and care providers. Even though the amount of food and sanitary items received by the households are too small, all the patients witnessed that these items helped them to reduce their monthly expenditure, protect their HIV- negative under 6 months children, to keep their personal hygiene, and promote ARV compliance. As the care providers explained, in most households they cover, food insecurity is the leading problem, as most of the bread winners are no longer productive because of the AIDS. To enable care providers get vital entry point to the other forms of care like psychological and spiritual care, it is important to accompany their home visits with enough food and sanitary items supplies.

5.6 Organization of home based care

The implementation of the NCA supported home based care project is carried out by seven partner organization. To draw lessons from their experience, the evaluators asked each organization on how they organize their care providers. Some of the organizations said that they have a structure which helps them to implement the home based care project. However from the information we have organizations like the Catholic secretariat, Evangelical Church, NUEW and BIDHO have a structure which clearly shows the relationship between care providers and their facilitators. These organizations regularly held meeting on monthly bases. The purpose of the meetings is to provide information, collect report, to share experience among care providers and identify the most vulnerable households.

5.7 Criteria of selection of care providers.

Home based care support is an activity which requires high commitment of care providers. Selection of the right care providers is a very important part of home based care project. All the organizations we have interviewed have criteria through which they recruit home based care providers. In this project, more than half of implementing organizations are faith based. And the first criteria they use during recruitment of care providers are the understanding of care providers that *care provision is a spiritual duty*. Commitment of members, willingness to provide care and good understanding of the project are some of the criteria used by all the organizations.

5.8 Monitoring and evaluation

All homes based care implementing organizations monitor and evaluate the care and support provided to PLWHA by their care providers. Reporting is one commonly used means of monitoring the progress of home based care. MOH reporting format and reports are made on monthly bases. However there are still few organizations which have not yet fully introduced proper reporting system. As the CDC coordinator of MOH indicated, there is delay in sending and properly filling the compiled monthly reports to be sent to MOH.

Home Visiting is another way by which some organization use to assess the care and support activities. These home visits are organized by the home based care coordinators and collect information from the beneficiaries about the care and support provided to them. The Catholic secretariat has developed what they call a coffee *program* for PLWHA. In this program they gather all PLWHA living in a certain area and organize an entertainment program which aim at building the social interaction and share experience among PLWHA and between care providers. The National women of Eritrea women have also a similar program to females living with HIV/AIDS. The Evaluation found that the orthodox and Mufti need to reorganize their care providers and introduce a proper monitoring and evaluation system.

5.9 Identification of care receivers (PLWHA)

From the interviews we have conducted with the partners, all of them mentioned that identification of beneficiaries for home based care is becoming a difficult task. With the increasing economic and social problem many households are facing, it is becoming complex to identify the priority households for home based care project. As the partners mentioned, there are PLWHA who are economically better, however, psychologically and spiritually broken. And there are some who are in a stable psychological and spiritual state however troubled by deep poverty. To be able to include all dimensions of PLWHA for identification of the most affected victims, the partner organizations consider the following criteria

- physical health status,
- CD4 count,
- Economic status,
- size of household and
- Availability of immediate care provider.

6. Conclusion

The Norwegian Church Aid supported home based care project which is being implemented by the four faith based organization (Orthodox, Catholic, Evangelical and Mufti) and two associations (BIDHO, and NUEW); and one line ministry (MOLHW) is marking a satisfactory achievements. The project accomplished most of the listed objectives through the active involvement of volunteers and community.

The awareness of PLWHA about the importance of home based care has improved significantly and this project enabled PLWHA to develop a positive attitude towards themselves and people around them. The health education provided to PLWHA is playing an important role in promoting the access, and increased the compliance to the prescribed drugs.

The food staff distributed to the families of people living with HIV/AIDS have made little impact, for the amount distributed was too small to satisfy the nutritions need of the beneficiaries who require more calorie than HIV negative individual.

Home based care providers are giving more focus to the psychological support part of the home based care only. The whole package of the home based care need to be strengthened so that the support could help all aspects of life of the beneficiaries. Family member being the primary care and support providers, in most cases does not know the HIV status of their family members; this condition may increase the risk of cross contamination

The home based care providers working in these projects are dedicated and they are highly respected by their care receivers. Their understanding about the project and its aims is good; however they lack skill in nursing care and counseling techniques.

Taking the scale of the project in to consideration the partnership and coordination among the partners is strong. All the partner organizations, even though there is a slight different in the process of implementation of the care and support project, have a common understanding to the aims of the project. To keep the integration of best practices among them there is a need to form technical working groups.

7. Recommendations

- To achieve a better result from home based care project, the whole package of the home based care components need to be implemented.

- The food and sanitation items provided to PLWHA were not enough to satisfy their nutritional needs. Taking the household food insecurity of many families it is recommended to increase the amount of food and sanitary items.

- The dedication and their capacity at giving nursing care and psychological support of care providers from the partner organization is very promising, but the spiritual counseling is limited.

- To further develop the coordination and partnership, the project needs to develop the information exchange and flow among the partners in a consistent way. As recommended by the partners, there is a need to form a zonal technical working group representing all organization working at zoba Maekel in the care and support program.

- To narrow the gap in the existence of functional structure for home based care among the partners, it is important to held an experience sharing programs.

Terms of Reference

Evaluation of
Home Based Care Project.

CDC program
January, 2008

---

1. Project background

AIDS like many other conditions such as cancer, Tuberculoses, hypertension and congestive heart diseases is a long term illness which requires a long term maintenance plan to meet the **medical, social and psychological** needs. One of the exceptional characteristics of AIDS is that it is **inevitably fatal** and many societies relate it with **stigma** and **discrimination**. As a result there are a relatively big number of People who are deprived of care and support from their family, friends and or professionals.

To be able to reach PLWHA who need care and support, MOH-Maekel zone has been coordinating a home based care projects since long. In 2007, with the support of Norwegian church AID, the CDC program of Maekel zone implemented an effective home based care project which covered 10 villages of Maekel zone. This project was implemented by involving the four faith based organization plus NUEW and NUEYS.

According to the understanding MOH-Maekel zone reached with Norwegian Church Aid, there is plan to implement a similar project in 2008 by involving the stakeholders mentioned above. However an evaluation will be carried out first, as it is stated in the log frame matrix of the 2007 project document and The recommendation that will be given from the evaluation will be used to make an appropriate change in the input, strategies and introduce new approached for the 2008 Project document.

2. Project status.

The Norwegian Church Aid supported home based care project started in August 2007. Since then most of the activities has been carried out like training care providers from the partner organization, procurement and distribution of sanitary and food staffs to PLWHA and provision Home based care to PLWHA. During this evaluation phase 100 % of all what has been planned in the project was accomplished.

3. Objective and scope of the evaluation

3.1 Overall objective: To draw lessons from the NCA supported home based care project carried out in 2007 for the purpose improving the quality of community Home Based Care for 2008.

Specific objective 1: To determine the effectiveness and efficiency of the NCA supported Home based care project.

Specific objective 2: To assess the relevance of the NCA supported HBC project with the priorities
And needs of the target group, implementing agency and donor.

Specific objective 3: To assess immediate impact of the home based care project in the lives of
PLWHA.

Specific objective 4: To evaluate the sustainability of the NCA supported Home based care project.

3.2 Scope of the evaluation: taking the period of the project in to consideration, the evaluation will mainly focus in the inputs, strategies, out puts of the project and immediate impact brought in the lives of PLWHA.

4. Key Issues of the evaluation

4.1 achievement of the project of objective.
4.2 strategies used to meet the identified needs (HBC).
4.3 Targeting of beneficiaries.
4.4 appropriateness of the food and sanitary item supplied.
4.5 effectiveness and efficiency of the operations.

- Implementation
- Monitoring and reporting.
- Coordination and partnership

5. Method of evaluation.

5.1 File review: the reports made by the facilitating faith based organization on the activities of home based care will be examined.

5.2 Key informants interview: information will be collected from care providers, PLWHA and facilitators of home based care from faith based organization. In this interview semi-structured questionnaires developed by the evaluation team will be used.

5.3. Observation some families with PWHA will be visited to inspect their status and utilization of sanitary and food items given to them.

6. Team composition:

The evaluation team will be formulated from MOH-Maekel zone staff and representative of Norwegian Church Aid. The team will be coordinated by the communicable disease control program manager of MOH-Maekel zone.

MOH. 1. Dr. Werede Mesfn
2. Eyob Tesfayewhans
3. Fissehaye Negash
4. Aman Solomon

NCA 1. Hana Mehari

7. Schedule of the evaluation

Date	Time	Activity	Facilitator	Remark
Preparation days	8:00 am-12:00 pm	Discussion on the TOR	Aman	
		Developing appropriate question.	Eyob	
		Contact and inform stake holders, beneficiaries on the evaluation plan and hold appointment with them.	Eyob	
12/02/08	8:00 am -12:00 pm	Interview with 7 selected beneficiaries (3 men 4 women from different sites)	The team	
13/02/08	8:00-12:00	**Group Interview** with selected care providers from the stakeholders. (including the facilitators or contact person from the faith based organization)	The team	The facilitators of the HBC from the faith based organization should come with their summary report
14/02/08	8:00-12:00	Compilation of the collected information.	The team	
Week-1		Developing the first draft report of the evaluation	The team	

Week-2		Submission of the final Evaluation report.	The team	

Bases for discussion questions.

1. Questions related to relevance of the project.

- To what extent are the objectives of the project relevant?
- Are the activities and out puts of the project complimentary to the objective?
- Are the activities appropriate interventions?
- Is there adequate coverage of the affected population?
- Should the project been extended?

2. Questions related to effectiveness?

- To what extent were the objectives achieved?
- What were the main issues influencing the achievements and the non achievement of the objectives?
- How was the coordination among the stakeholder?

3. Questions related to Efficiency?

- Were activities achieved at least cost?
- Were objectives achieved in the timely manner?
- Was the input materials purchased locally?
- Were local tender sought?

4. Impact.

- What has happen as a result of the project?
- What real difference has the activities made to the beneficiaries?
- What would have happen if the project did not exist?

5. Sustainability

- To what extent would the project continue of if donor funding reached an end?

Discussion Questions

1. **Questions to PLWHA**.

1.1 Do you know any thing about HBC given to People living with AIDS?
-*If yes*, what do you know about the Support?
1.2 Have you ever got any support from home based care project?
-*If yes*, what kind of support did you get?
1.3 Did you find the support to your expectation?

- If yes, Why?
- If no, Why?

1.3 Do you find the support important for your life and the life of your family?
- *If yes*, mention in what way was it important for you?

1.5 What do you think would have happened if HBC support was not given to you?
1.6 How often does your care provider come to you?
1.7 Are you happy with your care provider?
- *If yes*, why?
- *If no*, why?

1.8 Have you ever got any kind of material support from the home based care project?
- If yes mention some?

1.10 did you find the material support important?
- if yes, in what way was it important?
- If no, why?

1.11 have you ever encountered any problem related with home based care project?

2. **Questions to home based care providers**

2.1. General background
2.4. To how many PLWHA do you provide support?
2.5. How often do you visit to a single PLWA?
2.6. What kind of support do you give most?
2.7. How do the care receivers accept your support?
2.8. Can you mention some of the common problems or challenges you encountered? during home based Care?
2.9. What do you think should be done to solve these problems or challenges?
2.10 What tools or materials do you use to support you when you are providing care?
2.11 What other things do you think should be included to make the HBC effective?
2.12 What would you like to recommend for the future to improve the home based care Project?
2.13 Do you follow any kind of documenting and reporting your activities?
2.14 How often to you report?
2.15 To whom do you report?
2.16 Did you get any training on home based care, by whom? When?
2.17 How did the training help you to provide home based care?

3. **Questions to Home based care facilitators.**

3.1 How many care providers do you have?
3.2 how do you organize your care providers?
3.3 how do you assign care providers to PLWA in the different sites?
3.4 how did you recruit your home based care providers?
3.5 what methods do you use to monitor and evaluate the kind of support given by your care providers?
3.6 How do you compile the report sent to you from the care providers?
3.7 Do you have any criteria to select clients (care receivers)?

If yes, what are the criteria?

3.8 do you practice the referral system for home based care?

If yes how?

If no why?

3.9 How many clients or patients do you have who gets care and support under your organization?

3.10 How do you classify or categorize your patients?

3.11 do you think all your clients need care and support?

If "yes" why?
If "no" why?

3.12 What are the challenges in home based care provision?

3.13 have you distributed sanitary and food items to your beneficiaries?

3.14 What criteria did you use when you were distributing them?

3.15 do you think such kind support is important? If yes why?