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Date 23/4/05

To Oromia Finance and Economic Development Bureau
Finfine

Subject: - Sending Ethiopian Evangelican Church Mekane yesus-DASSC Terminal project Evaluation Report

As BoFED deligate our office to evaluate EECMY-DASSC project which is entitted with **Community Based Health Service** in Guji Zone of shakiso worda by the letter no-01/5/27/217/dated 01//04/05/. Accordingly here we send the evaluation report for decision making.

With best regard

*Gemma's
Getachew
seyoum*
IA/Ogganaa/WMMDCG
AB

CC

- ☞ Oromia Health Bureau
Finfinne
- ☞ Guji zone Health office
- ☞ Our NGO affairs process team
Nagele
- ☞ Ethiopian EV.Church M/Yesus
- ☞ Shakiso worda FEDO
- ☞ Shakiso worda health office
shakiso

GUJI ZONE FINANCE & ECONOMIC DEVELOPMENT OFFICE

AND

GUJI ZONE HEALTH OFFICE

**MID TERM EVALUATION CONDUCTED ON COMMUNITY BASED
HEALTH SERVICE PROJECT FOR GUJI ZONE SHAKISO WOREDA
OF OROMIA REGIONAL STATE**

**IMPLEMENTED BY ETHIOPIAN EVANGELICAL CHURCH MEKANE
YESUS (EECMY-DASSC) January 1, 2010-Dec 31, 2014**



Dec-30/2012

1. Introduction

1.1. Back grounds

Ethiopian Evangelical Church Mekane Yesus Development and social service commission (EECMY-DASSC) which has a project agreement with Oromia Regional state Bureau of Finance and Economic Development (OBoFED) and Oromia Bureau of Health (OBoH) has aimed at benefiting the targeted area communities in south eastern areas of Guji Zone in shakiso district through implementing a project entitled Community Based Health Service Project.

The intended project phase covers five years (January 2010-Dec 31, 2014). The project target areas are 6 rural PAs and 4 shakiso town kebeles. The estimated project beneficiaries are 58,000.

During the intended project period, the project put all necessary emphasis to contribute to improved health status of the targeted community by allocating Birr 2,500,000 in capacity building on HIV/AIDS, water and family planning activities. The fund for the project was obtained from Norwegian Lutheran Mission (NLM).

The midterm evaluation of the project is scheduled to take place before end of 2012 by all stake holders and evaluates the achievements made so far and recommends activities to be implemented in the remaining project period.



The project key information:-

- Project location: shakiso woreda, Guji Zone
- Project name : community Based health service project
- Project right holders: 58,000 peoples in 10 PAs in the district
- Project budget : 2,500,000 birr
- Donor:NLM with its back donor
- Project duration: january1,2010-Dec31, 2014
- Implementation agency: EECMY-DASSC
- Project co implementers: OBoFED&OBoH including its zone & woreda structures

The project primary focus is on conducting various level training and raising the awareness of the target community to benefit about 58,000 peoples living in the south eastern areas of Guji zone in shakiso district to enable them improved health service provisions.

The project has 4 major components including water supply and hygiene, HIV/AIDS prevention and control, Family planning and environs mental sanitation activities.

The planned evaluation therefore assesses the coverage and achievement of project activities as well as the impact of the intervention.

1.2. Purpose and Objective of the evaluation

The primary purpose of the evaluation is to analyze the result obtained by the project compared with the overall impact to the people in the target area and objectives of the project and draws the key lessons learned in order to help improve relevance, impact, sustainability, effectiveness and efficiency of the intervention in the target area.



The result of the assessment will facilitates decision making regarding improvements to be made in current action and establish common and shared vision with partners and health authorities at Woreda, Zone, and Regional level including project funder.

The main component of the project to be evaluated in clued:

i. Water sanitation and hygiene

- Safe water chain promotion awareness creation for the community
- Supply of water treatment chemical through social marketing
- Training and establishment of WASH COS in Pas for existing protected water sources
- Supply of preventives tool kit for WASH Cos in each Pas

ii. HIV/AIDS prevention and control

- Community conversation facilitator training and incentives
- Support anti AIDS club with mini media equipment for awareness raising activities
- Conducting cc facilitator training
- Support school anti AIDS club movement
- Health worker training on PMTCT and Art
- Public sensation on HIV/AIDS Prevention and control
- Mobile VCTservice

iii. Family planning

- Sensitization work shop for leaders of Religion, PAs, Das & school teachers
- In service training for health service extension workers
- Facilitation of contraceptive supplies



vi. Environmental sanitation

- Extension health workers training
- Model latrine construction
- Slab production through IGA
- Students and teachers sensitization

1.3. Methodology Of the evaluation

The evaluation entails combination of comprehensive desk reviews and document analysis, consultations with key stake holders and on site discussion with pertinent woreda and zonal sectors.

1.4. Duration of the evaluation

The evaluation activity was conducted for 2 days commencing as Dec 23-24/2012 and preparation of the evaluation report took 5days.

1.4. The evaluation team

The evaluation team was composed of co-signatories that involve 1 delegate from Guji ZFEDO & Guji ZHO, woreda Administration, woreda health office, woreda communication office And the implementing agency have participated in conducting evaluation exercise. Here under is list of the team from Guji zone

1. Mr. Dereje Dinsa- representing Guji zone FEDO
2. Mr. Efreem - representing Guji zone HO

2. The project Area back ground

shakiso district is situated at a distance of 494 km from Finfinne/Addis Ababa and 139 km from the zone city of Negele town. Shakiso district has an area of about 168.7 km². it is an area where mixed farming economic activities are major livelihood of the people.



2.1 Planned Activities Vs Accomplishments

No	Types of activities by Component	2010 plan & achievement				2011 plan & achievement				Plan for the whole project life(2010-2014)	Achieve ment Uoto 2012	% achievement in 2 1/2 years	
		Unit of meas	plan	achiev	Unit of meas	plan	achiev	Unit of meas	plan				achiev
	1. Water/supply												
a	Safe water chin promotion awareness creation	Session	10	10	Session	10	10	Session	10	4	50	24	48%
b	Supply point of use HH water treatment chemical through market	Bottle	-	-	pcs	30,000	30,000	bottle	9200	5000	46,000	15,000	32%
c	Training & established of WASH COS in each PAS for existing protected water sources	Cos.	10	8	-	-	-	-	-	-	10	8	80%
d	Preventive tool kit procurement for WASH Cos. 2. HIV/AIDS club support	Kit	-	-	kit	10	10	-	-	-	10	10	100%
a	40 community conversation facilitator training and incentives	Person	40	34	-	-	-	Person	20	-	40	34	85%
b	Conduct community conversation program	Person	1400	1001	Person	1200	1219	Person	1000	548	5000	2768	55%
c	HIV/AIDS club support mini media equipment	School	-	-	School	7	6	-	-	-	10	6	60%
d	Support school Anti-AIDA club movement.	School	-	-	School	2	2	School	-	-	10	2	20%
e	Training of health workers PNICTI and ART	Person	-	-	Person	5	5	-	-	-	5	5	100%
f	Public sensitization on HIV/AIDS prevention and control	Person	-	-	Person	20	20	Person	12	12	50	32	64%
g	Experience sharing with other NGOs	Person	-	-	Person	-	-	Person	20	20	68	20	29%
h	Project review meeting	Person	-	-	Person	30	27	Person	30	34	150	61	41%

2012 Plan \$ achievement



i	Training volunteer group HIV/AIDS	Person	-	-	Person	40	40	Person	20	20	100	60	60%
j	Mobile VCT service	Person	-	-	Person	8000	2029	Person	8000	2330	40,000	4359	11%
k	IEC/BCC poster and leaflet local language	No	-	-	No	10000	2000	No	-	-	10,000	2000	20
l	Collaborating sector office training on HIV/AIDS	Person	-	-	Person	15	15	Person	20	20	50	35	70%
3. Family planning													
a	Sensitization workshop for religion leaders, PAS administration, DA and school teachers.	Person	-	-	Person	150	150	Person	100	100	1000	250	25%
b	Extension health workers in-service training	EHW	20	18	EHW	-	-	EHW	20	20	40	38	95%
c	Training for distribution of community based family planning method	Person	-	-	Person	15	15	Person	10	10	50	35	70%
d	Facilitation for contraceptive supplies provision to health post and health center	Health Post & Center	-	-	Health Post & Center	10	10	Health Post	10	10	50	20	40%
e	IEC/BCC material production local language	No	-	-	-	-	-	-	-	-	5000	-	-
4. Environmental sanitation													
a	Extension health workers training on communication skill to convince the community	EHW	10	9	EHW	-	-	EHW	10	10	20	19	95%
b	Model latrine construction by using local materials	Latrine on	2	2	Latrine on	4	4	Latrine	-	-	10	6	60%
c	Slab production through organized group	Group	-	-	Group	4	4	Group	5	5	20	9	45%
d	School teachers & students sensitization workshop on environmental health	Session	1	1	Session	1	1	Session	-	-	3	2	67%
e	Hand washing facility provided school	no	7	6	no	7	7	No	10	8	36	21	58%

2.2. Review and Develop participatory plan

As it was confirmed from the revision of documents, participatory community based health service project plan was prepared for 6 rural PAs and 4 shakiso town kebles which is equivalent to 75% of the plan. As the sub office coordinator explanation indicated that the remaining 25% left due to shortage of man power. i.e, the sub office is managed by only 1 expert.

During our field visit we observed that the community started to implement the plan. for instance, discussion on family planning, environmental sanitation, slab production, use of water purification chemical such as wuha agar etc.

In general the strength and weaknesses seen under this result were as follows

Weaknesses:

- The awareness creation was not equally addressed in the community
- The slab production was not fully implemented and supplied to the market due to the financial capacity of the group

Strengths:

- Participatory community based health service was started to be implemented
- The community started to use family planning methods, environmental sanitation and HIV test
- The communities were trained more on how to use water purification chemicals, slab production, HIV/AIDS protection methods, family planning methods, environmental sanitation etc.

2.3. Local stake holder's capacity enhanced

Different trainings were given to the health workers on PMTCT and ART. In this regard 100% of what is planned was achieved. Besides this, different capacity building trainings were given to community facilitators on how to use water purification chemicals and how to produce slab.

Different intra and extra experience sharing with other NGOs was conducted to increase the capacity of community facilitator groups.

2.4. Collaboration with stake holders

The organization established good relationships with the community during its project implementation. During our field visit we discussed with beneficiaries community, all most all of them developed disease preventive strategy.

2.5. Project Impact, Benefit and sustainability

This project tried to contribute to improve the well being of the target communities by improving the disease protection habit of the communities. As far as the sustainability of the project is concerned, the organization has developed A very good sense of ownership within the beneficiary community. The community's level of participation revealed that, the communities have fully accepted and believed that the project is their own. And also the project is being implemented using the existed government structure starting from woreda to health development army level which plays a leading role in securing project sustainability.

With regard to the benefit of the project, the community started to use water purification chemicals, family planning, HIV test etc

3. Organization and management

3.1. Man power

As the report of the organization and our visit indicates, the project was managed by only one employee/person/. Any way, as much as possible the project is implemented as per the agreement.



3.2. Financial utilization

As their audit report indicates, their financial utilization was implemented in line with NGOs guide line.

5. Conclusion and Recommendation

5.1. Conclusions

From the field visit and discussion conducted at different level, it is concluded that:-

- The project did its effort in promoting awareness of the local community on the ownership and protection of disease.
- The project has made an effort in providing different trainings to capacitate communities and community facilitator groups. In addition to this the organization has provided the communities with different materials such as water purification chemicals, kits, condoms etc.
- The project has done its best in improving the livelihoods of the local community in order to reduce the disease distribution in the area.
- The local community was aware of HIV/AIDS and tested freely without any confusion or fear than what was done in the past.

5.2. Recommendations

From the view of our observation, we recommend as follows:-

- The project, in its HIV/AIDS prevention and control component should mainly contribute in reducing new infection of the virus through awareness creation and community mobilization.
- Most at risk population especially youth who do not have any job opportunity and as a result engaged in behavior which can expose them to the virus better if addressed by this project especially by IGA.
- It is better if the project can address people living with HIV/AIDS (who do not have any income) to minimize the impact of an



- It is better if the project can address people living with HIV/AIDS (who do not have any income) to minimize the impact of an epidemic by providing them startup capital for income generating activities.
- By now nationally/regionally, there is shortage of HIV test kit. PIHCT service (especially in ANC for pregnant mothers, in TB rooms for TB patients, OPD attendants and facility level VCT) are the target areas rather than mobile VCT due to shortage of test kit. The next phase of the project better if the focus is directed toward strengthening PIHCT service at facility level through capacity building.
- The project implementation planning and report should in corporate financial planning and achievement.
- The project area coordinator is only one which does have an impact on the effectiveness of the project implementation as far as project areas cover wider ranges. Therefore it is better if human power employed in addition to the existed coordinator.
- Quarter and annual report should be submitted to the line sectors timely
- The scale up of best practice should be done from PA to Pas

