

Ethiopian Evangelical Church Mekane Yesus Development
and Social Services Commission (EECMY-DASSC)

MIDTERM Evaluation Report of Amaro Synod Community
Based Health service Project (2010-2014)

A project Funded by the Norwegian Lutheran Mission (NLM)

December 2012
Kelle

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I Acknowledgement

Ethiopian Evangelical church Mekane Yesus Development and social service commission Amaro Synod Branch office community based health service Project (AS-DASSC ,CBHSP) midterm review team has worked & collaborated during field work with different project stakeholders including representatives of local government and community organizations, individual community members, project staff and beneficiaries. Therefore, we would like to acknowledge the commitment & contributions of these stakeholders.

Thus the team would like to express its gratitude to project staffs that devoted their time to give us necessary information for the assessment. Last but not the least we would like to acknowledge EECMY- DASSC and NLM respectively for technical coordination and financing this innovative project.

II **Executive Summary**

Amaro synod community based healthy service Project (AS-CBHSP) has been financed by the Norwegian Lutheran Mission and its back donor NORAD. Further, the intended project implemented jointly by the Norwegian Lutheran Mission and Ethiopian Evangelical Church Mekane Yesus Development and Social Services Commission (EECMY-DASSC) Amaro Synod Branch office. The project is on its first phase with timeframe from September 1, 2010 to 31 December 2014. Based on the agreed project document it was arranged to undertake the midterm evaluation of the intended project. The purpose of the evaluation was to assess the progress of the project: achieved outputs, outcomes, benefits/impacts and experiences gained. In addition, the team has looked into the relevance and timely accomplishment of the project activities; utilization of project finance and other inputs, management and operation of the project, level of community participation and collaboration of the project with concerned stakeholders and sustainability. The evaluation team also indicated future directions and recommendations for further improvements.

The project primary focus is on improving the healthy condition of the six targeted population in supporting to benefit population of about 36,601.

The team has found that the objectives and activities of the project are relevant to improve healthy conditions of the locality. The project is implemented by coordinator and one accountant and cashier from synod staff providing their technical support and the project is showing good results. Most activities are being accomplished according to the action plan in the project document.

As-CBHSP has three major components that involves implementing HIV/AIDS prevention and control, family planning and improve water sanitation and hygiene activities of the target kebles.

The project has achieved significant changes in the target kebles as a result of project staff commitment, good net-working and cooperation between the project staffs local administration and other stake holders too.

Though the project contributes a lot in improving the target keble health conditions by providing community capacity building training and clean water supply, still a lot of

challenges are there for the target kebles to be productive independently, hence the team recommend that the project and other concerned bodies has to look the existing gap and strength the woreda and target kebles improve healthy condition and be productive.

1. Background and Introduction

1.1 Background

The Norwegian Lutheran Mission (NLM) operating in Ethiopia for the last over 60 years focusing on health and education through construction and running several health institutions (Hospitals and clinics), and schools and training institutes in the past. As the situation in the country reflected to public services has become more accessible, assisting capacity building of the existing institutions and communities has lately been the target area. NLM's main focus is to reach unreached marginalized population with basic development services. In relation to the strategies of the NLM, it will give more emphasis to work with close collaboration and coordination with local partners ranging from church organization to local government. Further, the organization builds the capacities of the partners to enable them identifies priorities and address their development needs.

Moreover NLM/E has moved to new geographical areas like South Omo, eastern Bale and Ethiopia Somali. In line with Millennium Development Goal (MDG) NLM/E supported and continue to support project interventions, which involve Health, Integrated Rural Community Development and Local Partner's Performance and Competence Enhancement in project cycle quality management.

NLM has been supporting development projects in Southern Nations, Oromia and Ethiopia Somali regions through church and government structure. The major project priority areas involve the thematic areas already indicated above. Based on its current development project focus, NLM with it back donor has been implementing more than 14 projects in Ethiopia including Oromia National Regional State. In Amaro woreda there is one project that has been implemented by NLM/Ethiopia for two years and a quarter from 2010 septmbere to December 2012. Development interventions and infrastructure are very limited in Amaro Woreda. The project started to mitigate multi-faceted problems linked to

the community regarding HIV/AIDS prevention and control, family planning and water and sanitation and hygiene. The project document is formulated based on the need assessment and priority of the community and official request by the concerned local government bodies. It was signed for five years (2010-2014) and has been implemented its planned activities till now (December 2012). On the project document it was planned to conduct midterm evaluation in 2012 to assess results and know whether project is going according to the plan.

1.2. Objective of midterm evaluation

The midterm evaluation is mainly intended to assess the performance against the agreed plan and other procedural and technical issues of the project and provide the outcome of the evaluation to the relevant stakeholders, government and the implementing agency EECMY-DASSC and NLM for better performance and enhance learning.

Generally, the objectives are summarized as follows:

- ✓ To see progress towards realization of project goal and objective;
- ✓ To assess the project specific achievement against plan,
- ✓ To assess 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 target beneficiaries,
- ✓ To examine the direct and indirect impact of the project pertaining to the natural environment and the community needs.
- ✓ To determine the effectiveness of the project and draw important lessons to be used when designing a similar project for implementation.
- ✓ To draw lessons and promote learning for the future and help other development practitioners in the same area through dissemination of the evaluation report.

By and large, the objective of the evaluation is to determine the relevance, efficiency, effectiveness and impact of Amaro Synod community based health service Project by

examining the implementation of planned project activities, outputs and outcomes against actual results.

1.3. Methods of the evaluation

During the assessment to collect relevant and necessary data and information the evaluation team has used the following methods:

- ✓ Held discussion with the project management and staffs at the project office in Kelle town, Matsa congregation Assembly whole.
- ✓ Reviewed the project document as well as periodical reports of the project
- ✓ Held discussion with the project beneficiaries, community members, Key informant interview, focus group discussion and meetings were made to discuss with these groups of people and
- ✓ Discussion was made with the concerned Woreda administration and district line department representatives.

1.4. Duration and scope of field visit

The evaluation activity was conducted for four days from December 15-18, 2012 on the field including journey and six days were devoted to produce the first draft of the evaluation report commencing as of December 24, 2012

1.5. Evaluation team members

Amaro Woreda Finance and Economic Development (AWFED) facilitate the evaluation process. Based on this a team of expert drawn from the signatory office like Amaro Woreda AWFEDO, Amaro Woreda Health Office, Woreda water energy and mines office AWWMEO, EECMY-DASSC Amaro Synod Branch Office (EECMY-DASSC-AS-BO), and representative of the community have participated on the evaluation exercise. The list of the participants involved on evaluation process is indicated in Table below.

S.N	Name of Participants	Organization
1	Kifle Girma	Amaro Woreda FEDO (team leader)
2	Yohans Bashe	Amaro Woreda Health Office
3	Alemu Wolana	CBHSP Coordinator
4	Ashenafi Gezimu	Woreda Administration representative
5	Esrael Taddese	Amaro Woreda Water mines and energy office
6	REV. Eliase Bause	EECMY- DASSC Amaro synod branch office DASSC committee representative
7	Mengistu Boima	steering committee representative
8	Yisahak Wotye	steering committee representative
9	Getahune Emale	Project staff
10	Mekonin Solato	steering committee representative
11	Melese Emame	community representative

2. Activities accomplished and Achievement

As planned the project activities were accomplished based on logical frame of the project document. These activities are; HIV/AIDS prevention and control, Water sanitation and hygiene and family planning.

2.1.1 HIV/AIDS prevention and control

- Awareness raising trainings have been conducted on how to prevent and control HIV/AIDS undertaken. in this regard 166 people (male 100 and female 66) have got awareness creation trainings
- Community conversation have conducted by trained facilitators among 30-40 individuals at community critical issues like VCT before marriage and reach at general consensuses
- One anti HIV/AIDS club and population affairs club have been Provide material (stationary) and technical support to promote their efforts.

- Capacity building has been done for 166 people (male 100 Female 66) as ToT and many people were initiated to pool support, care and prevention activity in regards to HIV/AIDS patients.

Furthermore, in year 2012, six community conversation facilitators were selected and trained By Woreda HAPCO experts from 6 AS-CBHSP target PAs. And Community conversation held for two sessions per month and discussion run among 30-40 participants in each PAs. The aim of conversation was the necessity of support for orphans' & vulnerable people to end the pandemics of HIV/AIDs.

In addition to the above review meeting has been conducted four times to check how those people trained on are acting against HIV/AIDS PCP and mobilizing support for the needy .Several workshops with duration of 2-3 days have been conducted during the fast years . The participants have been leaders of the Anti-Aids (AA) clubs and committees, grass-rot female and male leaders, religious leaders, government leaders and health extension workers. Totally 835 individuals have been trained. It is a high level of participation among the attendants of the workshops. The interest for VCT is also increasing in the communities.

2.1.2 Water, sanitation and hygiene,

- Studies & design of potable water supply scheme for two PA`s have been carried out
- school latrines have been constructed at 2 PA`s (Gamule and Kereda)primary schools.
- community member have been of selected and trained on community lead total sanitation packages .In this regard 112 people (40female &72 male trained on personal hygiene , sanitation and household management
- 620 pips having different inches and one Roto having a carrying capacity of 10m³water purchased and transported for the construction and distribution of Golbe spring water.
- 434 pips having different size purchased and transported for the expansion and installment of two water points and one tap at Kelle PAs.
- At Kelle town two dry waste disposal pits that both have carrying capacity of 108m³ have been constructed and handed over to the concerned beneficiaries.

2.1.3. Family planning

- 238 people (118 male and 120 female) Trained as of community sensitizers on the use of family planning services.

- 6 community based reproductive health workers selected from target kebles and got capacity building training to work as voluntary community based reproductive workers and mobilizes community for family planning services
- With in three years 152 people (82 female and 70 male) Trained as of voluntary health promoters on family planning

3. Indicators of improvement in the area as the result of the project intervention

- community awareness have been raised against Prevention and control of HIV/AIDS
- The number of women using family planning service has been increased markedly. As witnessed by Woreda Health office planning and monitoring expert the percentage of family planning service raised from 10% to 40% as whole at woreda level. This project contributed a lot by promoting family planning service among community through training and building community capacity he said.
- Target community members awareness has been increased about the disposal of dry and liquid wastes and associated communicable diseases.

The Project has nice communication with Government line offices and management for the last three years.. Annual auditing was performed at the end of every year. For the last 2 and a quarter years annual plans and reports have been prepared and standardized.

4. Relevance of the project

4.1 Complementarities with Government policies

Amaro Synod community based health service Project is consistent with government policies and strategies. The government development objectives and strategies given in the Plan for Accelerated and Sustainable Development to End Poverty (PASDEP) (2006-2010) focused on Health among many other major interventions. Furthermore, the project directly or indirectly contributes to Millennium Development Goals (MDGs) as follows: improving maternal and child health (MDG 4 & 5) and combating HIV/AIDS (MDG6). Family planning is carried as one of the strategies for reducing the population growth rate as well as maternal mortality and child mortality.

4.2. Project Midterm Evaluation

The project organized midterm evaluation and conducted in December 2012. The evaluation team was organized from Woreda offices, EECMY-DASSC Amaro synod branch office DASSC committee, Project staff, and steering committee and led by Amaro Woreda finance & Economic Development. This was successfully carried.

5. Financial and input utilization

5.1 Project Budget utilization

According to the project agreement document the financial plan for the whole project period (2010-2014) was ETB 2,500,000 but due to the price rise in construction materials and other important inclusions the project amendment raised the project budget to final **2,898,172** ETB, hence we took **2,898,172** ETB as actual plan by considering the inflation of ETB. The total budget allocated for three years according to the amendment is 1,807,099.01 ETB. However the total budget the project has utilized during the fast implementation period is **1,663,703.19** ETB. This accounts for about 92.06% of the allocated budget against the expenditures for the activities. This shows under utilization of the budget by implementing body. Please refer Table I below for detail information.

Evaluation of financial utilization against each budget line items and its effectiveness, Flow and utilization of material have observed and witnessed that the project budget was allocated by 30%/70% administration and program direct cost respectively.

Table I: Financial report of Amaro Synod community Based health service project (2010 – 2012

no	List of activities	unit	financial plan	Expenditure	deviation
1	capital				
	equipment and related	ETB	17,500.00	18,275.00	- 775.00
	motorcycle &related	ETB	78,400.00	83,113.81	- 4,713.81
	construction of sanitation facility	ETB	-	94,603.50	- 94,603.50
	Total capital expense		-		-
2	operating expense		-	-	-
	Payroll expenses local staff	ETB	152,463.00	101,188.80	51,274.20
	Auditing	ETB	32,558.00	34,050.00	- 1,492.00
	Administration	ETB	90,062.01	97,643.18	- 7,581.17

	Transport and travel	ETB	48,920.00	52,878.10	- 3,958.10
	Other expenses	ETB	-	13,080.00	- 13,080.00
	Evaluation	ETB	45,000.00	33,869.00	11,131.00
	Prevention and control of HIV/AIDS	ETB	247,512.00	216,984.51	30,527.49
	Water supply development	ETB	842,411.00	697,139.29	145,271.71
	Improve Sanitation and Hygiene	ETB	80,319.00	59,100.00	21,219.00
	Family Planning Converge	ETB	171,954.00	161,778.00	10,176.00
	Total operating expenses		1,807,099.01	1,663,703.19	143,395.82
	Burning rate				7.94%

6. Progress towards attaining specific objectives

6.1 The overall goal

The project will contribute to the improvement of health status in Amaro Woreda, southern nation nationalities and peoples region.

6.2 The project objectives

The specific objectives of the project are:

- Increase access and utilization of family planning knowledge and information both male and female in the target area
- Increase access to safe water and reduction of water born diseases in the target area by the end of the project period
- .Improve knowledge, attitude and practice of sanitation and good hygiene practices among women and men in the target area by the end of the project period

7. Project Benefit/ Impact and sustainability

7.1 Project Benefit/Impact

The Midterm evaluation Report review team observed the following benefits/impacts of the project in the Amaro Woreda community based health service project:

No.	Result for the Five years period	outcome
1	<p>Target community knowledge and understanding developed on HIV prevention and control</p> <p>Transparency developed project performance understanding created</p> <p>HIV/AIDS spread and its impact understood</p>	<ul style="list-style-type: none"> • Percentage of HIV/AIDS prevalence reduction • Reduced discrimination of HIV/AIDS patient. • Target community acceptance of HIV/AIDS patients as any patient understood , Target community attitude and behavioral change to support and care for PLWHAs and OVC to improve their way of living • Increase VCT services utilization • Improved behavior towards use of ART service
2	<ul style="list-style-type: none"> • 45%of the target people access to safe water supply • 1200 people accessed safe drinking water for use <p>target community awareness raised on sanitation management Community initiated to produce and use sanitation facilities and infrastructure</p>	<ul style="list-style-type: none"> • Reduced incidence of water born diseases • Reduced women and girls workload to fetch water from distance areas • Increased girls school enrolment • Improved knowledge and increased skill to manage constructed water scheme • Significant knowledge graphed and practiced in west disposal control • Increased knowledge and practice in environmental and personal hygiene sanitation • Increased awareness of students in west disposal & control • Reduced communicable diseases transmission and increased hygiene and sanitation practice individually and jointly
4	<ul style="list-style-type: none"> • 7% of the reproductive age women accessed FP serves 	<ul style="list-style-type: none"> • Improved knowledge and attitude in use of family planning serves • Improved and increased use of family planning facilities by the target women • Increased use of contraceptive and other FP methods regularly reviewed

7.2 Sustainability of the project

Since Local Government, community, Parishes, congregations and local religious leaders are actively participating from project design and implementation & monitoring confirm the sustainability & continuity of the projects. The current administration is strong and well functional and all activities from the project side are done in close and good

collaboration with the government line office and target community members. All these insures the sustainability of the out put of the projects..

8. Presentation of Evaluation findings, recommendations and Lessons learned

8.1. Strength

- Activity and financial report witnessed by physical work observation.
- Inline the project has been implemented in needy community in the areas of water hygiene and sanitation, family planning and HIV/AIDS in this case solved community prioritized challenges.
- The project has been implemented by competent staff.
- There was transparency in budget utilization and financial statement as checked by external auditor.
- There are witnesses from some of beneficiary community, such as Mr Siraje and Mrs. Jemla, the implementation touch ground and solving community problem.
- Women awareness have raised and disclosed their views in the meetings

8.2 Weakness

- Non fully utilization of allocated budget
- Limited experience sharing with other NGO`s
- Lack of modernized organization of information by the help modern technology and Lack of anticipation of future situation during design of the project ,such as inflation and the increment of cost of goods and facing challenges and looking project document amendments`

8.3. Opportunity

- Fully participation & support of stakeholders
- There is conducive working environment
- Community participation

8.4. Threats

- The ups and down of goods price
- Limited Geographical access of the woreda
- The appearance of unforeseen challenges during implementation

9.Lessons learned from Evaluation

Since the project had been designed to be targeted in six Kebeles in accordance with community priority needs, the project implementation have been solving community long lasting problems in areas of water sanitation, hygiene and sanitation, family planning and HIV/AIDS prevention and control activity. Due to the awareness raised and attitude of members of the community changed towards mobilization and initiation of each other. The community reaping the out of the project and the impact Cleary read on community incase

of women, increased percentage of women are getting family planning service and also people generate funds to support PLWHAs.

10. General

We perceived from the evaluation that planned activity have been successfully implemented by solving the challenges faced by the integration and commitment of each concerned parties. with in this midterm evaluation we observed that project target community problem have been solved ,on top of this increased number of women participated in the process of implementation and their attitude towards family planning service have completely changed ,and by now they are confident to disclose their views regarding their responsibility and to be active participant in socio- economic activity.

11. Level of Collaboration with line offices

At Woreda level the project worked in collaboration with offices like health, finance and economic development office and administration staff. The evaluation team has observed close working relationship between all stakeholders at various levels. Project planning and implementation of the AS-CBHSP with relevant government line offices were one of the secret behind for its success. Moreover, timely and consistent reporting system at all levels revealed the transparency and accountability of the staff.

12. Project organization and Management

The overall management and administration of the project is done by the Ethiopia Evangelical church Mekane Yesus Development and Social Services Commission Amaro Synod branch office. AS-CBHSP is coordinated by the project manager at EECMY DASSC Amaro synod branch office and, the day to day activities are followed up by the project staff.

13. Project fixed assets

Concerning fixed asset the project has office equipments and field related equipments. The lists of these materials are listed below.

List of project Fixed Asset

S.N	Description	Type and Model	Quant	Current condition	Remark
1	Motor Bike	Suzuki TS 185	1	On Work	
2	Computer	Dell modelnoE19oHc	1	On Work	
3	digital camera	sony14.1	1	On Work	
4	office shelf		1	On Work	

14. Conclusion and Recommendation

14.1. Conclusion

Norwegian Lutheran Mission (NLM) and the Ethiopian Evangelical Church Mekane Yesus Development and Social Services Commission (EECMY-DASSC) have used innovative project approach to improve health status of community. Especially in water sanitation and hygiene essential functions through provision of training and construction and expansion of clean water among needy community and implement the HIV/AIDS prevention, control and care program among communities. The project contributed to improving family planning service at household level and scale up the capacity of women through facilitating different experience sharing and training. The overall intervention was found promising to extend the existing effort. Generally, the project has achieved significant changes in the community as a result of project staff commitment, good net-working and cooperation between the project staffs at all level, local administration and other stake holders too. Evaluation team have found that financial utilization against each budget line witnessed that the budget allocated by 70 % program cost and 30% administration cost. However the budget allocated in such away the budget has not been fully and effectively utilized.

14.2. Recommendation and the way forward

Based on the field assessment and discussions held with project staff and beneficiaries the review team recommends the following for further improvement.

- The effort made by the project with regard to Water sanitation, hygiene through provision of training and construction and supplying clean water was very encouraging and made the community to improve healthy conditions and improve quality of life. But the communities are still explaining the project has to sustain at

least for the coming two years because there is no other stakeholders supporting the WASH in these intervention area. Hence the branch office have not full capacity to take these activities due to resource constraint and not planned for project phase out, hence stake holders and concerned bodies has to give emphasis over.

- The team observed that the project purchased some office equipment essential for the project operation, besides water installation among the community to solve the problem and has to take these activities in the future.
- The team also observed that there is big behavioral change on HIV/AIDS prevention, control and care programs and access to family planning Service. A lot of awareness raising programs, Material support to Anti AIDS clubs was provided, but the beneficiaries are expressing their fear if the project will be phase out there is no still other body who take responsibility over. Hence concerned body has to give attention.
- The project also scales up the family planning service. However, the implementation was still delayed due to some reasons from project side and there were limited experience sharing for staff, if trend continues there might be challenge for the project input management.
- The project team have found that budget utilization against each budget line witnessed that the budget allocated by 70 % program cost and 30% administration cost .However the budget has not been fully and effectively utilized. The project needs to improve budget allocation and expense accordingly.
- Generally the project contributes a lot of changes in the attitude of people against family planning service and HIV/AIDS prevention and personal hygiene and sanitation. Still a lot of challenges are there to enhance the service, in the community hence the team recommend that the project and other concerned bodies has to look the existing gap and encourage the community more capacitated to independently promote the service themselves.