

## **Final Report**

**End of Project Evaluation: Prevention of childhood hearing impairment through enhancing and strengthening the ENT service in Zimbabwe Project (BMZ 5068, CBM 4014)**

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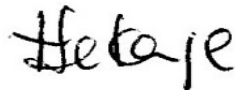
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### **List of abbreviations and acronyms**

CBM	Christian Blind Mission
DDA	Decisions Data Advisory
DHE	District Health Executives
DID	Disability Inclusive Development
EHC	Ear and Hearing Care
ENT	Ear Nose Throat
FGD	Focus Group Discussion
HCW	Health Care Workers
KII	Key Informant Interviews
MOHCC	Ministry of Health and Child Care
OPD	Organizations of Persons with Disabilities
PWD	Persons with Disabilities
SPSS	Statistical Packages for Social Sciences

## **Summary of Evaluation**

This section provides an executive summary of the findings, conclusions, and recommendations from a final evaluation of the Prevention of childhood hearing impairment through enhancing and strengthening the EHC services in Zimbabwe project. The evaluation was commissioned by CBM and was conducted between December and April 2024.

## **Methodology**

The evaluation used a non-experimental design with mixed methods and participatory approaches, including a cross-sectional survey, focus group discussions, key informant interviews, observations, and human-interest story documentation. Data collection comprised 265 individual surveys, five focus group discussions, and 32 key informant interviews. Quantitative data analysis was conducted using SPSS, while qualitative data was analyzed using Atlas.ti®.

## **Main Findings and Conclusions**

### **Relevance**

The project addressed critical gaps in EHC services, including low capacity, insufficient examinations, and lack of priority in the national health system. It was particularly relevant due to the lack of trained paediatric ENT specialists and inadequate audiological and speech therapy services. The project also tackled logistical challenges such as inefficient referral systems and limited access to services concentrated in provincial hospitals. Data collection and analysis was also a critical component supported by the project, this was crucial in informing decisions, advancing public health efforts and optimizing project resources and costs.

### **Effectiveness**

The project exceeded its targets, treating 31,819 people (target: 28,650) and training 1,221 individuals (target: 986). It successfully constructed a new theatre at Sally Mugabe Hospital and developed an efficient referral system. Despite achieving 81% of its surgery target, the project significantly improved access and affordability of ENT services.

### **Efficiency**

The ear camp model was efficient, serving over 300 patients per week. However, post-camp challenges included local facilities' inability to handle patient influx due to equipment and personnel shortages. The project efficiently sustained costs for audiologists and collaborated with partners for improved service delivery, though there were challenges related to limited availability of equipment and human resources.

### **Impact**

The project reached 31,819 individuals with prevention, diagnosis, treatment, and rehabilitation services. High client satisfaction was reported, with 78% of respondents noting significant benefits.

Improved healthcare provider satisfaction and work conditions were unintended positive impacts. However, challenges included low staff motivation due to poor remuneration for Health Care Workers, emigration of trained workers, and delays in obtaining hearing aids and activity approvals from MoHCC.

### **Sustainability**

The project fostered sustainability through infrastructure integration, equipment provision, training, and working with the MoHCC and other government ministries. This approach ensured service continuity beyond the project's life, particularly through decentralized service delivery at provincial and district hospitals. Training and capacity building for healthcare workers also contributed to sustainability.

### **Key Recommendations**

- Future similar projects will need to consider an incentive mechanism that ensures all investments into projects like p5068 are not lost due to low motivation among MoHCC staff.
- Future similar project designs should include deliberate focus on collaborations with other OPDs for example Nzeve who work on ear health.
- Invest in training of a larger number of practitioners to ensure that there is a larger number of trained personnel to partially offset the effects of large-scale exodus of trained personnel.
- Future similar projections should prioritize data driven forecasting of needs for hearing aids so that those assessed will not have to wait for a long time.
- WizEar will need to prioritize capacity building of EHC staff on basic sign language so that they can effectively interact with clients.
- Future similar projects will need to have a gender inclusion strategy. This should clearly articulate how the project will cater for the different needs of boys and girls, women and men were impacted by and benefitted from the project.
- Next projects should include budgetary provisions for MEAL personnel to ensure structured collection, analysis, and utilization of data for learning.

## **1. Introduction**

This report provides the background, findings, conclusions, and recommendations from a final evaluation of the Prevention of childhood hearing impairment through enhancing and strengthening the EHC services in Zimbabwe project. The evaluation was commissioned by CBM and was conducted between December and April 2024.

### **1.1. Purpose of evaluation (brief description of the project)**

Project Link to CBM and WizEar's Strategic Direction

The focus of the project falls under the broad Community Based Inclusive Development (CBID). Their focus under CBID looks at the "way of working that ensures people with disabilities are respected and included in their communities on an equal basis in all areas of life". (CBM CBID Report, 2022). The project aimed to address the needs of clients with disabilities with a specific focus on hearing loss and other EHC services. The project falls within the strategic scope of CBM.

The strategic direction of the implementing partner WizEar, focuses on infrastructural development capacity building and awareness raising on EHC. The p5068 project supported infrastructural development through the construction of theatre, capacity building of Health Care Workers (HCWs) through trainings conducted, and basic awareness raising on EHC services amongst communities. The project is aligned with the mandate and vision of WizEar.

### **Project Background**

EHC services in Zimbabwe, like many other specialized healthcare services, face a range of challenges due to economic constraints, limited resources, and a shortage of specialized healthcare professionals. The healthcare system is primarily structured into primary, secondary, and tertiary levels, with specialized services such as ENT being available mostly at tertiary care centres. ENT services in Zimbabwe were largely underdeveloped during the colonial era, with most specialized healthcare services being limited to urban areas and accessible primarily to the settler population. The government has been aiming to improve healthcare access and equity. However, progress in specialized areas like ENT has been slow due to economic challenges and resource constraints.

Major hospitals such as Parirenyatwa Group of Hospitals in Harare, Sally Mugabe, UBH and Mpilo Central Hospital in Bulawayo provide EHC services. These facilities serve as referral centres for complex ENT cases. Limited EHC services are available at some provincial hospitals, but these are often constrained by a lack of specialized equipment and personnel. A number of private hospitals and clinics in major cities offer EHC services, often at a cost that is prohibitive for the average citizen. Currently Zimbabwe faces a shortage of ENT specialists. There are also limited numbers of audiologists, speech therapists, and other allied health professionals crucial for comprehensive EHC care.

Many public hospitals lack essential ENT equipment, such as audiometers, autoscope, and specialized surgical tools. This limits the scope of services that can be provided. Technological advancements are often slow to be adopted due to financial constraints and infrastructure challenges. Economic instability affects the funding for healthcare services, impacting the procurement of equipment, drugs, and the maintenance of facilities. The migration of healthcare



professionals to countries with better working conditions and remuneration exacerbates the shortage of ENT specialists. Rural and remote areas have limited access to specialized EHC services, leading to disparities in healthcare outcomes.

The P5068 Project is a follow up project to a successfully completed BMZ /CBM pilot project (2015.3426.2) The specific objective of the project is to ensure prevention, diagnosis, treatment, and rehabilitation services for people with hearing impairment in the target region have improved and are accessed by more people. The evaluation seeks to assess the extent to which the project goal and objectives were met during the 3-year implementation period as well as draw lessons learnt and make recommendations for future similar projects.

P5068 end of project evaluation measured the EHC progress and assessed efficiency, effectiveness and relevance of the ear and hearing health interventions in line with project outcome and output deliverables. Hereby, the evaluation shall refer to timelines, budget, and quality of implementation against targets set in each quarter of the project: The P5068 project document shall be used to assess timeline, budget, and implementation rate.

In line with disability inclusive development (DID) standards, the evaluation assessed the engagement of persons with disabilities within different phases of the project cycle. Other areas the evaluation needs to consider are Gender and Child Safeguarding as mandatory areas of enquiry for each evaluation as well as environment aspects. The evaluation identified and analyzed good practices and success stories for sharing and learning. It provides for recommendations and future trends that helped benefitting from this project (as a model) in the future. Equality of opportunity for males and females with disabilities and to what extent it was factored into the project, was also considered in the evaluation.

## **1.2. Reason and objective of evaluation**

### **Justification for evaluation**

An end of project evaluation for the p5068 project was critical for several reasons:

- **Assessing the effectiveness of the project:** Evaluating the impact and outcomes that have been realized because of project implementation to determine if set objectives have been achieved. This process included assessing whether there has been an improvement in the diagnosis and treatment of EHC conditions, increased knowledge among HCWs providing EHC services and an enhanced awareness around the community around the provision EHC services.
- **Learning and Improvement:** Document the p5068 project success and challenges and provide lessons learnt and valuable insights that can inform future initiatives through learning from what worked well and what did not in refining the strategies and approach for future similar interventions.
- **Durability:** Evaluate the sustainability of p5068 intervention and how these benefits will continue beyond the implementation duration phases.
- **Beneficiary Feedback:** Gathering beneficiary feedback to ensure their voices and experiences well captured in evaluating the project's impact.

## **Objectives of evaluation**

- to measure project success towards achieving set goals and objectives, project impact and draw project learnings, review the extent to which the program has used resources to achieve its outcomes in terms of cost effectiveness and value for money,
- undertake a systematic analysis of changes in terms of helping persons with hearing impairments, provide evidence of achievements (and potential non-achievements) of the project at its final stages in order to create lessons learned for the future.
- provide data on the relevance, efficiency, effectiveness, coherence and sustainability of project interventions.
- review and analyse the overall P4014 ENT project implementation according to the project plan from the project start in September 2020 up to December 2023.
- To ascertain progress since the mid-term evaluation of the project and evaluate if and how recommendations of the mid-term evaluation were taken into consideration.

## **Central questions of the evaluation**

### **Relevance**

- What were the main objectives of the p5068 project and how well were these achieved?
- How well did the p5068 project team adhere to the initial plan and timeline for project delivery?
- Was the P5068 project in line with the partner and CBM's mission and interest?

### **Coherence**

- What were the most significant lessons learned from the p5068 project?
- Did the partnership approach and cooperation between CBM and WizEar contribute to an efficient and cost-effective planning and implementation of the P5068 project?

### **Efficiency**

- How effective did the project manage resources (time, money, and personnel), towards the achievement of the p5068 project.

### **Effectiveness**

- What was the overall project achievement and was this achievement in relation to the overall achievement of the project?
- How satisfied were beneficiaries with the outcomes of the EHC services provided under the p5068 project?
- Where the activities conducted and outputs of the p5068 project consistent with the intended impacts and effects?
- How realistic were the P5068 project targets? What were constraints the constraints that hindered the achievement of results?
- What were the major factors influencing the achievement or non-achievement of the objectives?

### **Impact**

- What is the impact of the project at community level?
- What was the impact of the p5068 project to its beneficiaries?
- What impact did the p5068 project activities and trainings have on the target audience?

## **Durability**

- What are the major obstacles faced during the P5068 project implementation and those putting the project sustainability at risk?
- What are the major factors influencing the durability of the P5068 Project?
- How did persons with disabilities participate in the P5068 project?
- Assess the level of by the MOHCC and community participation in project and their involvement in provision of ENT services beyond the project?

## **Child Safeguarding**

- Did the project manage to provide a safe environment for children been established and maintained throughout the stages of planning and implementation of the pP5068 project?
- How safe was this environment provided under the project?
- Assess the level of awareness among key stakeholders with regards to the rights of children, child protection, safeguarding and what prevention and protection activities were being undertaken during the project implementation phases?
- What kind of control mechanism is in place? Assess the degree to which the CBM child safeguarding standards are known and understood by the various stakeholders.
- Assess how stakeholders (partner organizations, community groups etc.) will keep a safe environment for children and how they will keep prevention and protection measures.

## **Gender Inclusion**

- Has there been any change over the P5068 project period to women and men with disabilities participating in community decision-making processes?
- What was the ratio of women and men in the p5068 project?
- Did both men and women receive the appropriate support as required?
- Is there a difference in activities or trainings in terms of gender equality?

## **Disability Inclusion**

- Did all persons with disability equally access services being offered under the p5068 project?
- What were the difficulties faced by persons with disabilities in accessing the services?
- What are recommendations for improving service delivery among persons with disability?
- What are the current organizational policies, procedures and project documents in place to ensure that the project was disability inclusive?

## 1.2. Mission of Evaluation

### Period and terms of evaluation

The evaluation was conducted between January and June 2024 and the mission of the evaluation team was to provide an independent analysis of progress made by the p5068 project across the project outcomes outlined in the programme document. The evaluation will also focus on assessing performance as per project targets and indicators of achievement at output, outcome, and impact levels both intended and unintended. Focus will also be given to strategies and implementation modalities chosen; partnership arrangements, constraints, and opportunities.

### Composition and Independence of Evaluation team

Innocent Yekeye is a monitoring and evaluation specialist with experience in research design, data collection, data analysis, report writing and evidence-informed decision making. I hold a Post Graduate Diploma in Monitoring and Evaluation Methods from Stellenbosch University along with an MSc and BSc in Media and Society Studies. He is a Senior Associate with [Maestral International](#) which is a global consulting firm working on youth and child protection. He has provided evaluation services to different clients including the Ministry of Health and Child Care, UNAIDS, SAYWHAT, Frontline AIDS, Hivos, Youth Advocates Zimbabwe (YAZ), Africaid, AMSHeR, UNFPA, Restless Development, Rutgers, Progressio, Frontline AIDS, Trócaire, REPSSI, GALZ and others.

Cynthia Fungai Manjoro is an experienced Monitoring and Evaluation Specialist with a Master of Philosophy in Monitoring and Evaluation from Stellenbosch University, South Africa. She has experience on various aspects of development, project management, impact assessment and evaluation processes – using both quantitative and qualitative methodologies. Cynthia has worked in the non-profit sector as well as for international organizations such as the National Democratic Institute and International Organization for Migration (IOM-Zimbabwe). Her expertise lies in conducting situation/baseline assessments; gender-inclusive evaluations; data analysis & reporting and beneficiary tracking & verifying outcomes.

<b>Implementing Organisation</b>	CBM and WizEar Trust
<b>Project start and end dates; phase of project</b>	September 2020-December 2023
<b>Mission of Evaluation</b>	To provide an independent analysis of the progress made by the project across the project outcomes as outlined in the project document
<b>Names and organisations of the Evaluation Team members</b>	Innocent Yekeye, Cynthia Manjoro
<b>Primary Methodology</b>	The evaluation was conducted using a mixed methods approach. The design was participatory and included all key stakeholders. Data collection was conducted through an individual survey questionnaire, key informant interview guide, focus group discussion guides and human-interest stories.
<b>Evaluation Start and End Dates</b>	December 2023-31 May 2024

Both evaluation team members were independent of CBM and Wizear. They had never been involved with the two organisations or the p4014 project.

## **Participation of partners and target groups during the evaluation**

### **MoHCC**

The MoHCC as a key partner in the project played a crucial role by providing approvals for the evaluation. Further, the MoHCC provided team members who supported the evaluation with access to health facilities and the Deputy Director for Rehabilitation services and Acting Deputy Director for Non-Communicable Diseases assisted the team in that regard. The Rehabilitation departments which led implementation of the ENT project activities at provincial and district level also provided inputs to the evaluation through key informant interviews and beneficiary mobilizations. Rehabilitation technicians provided their input through provision of expertise and feedback on the project's implementation and impact. Occupational therapists and Physiotherapists assisted the evaluation through providing feedback on effectiveness and accessibility of ENT services as well as professional perspectives on patient outcomes and service delivery. They also availed ENT registers to the evaluation team such that clients which were offered services during the p4014 supported ear camps would also be interviewed.

### **CBM and WizEar**

CBM and WizEar's provided technical, logistical and administrative support to the evaluation team since their partnership steered coordination and implementation of the ENT project. They ensured that necessary resources and support was provided to the evaluation team in reaching out to target groups supported under the p4014 project. The collaborative approach facilitated by CBM, Wizear and MoHCC helped the evaluation team to provide a comprehensive understanding of the impact and areas of improvement.

### **Target Groups**

Project beneficiaries provided inputs through focus group discussions and participating in the individual survey questionnaire. This was important as the evaluation team was able to collect key qualitative and quantitative data for analysis. They also assisted the evaluation team in capturing key human-interest stories which helped to highlight the impact made by the project at individual level.

### **External factors influencing conduction of evaluation and their consequences**

External factors affecting the p5068 end of project evaluation included difficulties in obtaining approval letters to visit project sites. Additionally, competing priorities within the MOHCC led to postponements resulting in delays and necessitating rescheduling of the evaluation activities to a later date.

## **2. Methodological approach**

### **Methodological approach and instruments**

#### **Scope of Evaluation**

The final evaluation focused on the overall project implementation timeline from September 2020 to December 2023. In terms of geographical coverage, the evaluation covered 8 provinces of Zimbabwe and 3 districts. These include 4 central hospitals, 8 provincial hospitals and 3 district hospitals. This is where the evaluation sample was drawn from.

#### **Evaluation Design**

The final evaluation used a non-experimental design utilising mixed methods and participatory methods. The design incorporates both qualitative and quantitative approaches. The design included a cross-sectional survey as well as focus group discussions, key informant interviews, observations as well as human interest story documentation. The design facilitated engagement of all key stakeholders. This is in line with the empowerment approach that prioritizes participation, co-creation of knowledge along with downward accountability. To ensure a sufficient level of precision of the survey results, an adequate sample was drawn from persons with disabilities who were supported by the project.

#### **Sample size calculation**

To ensure a sufficient level of precision of the survey results, a sample was drawn from the communities where the project was implemented. The actual parameter used to calculate the sample size for the survey using the questionnaire were: Population of 28,650 direct beneficiaries, 95% confidence interval, margin of error of 0.05, assumed prevalence of 50%, and anticipated response rate of 95%. This gives a minimum statistically significant sample size of 380 respondents. The evaluation team selected actual respondents for the survey through random number generation within Microsoft Excel.

#### **Data collection methods**

##### **Individual survey questionnaire**

A survey questionnaire was administered to selected sample of 265 women and girls, men and boys who received services from the project as well as some caregivers in the case of those with disabilities. This was against a targeted sample of 380 respondents. The inability to reach the targeted sample size was attributed to long distances which respondents had to travel to facilities where data collection was being conducted. Further, some had their procedures done and they did not have any other interactions with health facilities hence were unwilling to take time to participate. The evaluation collected quantitative data in the areas primarily focusing and in measuring EHC progress on relevance, efficiency, effectiveness, impact, and sustainability. The questionnaire was translated into Shona, Ndebele, and Tonga.

The survey was based on available sampling frames of beneficiaries. A systematic sampling approach was used to select respondents at facility level. Eighty percent of the respondents were beneficiaries while 20 percent were care givers. This is meant to give a broader understanding of project stakeholders. Questionnaires were administered by a trained team of enumerators accompanying Lead Evaluators.

### **Focus Group Discussions (FGD)**

FGDs were conducted as a way of gathering in-depth qualitative data. In view of considerations for privacy, all FGDs were conducted while ensuring all participants are safeguarded. The evaluation conducted 5 FGD comprising of 8-12 members, across all implementation areas. Respondents included women, men, girls, and boys.

### **Key Informant Interviews (KII)**

KIIs' participants were drawn from key stakeholders including CBM International staff, WizEar staff, Health care workers and other stakeholders identified through consultations at inception as well as through respondent driven sampling. A total of 32 key informant interviews were conducted, and a list is provided in Annexes.

### **Data Analysis**

The analysis plan outlined the variables to be analysed and analysis methods to be used for both. Quantitative data was analysed using SPSS and through descriptive statistics. Qualitative data was analysed using Atlas.ti® and using thematic analysis. Themes were derived from evaluation questions, though latitude was provided for exploring themes from the data.

### **Measures to ensure the protection of participants**

**Measures to ensure ethical and responsible data management and to ensure privacy/anonymity of respondents.**

The Decisions Data Advisory team ensured the evaluation was conducted ethically. Key ethical processes are outlined below.

### **Training**

In line with the safeguarding plan to be pursued by the evaluation, the DDA team ensured that all team members undergo ethics and safeguarding training.

### **Informed Consent**

The DDA team ensured that all respondents provided informed consent. Where respondents are younger than 18, the evaluation sought parental consent from parents as well as assent from the child.

### **Confidentiality and anonymity**

The DDA Evaluation Team treated each response with utmost confidentiality, for example, no names required from those who participated in the evaluation to ensure that there is anonymity of responses.

**Risks and Benefits**

Participation during the evaluation is envisioned to have no or very minimal risks associated. Participants did not receive any monetary benefits for participating in the evaluation and this was explained to them, prior to discussions.

**Dealing with emotional reactions**

During data collection, some respondents may react to the conversation with the researcher due to some emotive past experiences. The consultant evoked case management processes and protocols to manage such cases, including making appropriate referrals as and when necessary.

**Non-discriminatory participation**

No participant was excluded from participating on condition of their health, disability, socio-economic status, among other vulnerability criteria. Illiterate people/individuals were not discriminated as the trained enumerators read the consent forms for them and the participants agreed or disagreed to participate in the study.

**2.2. Critical opinion**

There were some limitations that were encountered during the process of conducting the evaluation.

- Due to distance related challenges and financial constraints, most of the respondents mobilized to participate in the evaluation failed to provide comprehensive inputs as the evaluation team had to interview them virtually. This contributed to the failure by the evaluation team to reach the prescribed sample size as in most cases respondents faced connectivity challenges.
- Another primary limitation of the evaluation is its short duration, lasting no more than 30 days. Extending the fieldwork period would have enabled the evaluators to personally observe additional program activities. Direct observation of ongoing project activities can provide valuable insights into the functioning and potential improvements of the programs.



### **3. The framework conditions**

#### **General conditions, problems, and potential at the beginning of the project and significant changes during implementation**

At project's inception, the primary issue identified was the limited availability of ENT services throughout Zimbabwe's health system. The shortage of skilled ENT practitioners made these services hard to access, and where they were available, they were costly and predominantly found at referral centres in Bulawayo and Harare. Communities in remote areas faced additional challenges, including the high cost of treatment and the need to arrange resources for long trips to referral centres. The P5068 project has addressed many of these issues through training ENT specialists, including doctors, rehabilitation specialists, and nurses, in four central hospitals, six provincial hospitals, and thirteen district hospitals, the project has ensured that these facilities have the necessary personnel to handle ENT issues locally. This reduced the distance clients need to travel to access services, which are now available closer to their homes. Ear camps have been implemented to reach more distant communities, and training community health workers has strengthened the referral system, directing ENT patients to the appropriate service providers at central, provincial, and district hospitals. The evaluation found that the P5068 project has significantly improved and continues to enhance access to ENT services across the country.

#### **Presence and activities of other actors**

The evaluation found that the P5068 project was necessary due to a severe shortage of personnel in the ENT sector, among other issues. Before the P5068 project and its preceding pilot project, the main provider of ENT services was the government of Zimbabwe through central referral hospitals. However, these hospitals faced significant challenges, including a lack of medications and specialized ENT practitioners. While a few doctors were available in private practice, their services were prohibitively expensive for most patients. Baseline data indicated that an ENT surgery in private practice cost \$1200 before the P5068 project began.

#### **Risks to project success**

The evaluation identified the primary risks to the project's success as stemming from Zimbabwe's macro-economic environment. Despite strong support for the P5068 project from all stakeholders, including beneficiaries, trained personnel, and the government, the issue of brain drain posed a significant threat to the progress made in training ENT specialists. At the time of the end of project evaluation, a substantial number of health personnel had already left the country in search of greener pastures. The evaluation found that at least 60% of the hospitals involved in the project had lost at least one trained ENT specialist who had migrated for improved working conditions abroad.

Maintenance of ENT equipment procured under the project was also identified as primary risk due to the lack of government capacity to provide such services. It was identified that in-country, calibration services are not available and equipment has to be taken to South Africa for maintenance and servicing. This was an identified risk as the government will not be able to support the initiatives that were taken under the p5068 project.

#### **4. Performance of the implementing organization**

Programs Manager, Lucia Mpofu had over fifteen years' experience working in the NGO sector including some international experience in Haiti. She had worked for several NGOs including Christian Aid, Rebuild Sakubva, Girl Child Network and Save the Children, amongst other organisations. The programs manager holds several qualifications including a Master of Business Administration (Atlantic International University), BSc in Psychology (Zimbabwe Open University), PGD in Psychology (University of Liverpool), and a Diploma in Education (Seke Teachers' College). She held a variety of other certificates. The opinion of this evaluation is that the Programs Manager is appropriately qualified and experienced to perform her duties in this position.

The Finance and Administration Manager is a holder of a BCom Honours in Accounting (National University of Science and Technology). At the time of the evaluation he was enrolled for an MCom in Strategic Management and Corporate Governance (Midlands State University). He had also served in a variety of capacities as an Accountant in two companies before joining WizEar. He held the requisite qualifications and experience for his position. The Project Officer Clever Mhakayakora joined the project replacing Allan Musenami who had previously held the position in the previous phases of the project.

## 5. Developmental Impact

### 5.1. Relevance

The evaluation documented that the project was highly relevant to the context. Relevance is illustrated by the fact that there was a high need for ENT services as outlined in the project plan. Key challenges which the project aimed to address include low capacities and examination numbers, low priority of EHC in the national health system, low number of surgeries on children due to lack of surgical capacity at the Harare Central Hospital (HCH). In 2019, only 97 operations were conducted at HCH which translates to 8 operations per year which evidence the lack of capacity by central hospitals in providing surgical services to ENT patients. Relevance is further illustrated by the reality of low audiological and speech therapy examinations due to lack of staff.

The project was also relevant as there are no adequate EHC services for adults in Harare. This was also worsened by lack of trained paediatric ENT specialists HCWs capacitated to provide EHC. There were also low patient numbers due to staff fluctuation and lack of professional courses. The project plan also outlined that interventions were justified by loss of EHC services due to inefficient maintenance and calibration of diagnostic equipment. Relevance was also illustrated by limited access to services due to provincial focus. The project's baseline showed low audiological and speech therapy examinations due to lack of staff. As of 2019, only 135 audiological examinations were conducted as well as 0 speech therapy sessions. The figure below shows conditions prior to commencement of the project.

Table 1: Pre-implementation conditions for indicators

Results	Baseline (Quantitative & qualitative)
1. Access to and quality of ENT, audiology and speech therapy services in Harare are improved.	Low number of surgeries on children due to lack of surgical capacity at the HCH. Operations 2019: 97/year
	Low audiological and speech therapy examinations due to lack of staff (2019): audiology: 135; speech therapy: 0
	No adequate EHC services for adults in Harare.
	Lack of trained paediatric ENT specialists
2. The medical infrastructure for treating ear diseases on provincial	Low patient numbers due to staff fluctuation and lack of professional courses

and district level in the target region permanently improved.	Loss of ENT services due to inefficient maintenance and calibration of diagnostic equipment.
	Limited access to services due to provincial focus.
3. An efficient referral system has been introduced and health services are connected	No efficient referral system in place.
	Patients who have been referred from the provinces often do not take advantage of further treatment in Harare, for example because they would have to make their own appointments or cannot afford the costs of transport, accommodation, and patient fees.
	Training of community health workers CHW does not include basic EHC training.
	Low level of awareness of the population about existing EHC services.
4. The treatment of ear diseases is firmly anchored in the Zimbabwean health system	The national strategy for the prevention of hearing impairment (NEHCS) has been ratified but is not fully implemented.

The project's relevance was further illustrated by the absence of an efficient referral system and patients who would have been referred from the provinces often did not take advantage of further treatment in Harare, for example because they would have to make their own appointments or could not afford costs of transport, accommodation, and patient fees. Capacity building elements within the project were also relevant as the training of community health workers does not include basic EHC training. Further, demand generation activities were critical as there were low levels of awareness about existing EHC services within the population.

Health Care Workers were trained on identification of ENT conditions, basic management on how to treat common ENT conditions such as otitis media, sinusitis, removal of wax and foreign bodies and the referral pathway among others. The training package included learning about medical and surgical treatment options such as medications, ear cleaning and other surgical procedures for ENT specialist. Trainings were relevant and were designed to equip health personnel with knowledge and skills necessary to diagnose, treat and manage a wide range of ENT conditions.

The evaluation documented project support towards provision of effective care through capacitation of MOHCC structures and contributing to general public health efforts. Personnel who were trained include ENT nurses, rehab technicians, ENT Specialists among others. While there was evidence of relevance, the evaluation documented high rates of attrition among trained personnel. There is a general lack of motivation to safeguard investment made through trainings in order to improve the retention of trained personnel. This negatively impacted the project as most of the trained personnel have left the institutions which contributes to the Human Resources for Health (HRH) challenges.

Relevance was also evidenced by the project's drive towards the decentralization of ENT services and equipment to district and provincial hospital. Support was provided to 4 Central hospitals, 11 provincial hospitals and 13 district hospitals across the country. Facilities that were supported reported that they needed the support. The project managed to support district hospitals with specialized tools for use by healthcare professionals in the examination of the ear canal and ear drum. The availability of this equipment allowed for the comprehensive assessments and treatment.

The construction of ENT theatre at the Sally Mugabe Children's hospital which is well capacitated with all the required equipment provides evidence of the project's drive towards making quality EHC services available to communities. The evaluation team also documented the project relevance through the support with medical treatment. Provision of medical treatment helped to address infection such as otitis media (outer infection and middle ear infection). It also assisted in loosening ear wax making it easier to remove thus preventing its build-up which can lead to hearing problems and discomfort. This illustrates that the project was relevant to clients and caregivers who needed services.

## **Coherence**

The evaluation assessed coherence in terms of the extent to which the project ensured "complementarity, harmonization and co-ordination with others, and the extent to which the intervention is adding value while avoiding duplication of effort" (OECD, 2021).

The project was consistent with the government of Zimbabwe draft ENT strategy document which acknowledges that ENT conditions have serious consequences on the livelihoods of the infected and affected. The ENT strategy document of the MoHCC recommends formation of Private Public Partnerships and partnerships with donors working in the area of ear and hearing care for sustainability of the program.

The priorities include ensuring availability of appropriate quality ear and hearing care services to all at all levels of health care provision; preventing the causes of hearing loss and deafness and preventing the disadvantaging and disabling effects of hearing loss and deafness when they occur; improving the quality of life for people with deafness and hearing impairment through access to rehabilitation services; developing human resources for provision of ear and hearing care; building evidence for effective operational planning service delivery for ear and hearing conditions and; augmenting service provision through involvement of NGOs, organizations and individuals.

In addition, the evaluation documented was coherent with the priorities of other partners including the MoHCC which is underfunded. Provision of capacity building was important and coherent as there is a strong need for capacity building of ENT staff within the country.

Overall, the project in Zimbabwe exhibited a mix of alignment with other actors' interventions in the context. This was reflected in aspects such as resource constraints and health systems strengthening which were consistent with broader trends, in areas like infrastructure development, provision of ENT equipment as well as working with DPOs.

## 5.2 Effectiveness

The evaluation assessed effectiveness in terms of the extent to which the project achieved its objectives. Overall, the project achieved or exceeded targets for indicators on the objective focusing on prevention, diagnosis, treatment, and rehabilitation of hearing impairments as illustrated in the table below.

Table 2: Achievement of targets for objective 1

Specific objective	Target	Achievement
Prevention, diagnosis, treatment, and rehabilitation of hearing impairment in the target region have improved and are accessed by more people.	28,650 people treated, and 986 people trained during the project period	31,819 people reached  1,221 people trained (408 males and 813 females).
	EHC services are part of the national health system and sustainably guaranteed.	P5068 project has improved the national health delivery system at both provincial and district levels in project areas through capacity building of health staff in EHC services.

In addition, the project achieved some of the targets for the second objective which focused on access to and quality of EHC services. The project successfully supported construction of a new theatre at Sally Mugabe Hospital as planned. However, the project achieved 81% of the target for the increase in surgeries conducted. This was due to delays in commissioning the theatre while equipment was being procured. The table below shows achievements against targets for indicators on improving access to and quality of ENT audiology and speech therapy.

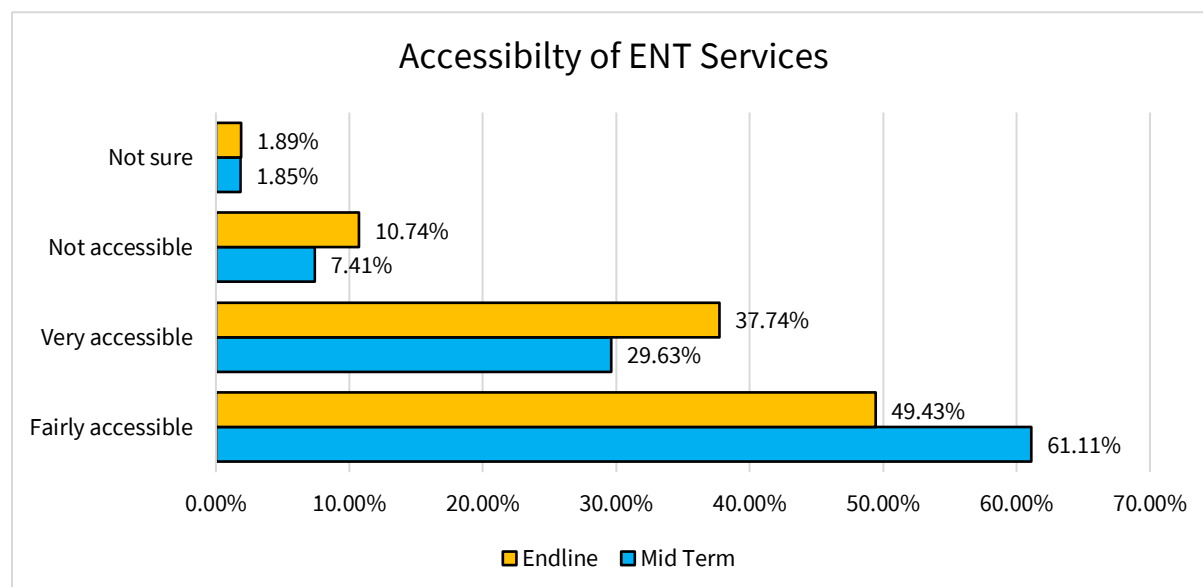
Table 3: Achievement of targets for objective 2

Results	Target	Achievement
Access to and quality of ENT, audiology and speech therapy	An operating theatre built and equipped	New theatre constructed and equipped at Sally Mugabe Children's hospital
	Increase in surgeries to 1,200/year	971/year

services in Harare are improved.	Increase in number of examinations / years: audiology: 400 speech therapy: 100	11.112 individuals reached.  565 speech therapy examinations were conducted.
	Increased capacity at Parirenyatwa Hospital/ year:  Examinations: 4.200  Audiology: 1,400	2982 clients examined.  1150 audiology clients reached.
	A total of 3 paediatric ENT physicians trained	3 doctors were trained in paediatric ENT.

In addition, results from the survey conducted as part confirmed the increased access to quality EHC services as a result of the project. The proportion of clients who reported that EHC services were inaccessible declined from 10.74% at mid-term to 7.41% at the time of the end of term evaluation as illustrated in the figure below.

Figure 1: Clients' perspectives on accessibility of ENT services between mid-term and endline



The project was effective as it achieved or exceeded targets for indicators measuring the objective that aimed at improving medical infrastructure for treating ear disease at provincial and district levels. This included training of medical staff along with provision of equipment to health facilities as shown in the table below.

Table 4: Achievement of targets for objective 3

Results	Target	Achievement
The medical infrastructure for treating ear disease on provincial and district level in the target region permanently improved.	The following staff is qualified on provincial and district level:  General practitioners: <b>8</b>  Nurses & rehabilitation technicians: (provincial level): 46  (district level): 26	1221 medical staff were trained. 41 Doctors (26male, 15 female)  148 Nurses (45 male, 103 female)  39 RTs (province level; 25 males, 14 female).  18 RTs (district level; 10 males, 8 female).  63 med.63 Students (29 males, 34 females).
	Provincial hospitals equipped with diagnostic equipment and consumables.	All provincial hospitals received otoscopes, audiometers, and consumables to support early screening for ear health.
	Services are expanded to district level and district hospitals are equipped with diagnostic equipment and consumables	All 13 districts within the project areas received otoscopes and consumables.

In addition, the project was effective in developing an efficient referral system and successfully connected health services. This was done through development of a sound working relationship between health institutions and Village Health Workers who referred to the district for assessment. Further, the project exceeded the target for the number of ear camps conducted as illustrated in the table below.

Table 5: Achievement of targets for objective 4

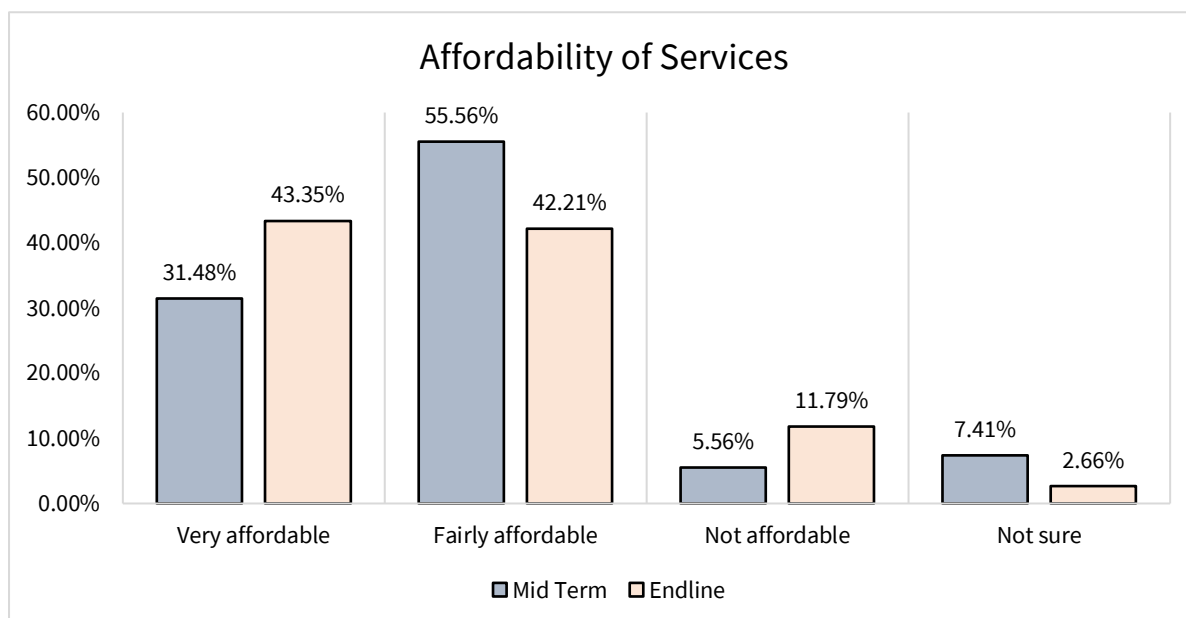
Results	Target	Achieved
An efficient referral system has been introduced and health services are connected.	Efficient referral system established, and local organizations and health care providers strategically networked	The project successfully developed a sound working relationship between health institutions and Village Health Workers who identify clients who are referred to the district for assessment before being referred to the province for further management.
	A total of 30 outreaches carried out.	31 ear camps conducted
	A total of 900 GGH trained and integrated into ENT care.	866 (210 males, 655 females) Village health workers were trained to date.
	The population is informed about the services and sensitized about	The project utilized all the 31 ear camps as campaign platforms to disseminate



Results	Target	Achieved
	ENT prevention by means of education campaigns.	information about ear and hearing health to the public.

The project was effective in ensuring affordability of services with most (43.35%) of the respondents interviewed at endline characterizing services as being “very affordable” followed by those who characterized services as fairly affordable (42.21%). Key informants outlined that ear camps facilitated access to services in places where services were previously unavailable. Services provided included extraction of foreign bodies, removal of wax, surgery and in some instances provision of hearing aids. This was important as these services were previously not available.

Figure 2: Respondents' perspectives on affordability of services



### 5.3. Efficiency

The evaluation assessed efficiency with regards to the extent to which project design and delivery approach were efficient. The evaluation documented that the ear camp model that was adopted was efficient. Data from registers completed during ear camps, each ear camp could offer services to over 300 patients in five days. Further, the delivery approach ensured that all EHC services were provided using the outreach model. Within each camp, different professionals including ENT specialists, Audiologists and support staff provided diagnosis, treatment, and surgical services. This was an efficient service delivery model which facilitated provision of services to many clients within a short space of time and without patients having to spend more time travelling for services and referrals.

Efficiency of the p5068 project was further illustrated by the fact that WizEar managed to support costs of audiologists who were not available within the MoHCC. A key informant outlined that investment in equipment and training would not have been efficiently used if there were no audiologists as was the case prior to the project.

Further, the evaluation documented efficiency in terms of partnerships and leveraging of resources. Evidence from Manicaland showed that in the absence of an audiometer at Victoria Chitepo Hospital, clients were being referred to Nzeve Deaf for tests. The ability of trained staff to collaborate with other partners in ensuring that there is smooth EHC service delivery was key in ensuring that there is efficiency. Instead of clients being referred to the next level of care, trained personnel were able to refer clients to make use of locally available resources to assist their clients.

“The Hospital does not have an audiogram, but our staff were trained, and they managed to refer clients to our partners who have equipment. At the end of the day, we make sure clients receive services” Key informant

Efficiency was also reflected by a collaborative approach which was utilised by the project, and which involved partnering with government ministries specifically the Ministry of Health and Child Care, Ministry of Public Service, Labour and Social Welfare as well as the Ministry of Primary and Secondary Education. Government ministries were strongly involved in review and reflection meetings and brought their expertise to the processes. This is efficient as it utilised existing competencies as well as guidance and quality standards.

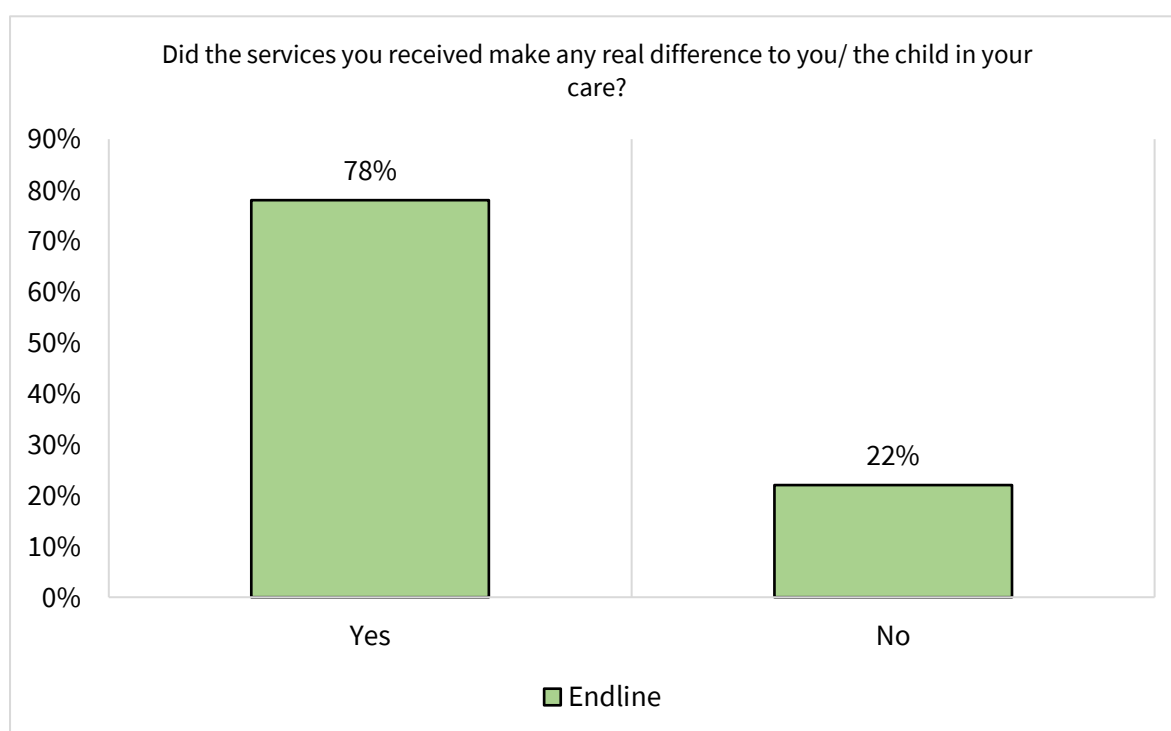
Key informants from WizEar also mentioned that existing partnerships with the World Health Organization, University of Zimbabwe, ZIMNAD, and National Rehabilitation Centre all contributed towards efficiency as the project leveraged on their existing expertise.

Despite the evaluation documenting evidence of efficiency, there was scope for improving. The evaluation documented challenges which emanated from increased demand which outstripped supply especially after ear camps. Health facilities did not have the capacity to attend to most of the patients due to lack of equipment and specialized personnel. The lack of equipment and capacity to handle and manage patients at district and provincial level contributed toward inefficiencies emanating from the inability to meet the demand for services.

## **5.4 Impact**

The evaluation assessed impact in terms of the positive and negative intended and unintended changes that have come about as a result of the P5068 EHC project. Trainings conducted on treatment of basic ENT conditions for health personnel based at district and provincial levels helped to capacitate HCWs. The project contributed towards treatment of 28,650 beneficiaries across all the targeted provinces. In addition, the project reached a cumulative total of 31,819 people with prevention activities, diagnosis, treatment of infected and affected and rehabilitation of clients. In addition to the numbers of people treated and the number of people reached, clients also reported that the services they had received made a real difference to them. The majority (78%) of respondents interviewed through the survey at the end of the project reported that the project had made a real difference to them or their child if they were caregivers.

Figure 3: Respondents' perspectives on whether services made a real difference



Qualitative evidence gathered through focus groups provides evidence that most clients during the second phase of the program were being referred to the next level of care and they still failed to access services due to lack of functional equipment and specialized personnel to conduct surgeries. On the other hand, the program did not provide clear timeframes with regards to the occurrence of ear camps which resulted in most clients being delayed in accessing services. The evaluation team also documented evidence of WizEar supporting clients in need of hearing aid although this was based on availability. The evaluation team concludes that, the increased number of clients reporting no at endline was a contribution of clients that did not manage to access hearing aid support and also the low frequency with regards to occurrence of project activities resulted in them failing to access services.

“Getting my ear treated was very important for me. You know if you cannot hear properly you have to speak loudly and you expect everyone to hear you. Also, you expect everyone to speak loudly but that is not how people speak. It was very frustrating. After I got treated my communication with others is much better and I hope these services can reach other people who were like me and who can be in need of such services”. FGD Participant.

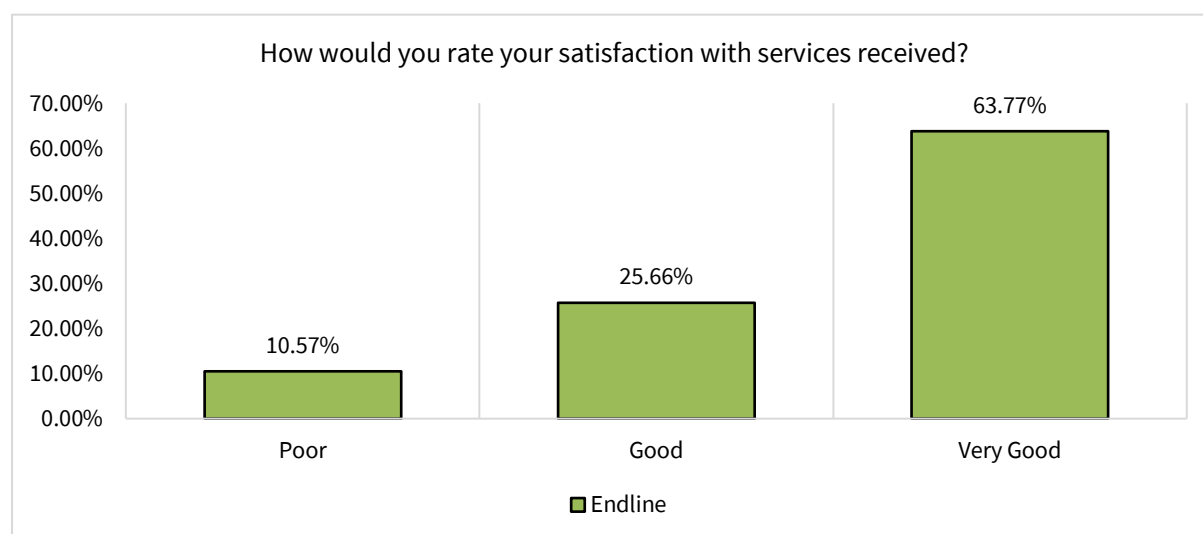
“I am really grateful that my child’s hearing was restored. It was difficult to watch him struggle to engage with others, participate fully in school and generally do things that other children of his age do. After he was treated, there has been improvements in his willingness to play with others. It's very difficult to think that my child was struggling because of something that could be addressed so easily”. FGD participant.

How my child’s hearing was restored: A story of transformation resulting from access to services.

“My name is Ms Simango (not real name) and I stay in Chitungwiza. I have a child who is 8 years old who had been experiencing discomfort and hearing loss in her left ear for several years. When I went to the clinic one of the Nurses there referred me to Sally Mugabe Children’s Hospital and said that my child was likely to get assistance for the condition she had. I then followed this guidance and went with her to the ENT clinic at Sally Mugabe Children’s hospital. After a thorough examination, the medical team discovered my child had foreign bodies lodged deep in her ear canal and this was causing his hearing loss symptoms. The team managed to carefully extract the foreign bodies from my child 's ear. The procedure was performed smoothly, and my child experienced immediate relief. My daughter’s hearing was fully restored. I was really overjoyed to see my child smiling and responding to sounds once again even if they are standing far away from her. It was such a relief that my child’s hearing was restored, and she can lead a normal life. As the mother, it is also a relief because our communities are not very aware of disability and there is always stigma. It is very pleasing that my child’s condition could be addressed without any hindrance”

Qualitative accounts from clients and caregivers were further corroborated by quantitative data from the endline survey which concluded that the majority (63.77%) of respondents rated their satisfaction with services received as very good followed by those who said it was good and while the least proportion (10.57%) characterised their levels of satisfaction with services received as poor. This is illustrated in the figure below.

Figure 4: Respondents' rating of satisfaction with services received



In addition to improvements in the well-being of clients, the evaluation documented that the project also had unintended benefits specifically improved satisfaction among health care providers. This resulted from health workers being able to provide services and help clients in need. ENT practitioners reported improved work satisfaction resulting from being able to assist people in need based on the new knowledge that they had acquired, and the regular supplies of consumables provided by the project.

“The greatest thing from the project was that it was able to bring very important services to communities where they were not available. Hearing is a very critical sense that determines the overall well-being of a person. Seeing so many people attend ear camp and getting treated was very

fulfilling. Of course, it's also sad that some of the people who need these services are still not able to access them". Key Informant.

Further, the evaluation documented impact through a cascading effect where staff members who were not trained on ENT were reportedly showing interest. This was reported to be important in potentially providing a wider pool of health care workers who are willing to provide EHC services and to support. Key informants further reported that it has potential to strengthen referral pathways and service quality.

Beyond training, impact was also felt through the tools of the trade that were distributed under the project. Key informants reported that tools enhanced the functionality of the ENT clinic. Key informants from the MoHCC highlighted that the theatre at Sally Mugabe Children's Hospital was critical beyond simply ensuring access to services.

"I think the theatre is very important beyond just ensuring there is a space to provide services. It provides an idea of what a centre of excellence should look like. It is also important in that it managed to shine a light on the importance of providing ENT services. Before the project and trainings provided, EHC services were not very prominent in the MOHCC". Key Informant

Provincial and District hospital were supported with equipment for them to be able to diagnose and treat patients efficiently and impact was realized through the increased number of clients being treated for ENT conditions. This was important in ensuring that clients received services closer to their places of residence. Provision of services within a decentralized framework ensured that people were not referred for services which they could receive close to their places of residence.

Despite strong evidence of impact, the evaluation documented scope for improvement. A key factor impediment was the low motivation among MoHCC staff due to poor remuneration and sub-optimal working conditions. This contributed towards affecting optimal delivery of the project thereby resulting in lost opportunities for more impact. In addition to low motivation, the evaluation documented that the project was affected by emigration of trained health workers in pursuit of better working conditions. This affected the institutional memory while eroding sustainability as there was need for continuous training which was not feasible due to resource constraints.

Further, some respondents outlined that it was taking long for them to access hearing aids even after being assessed. This contributed towards frustrations as clients will be expecting to receive the hearing aids within a short space of time. The evaluation also documented challenges emanating from long processes taken by the MoHCC to provide approvals for activities. This affected timelines and potentially compromised impact of the project.

## **5.5. Durability**

The evaluation documented durability in terms of the extent to which extent did the project put in place systems and structures for continuity of impact beyond the implementation phase. Overall, the evaluation documented that the project had a design that facilitated sustainability in that WizEar's had managed to integrate different components that included infrastructure, provision of equipment, training along with support towards service delivery through outreach.

The project's design of working with the Government through the MoHCC was a critical factor in building sustainability. Support was provided through the MoHCC structures which will make it easy for continuity beyond the project. In addition, supporting through a decentralized model that included Provincial and District Hospitals was also important as it allows for immediate provision of services while putting in place a framework for services to be provided to hard-to-reach communities beyond the life of the P5068 project.

In addition to the Ministry of Health and Child Care, the evaluation documented that sustainability was fostered through working with other Ministries like the Ministry of Public Service Labour and Social Welfare as well as the Ministry of Primary and Secondary Education. This is critical as it facilitated access to support services for PWD who needed support especially from the Department of Social Welfare.

The project fostered sustainability through trainings and capacity building especially for health care workers. Key informants from the MoHCC remarked that trainings provided to ENT practitioners contributed towards capacitating them to provided competencies which will be used beyond the P5068 project. The evaluation also documented that trained practitioners would also cascaded trainings to other health workers who would not have attended trainings.

“Trainings were a big part of sustainability because it facilitated transfer of skills to practitioners who are MoHCC staff. Those skills will stay with staff in the MoHCC even if the project with WizEar has ended”. Key Informant, MoHCC Head Office.

The evaluation documented that sustainability was fostered through construction of infrastructure such as the Theatre at Sally Mugabe Hospital. This was important as infrastructure will be utilized beyond the P5068 project. Further, provision of equipment to health facilities also fostered sustainability as equipment will be used beyond the life of the P5068 project.

While the evaluation documented key sustainability indicators, there are also threats to sustainability. The key threat to sustainability was the limited capacity of government to continue providing the services supported by the p5068 project. While the theatre was constructed at Sally Mugabe hospital, key informants outlined that the MoHCC is facing financial challenges which will constrain the extent to which equipment procured with support from the p5068 project. Key Informants reported that equipment procured through the project must be calibrated in South Africa and this will be expensive as already experienced while the project was still running.

In addition to constrained government capacity to maintain the theatre, the evaluation documented sustainability challenges emanating from limited government capacity to retain key staff especially those trained under the p5068 project. The evaluation further documented that sustainability was constrained by sub-optimal collaboration with organizations of persons with disabilities (OPD's). Such collaboration would have contributed towards stronger sustainability.

With regards to the position of Audiologist being financed by the MOHCC, the positions are still frozen, and this has become a threat to project durability as the position is key to service provision within the ENT clinic. Despite advocacy efforts and engagements with the Ministry by WizEar and CBM, to secure these positions, the MOHCC is yet to comprehensive solution, and this has left the positions unfunded. This situation is a threat to sustainability as the audiologist is a crucial cadre in ENT service delivery. These will no longer be available beyond the p5068 project support.

## **6. Cross-cutting issues development policy issues**

### **Gender Inclusion**

The evaluation documented the extent to which the project contributed towards gender inclusion. Key Informants outlined that although there was no documented gender inclusion strategy for the project, they tried to maintain gender balance though services were provided to everyone irrespective of gender. In addition, the project reported that the trainings mostly focus on more women although this could be a result of the fact that there are more female nurses.

Respondents outlined that there were gaps in ensuring gender sensitive services. Despite gender related barriers to accessing ENT services, there were limited, systematic investments towards gender inclusion.

Ear camps were conducted at Provincial level and historically women are disadvantaged in terms of traveling from their homes. That means although services were available and provided in a non-discriminatory manner, more men than women would naturally benefit from services. In addition, the project did not have gender disaggregated data which constrained the extent to which gender sensitive programming could be improved. Key informants from WizEar reported that the lack of gender, age and disability disaggregated data was a result of staff shortages as the project did not have dedicated Monitoring and Evaluation personnel.

### **Child Safeguarding**

The evaluation documented the extent to which safeguarding principles, guidelines and policies were implemented. Key informants reported that as partners of CBM, they were contractually mandated to put in place safeguarding policies. That meant that at policy and strategic level the project had safeguarding guidance. In addition, key informants outlined that they took practical steps towards ensuring that safeguarding was prioritized. This meant inclusion of safeguarding trainings when practitioners were trained, designing service delivery spaces during ear camps to ensure that children were safeguarded. Additional practical safeguarding steps included prioritizing children during ear camps. This was done for purposes of ensuring children would not travel at night which would expose them to safeguarding risk. Further, key informants reported that project staff, partners and consultants were required to read and sign the safeguarding policy.

### **Disability Inclusion**

The evaluation documented the presence of a disability inclusion policy that guides the implementation of program activities within WizEar. All trained personnel and key stakeholders that participated under the project were required to familiarize themselves with the guidelines. The implementation of all p5068 project was expected to be in line with the disability inclusion policy and all the elements within the project were supposed to be disability inclusive. When conducting trainings or gathering that were being supported under the project, cognizance was given to the accessibility of the proposed venues. Another practical approach included working with other organizations working with persons with disabilities like Jairos Jiri, but key informants confirmed that there was scope for improving this. The evaluation also documented gaps related to ENT staff not being conversant with sign language and this affected the extent to which they could interact with clients whose medium of communication was sign language.

## **7. Conclusion and recommendations**

### **7.1. Conclusions and learnings**

The p5068 project was highly relevant, aligning with the need for Universal Health Coverage and government priorities in ENT services. It addressed staffing challenges and provided much-needed infrastructure, equipment, and services. However, relevance was hindered by non-functional equipment, lack of servicing, and delays in calibration. Subsidized ear drops were a relevant intervention, though supply management needed improvement.

#### **Coherence**

The project was coherent, consistent with national health priorities, and aligned with the National Health Strategy and draft ENT strategy. Collaboration with various stakeholders validated its coherence. Nonetheless, there is room for improvement in working with other DPOs and PWDs.

#### **Effectiveness**

The project was effective, meeting or exceeding most targets for prevention, diagnosis, treatment, and rehabilitation of hearing impairments. It achieved some targets for improving access to and quality of EHC services, including constructing a new theatre. However, it fell short in increasing surgeries due to delays in commissioning the theatre.

#### **Efficiency**

The project was efficient, utilizing a collaborative implementation framework. The ear camp model and outreach services brought efficient diagnosis, treatment, and surgical services to communities, reducing travel time for patients. WizEar supported audiologists' costs, illustrating efficient resource use and partnerships.

#### **Impact**

The project positively impacted policies, practices, and access to services, reaching 31,819 people. It improved client and caregiver well-being and satisfaction among healthcare providers. However, low motivation among MoHCC staff and the departure of trained personnel seeking better opportunities impeded impact.

#### **Sustainability**

The project's design facilitated sustainability through infrastructure, equipment provision, training, and outreach. Working with the MoHCC and capacity building of healthcare workers were critical for sustainability. Infrastructure like the theatre at Sally Mugabe Hospital will be used beyond the project. The main threat to sustainability is the government's limited capacity to continue providing supported service.



## 7.2 LEARNINGS

The evaluation documented some lessons learned based on an analysis of findings. This section provides lessons learned from the project.

**Working with the government in the context of resource constraints requires continuous investment even on aspects that can/should be taken care of by the government:** - The evaluation documented that the project made large investments and the design required the government to make some contributions. Limited resources within the MoHCC meant there were lost opportunities to optimize impact and sustainability.

**Provision of health services is a broad and resource intensive concept so adequate resources need to be allocated:** - The project was successful in providing health services, but available resources were not sufficient to address the high magnitude of need within health facilities and communities.

**Provision of equipment for health facilities requires equal focus on ensuring availability of locally based repairs and calibration:** - The evaluation documented that the project provided equipment but the process of calibrating the equipment was done out of the country. This will constrain long term capacity of the government to keep the equipment functional.

**The assumption that working with government will foster sustainability does not always hold because there are also capacity gaps within government:** - The evaluation documented that the project had a strong design focus on working with the government but there were capacity constraints within the government which constrained sustainability of outcomes.

**Integrating infrastructure, equipment and skills building components in project designs increases potential for success:** - The evaluation documented that a key success enabler for the project was the integration of infrastructure, provision of ENT equipment and training components. The project was designed to ensure that trained practitioners would get equipment to carry out their work and clients who were assessed would receive equipment such as hearing aids.

**Work within a partnership framework requires a strong learning agenda along with sufficient personnel for Monitoring, Evaluation, Accountability and Learning:** - The evaluation documented that the project contributed towards improving EHC services but there were gaps in MEAL which emanated from the absence of dedicated personnel.

**Projects that include raising awareness of services and demand generation require sufficient investment towards ensuring services become available:** - The project was effective and created awareness of services. However, services were not always available for different reasons, and this resulted in some clients becoming frustrated when they could not access services.

## 7.2. Recommendations (if any 7.3: general conclusions and lessons learned)

Finding/Conclusion	Recommendation	Audience
The evaluation concluded that the project was affected by lack of motivation among MoHCC personnel. Ultimately, project implementation was affected as it was supposed to be done by MoHCC staff.	Future similar projects will need to consider an incentive mechanism that ensures all investments into projects like p5068 are not lost due to low motivation among MoHCC staff	CBMI and WizEar
The project collaborated well with the MoHCC and partially with other DPOs like Jairos Jiri. However, there was limited evidence of broader coordination with other DPOs to enhance project outcomes.	Future similar project designs should include deliberate focus on collaborations with other DPOs for example Nzeve who work on ear health	WizEar
The evaluation documented that the project provided equipment but the process of calibrating the equipment was done out of the country. This will constrain long term capacity of the government to keep the equipment functional.	WizEar should work with the government to ensure that calibration services are provided within the country.	WizEar
The evaluation concluded that the project was affected by high staff turnover and one of the unintended consequences was that trained staff had more competencies which allowed them to move on quickly.	Invest in training of a larger number of practitioners to ensure that there is a larger number of trained personnel to partially offset the effects of large-scale exodus of trained personnel.	WizEar
The evaluation documented that some of the clients who were assessed and needed hearing aids could not access them on time. This affected their overall satisfaction with the project.	Future similar projections should prioritize data driven forecasting of needs for hearing aids so that those assessed will not have to wait for a long time.	WizEar
The evaluation documented that most ENT staff were not conversant with sign language despite them regularly interacting with clients with hearing impairments. This potentially affected the extent to which interactions could be effective.	WizEar will need to prioritize capacity building of ENT staff on basic sign language so that they can effectively interact with clients.	WizEar/MoHCC

<p>The evaluation documented that the project did not have a gender inclusion strategy. This is even though there are gender differences in access to services. This potentially affected the extent to which needs of boys and girls, women and men were impacted by and benefitted from the project.</p>	<p>Future similar projects will need to have a gender inclusion strategy. This should clearly articulate how the project will cater for the different needs of boys and girls, women and men were impacted by and benefitted from the project.</p>	<p>CBMI/WizEar</p>
<p>The evaluation documented that the project did not have sex, age and disability disaggregated data. This was a result of the absence of dedicated MEAL personnel for the project. This potentially resulted in lost opportunities in terms of understanding which aspects of the project worked for which groups of people and within which settings.</p>	<p>Next projects should include budgetary provisions for MEAL personnel to ensure structured collection, analysis, and utilization of data for learning.</p>	<p>CBMI/WizEar</p>

# ANNEXES

## Annex 1: ToR

### Background and Rationale

The 4014 Project is a follow up project to a successfully completed BMZ pilot project (2015.3426.2) The specific objective of the project is to ensure prevention, diagnosis, treatment, and rehabilitation services for people with hearing impairment in the target region have improved and are accessed by more people. The evaluation seeks to assess the extent to which the project goal and objectives were met during the 3 year implementation period as well as draw lessons learnt and make recommendations for future similar projects.

P4014 end evaluation shall measure ENT progress and assess efficiency, effectiveness and relevance of the ear and hearing health interventions in line with project outcome and output deliverables. Hereby, the evaluation shall refer to timelines, budget, and quality of implementation against targets set in each quarter of the project: The P4014 project guidebook shall be used to assess timeline, budget and implementation rate.

In line with disability inclusive development (DID) standards, the evaluation will also assess the engagement of persons with disabilities within different phases of the project cycle. Other areas the evaluation needs to consider are Gender and Child Safeguarding as mandatory areas of enquiry for each evaluation as well as environment aspects. The evaluation will identify and analyse good practices and success stories for sharing and learning. It will set recommendations and future trends that will help benefitting from this project (as a model) in the future. Equality of opportunity for males and females with disabilities and to what extent it was factored into the project, will also be considered in the evaluation.

### Purpose, Objectives and Use

- to measure project success towards achieving set goals and objectives, project impact and draw project learnings, review the extent to which the program has used resources to achieve its outcomes in terms of cost effectiveness and value for money,
- undertake a systematic analysis of changes in terms of helping persons with hearing impairments, provide evidence of achievements (and potential non-achievements) of the project at its final stages in order to create lessons learned for the future.
- provide data on the relevance, efficiency, effectiveness, coherence and sustainability of project interventions.
- review and analyse the overall P4014 ENT project implementation according to the project plan from the project start in September 2020 up to December 2023.
- To ascertain progress since the mid-term evaluation of the project and evaluate if and how recommendations of the mid-term evaluation were taken into

consideration.

### Scope of Work

- The evaluation is to be conducted over a period of 30 days. The evaluation shall cover 8 provinces of Zimbabwe and 13 districts. These include 4 central hospitals, 6 provincial hospitals and 13 district hospitals. The central hospitals are Sally Mugabe, Parirenyatwa, Mpilo and United Bulawayo Hospital. The provincial hospitals are Masvingo, Bindura, Victoria Chitepo, Gweru, Gwanda and St Lukes Lupane Mission Hospital. The district hospitals are Concession, Mbire Mission Hospital, Murambinda Mission Hospital, Chipinge, Gokwe North, Mberengwa, Binga, Lukosi Rural Hospital, Maphisa, Beitbridge and Filabusi.

### Project indicators to be measured.

A total of 986 people will be trained during the project

Persons	Number
General Practitioners	8
Prospective ENT doctors (Pediatric Fellowship)	3
nurses (RGN) and Rehabilitation Technicians (RT) Secondary health care	46
nurses (RGN) and Rehabilitation Technicians (RT) Primary health care	26
Community Health Workers	900
Employees WIZEAR	3
<b>TOTAL</b>	<b>986</b>

A total of 28,650 people will be treated at the various locations during the project period

Paediatric Services HCH	2020	2021	2022	2023	GESAMT
Examinations	500	1.000	1.200	1.500	4.200
ENT surgery	400	800	1.100	1.200	3.500
Audiological examinations	200	400	400	400	1.400
speech therapy	50	100	100	100	350
<b>TOTAL</b>					<b>9.450</b>

ENT services Parirenyatwa	2020	2021	2022	2023	GESAMT
Examinations	500	1.000	1.200	1.500	4.200
Audiological examinations	200	400	400	400	1.400
<b>TOTAL</b>					<b>5.600</b>

ENT services 7 provinces	2020	2021	2022	2023	GESAMT
Examinations	500	2.000	4.500	6.000	13.000
Audiological examinations	100	150	150	200	600
<b>TOTAL</b>					<b>13.600</b>

### Indirect target group:

According to a recent study, the World Health Organization (WHO) estimates that 9% of Zimbabwean children under the age of 15 and 5% of Zimbabwean adults over 15 are affected by hearing impairment. The prevalence rates in Zimbabwe are shown below:

Indirect target group:	Number Population	Prevalence (%)	TOTAL
Adults with hearing impairment	7,700,000	5%	364,000
Thereof children under 15 years	6,300,000	9%	567,000
<b>TOTAL</b>			<b>931,000</b>

### 3.2 Key evaluation questions and criteria

#### a) Relevance, quality of design and appropriateness:

- To what extent are the objectives of the P4014 project still valid?
- Is the P4014 project in line with the partner and CBM's mission and interest?
- Are the activities and outputs of the project consistent with the overall goal and the attainment of its objectives?
- Are the activities and outputs of the project consistent with the intended impacts and effects?
- How accessible and affordable are P4014 ear and hearing project services compared with existing services, to the population, including the poorest communities and persons with disabilities?

#### b) Effectiveness:

- What has the P4014 project achieved since its inception in 2020? To what extent were the objectives achieved?
- How realistic were the P4014 project targets? What were the constraints to achieving them?
- What were the major factors influencing the achievement or non-achievement of the objectives?
- Have beneficiaries been satisfied with the services received and do they note a noticeable gain in mobility.
- To what extent did the project contribute to strengthening the capacities in the project region?
- What are the measurable success indicators since the start of project implementation?
- Which identified training needs has the project addressed? What alternative trainings/workshops are needed to meet these needs?

#### c) Efficiency or cost-effectiveness (of planning and of implementation):

- Did the partnership approach and cooperation between CBM and WizEar contribute to an efficient and cost-effective planning and implementation of the P4014 project?
- Is the P4014 project well embedded in the programme structure of the WizEar and does it as such complement other initiatives in an efficient way?
- Have project funds been spent appropriately by WizEar
- Was the achievement of the P4014 project objectives on time?
- How far are the costs for ENT paediatric theatre and P4014 project activities in line with local standards.
- Did the WizEar recruit project staff that meets the needs of the project in terms of expertise and commitment? Was the share of work time for the BMZ project calculated in a cost-

efficient way? Any staff fluctuation?

- Are existing lessons learned such as reflection, internal review sufficiently used to keep project plan updated?

**d) Impact - Contribution to change:**

- What has happened because of the P4014 ENT project? (This would be supported by including any existing baseline information).
- What real difference has the P4014 project activity made to the beneficiaries, being medical staff and patients?
- Which changes took place based on the P4014 project's interventions in terms of attitude, practice, or effects on individual / family / community / institutional level?
- What impact did the activities and workshops have on the target group?
- How many people have been affected by the P4014 project? It is important to use disaggregated data for gender, age, type of disability and others as applicable.
- How has the project contributed to having an inclusive society? How many persons with disabilities were reached?

**e) Sustainability:**

- What are the obstacles faced during the P4014 project implementation and those putting the project sustainability at risk? What are mitigating and coping recommendations for the future?
- What are the major factors influencing the sustainability of the P4014 Project?
- How did persons with disabilities participate in the P4014 project design, implementation and monitoring or other assessment?
- Assess the level of government and community participation in disability initiatives at local level
- Is the feedback system effectively contributing as an information tool to improve the services/activities/trainings?
- Have the projects awareness raising activities and advocacy work led to a change in the behaviour of the target groups?
- Have capacities of Persons with Disabilities been strengthened to become aware of the P4014 Project?
- Has the project contributed to greater inclusion and equality within legal, political, economic and social systems?

**f) Gender:**

- Has there been any change over the P4014 project period to women and men with disabilities participating in community decision-making processes? Any change in the power distribution?
- What is the ratio of women and men in the p4014 project?
- Are female and male adults/children having equal access to project activities?
- Did both men and women receive the appropriate and needed support so that their needs are addressed?
- Is there a difference in activities / trainings in terms of gender equality?

**g) Child Safeguarding**

- How has a safe environment for children been established and maintained

throughout the stages of planning and implementation of the p4014 project?

- Assess the awareness of involved stakeholders about the rights of children and about child protection/safeguarding and what prevention and protection activities are being undertaken during the P4014 project.
- What measures have been put into place to ensure WizEar and other OPDs involved respect the safeguarding principles? What kind of control mechanism is in place? Assess the degree to which the CBM child safeguarding standards are known and understood by the various stakeholders.
- Assess how stakeholders (partner organisations, community groups etc.) will keep a safe environment for children and how they will keep prevention and protection measures.
- What feedback mechanisms are in place to report the violation of child safeguarding?

#### **h) Disability Inclusion**

- Has the awareness and understanding of disability increased amongst program staff? Has this occurred in the community? What can be learned about the initiatives undertaken? Were some more successful than others?
- Did women and men with a disability equally gain a better understanding of their rights and entitlements
- Were women, men, girls and boys with a disability equally able to access the full range of services offered? What difficulties did each of those groups have in accessing the services? What are recommendations for addressing the barriers in the future?
- Have project personnel received knowledge and training on the specific needs of women, girls, men and boys with a disability?
- Has the community formed a deeper respect and understanding for people with a disability and their families including decreased stigma and discrimination and increased appreciation of capacities and contribution?
- Have organisational policies, procedures and project decisions been reviewed and updated to be disability inclusive?

#### **Methodological guidance.**

- The detailed methodology shall be developed by the evaluation team in close consultation with WizEar and CBM. The evaluation shall be results based (outcome and impact) rather than activities based. It shall be a participatory process conducted by involving the implementing partner, stakeholders, and representatives from the target group. Particular attention shall be given to people with disabilities in terms of their involvement in the program and accessibility of the intervention. Therefore, sampling should deliberately include persons with disabilities from the target group. The evaluation shall involve both, males, and females.
- It is suggested to use mixed methods incl. qualitative and quantitative methods, including document review and stakeholder discussions/interviews. The evaluation shall be conducted using rights-based principles, i.e., participatory, inclusive and following a do-no-harm approach. Data security and privacy issues



must be adhered to during data collection, management as well as reporting.

- Ideally, the evaluation team shall include a mixed gender team and be inclusive of a person with disability. The project team can provide support in this.
- The project team will share a matrix of key partners and stakeholder with the evaluator so that s/he is aware on who to include in the sampling. The stakeholder table in the Appendix can provide further details on stakeholders to be considered in the discussion / evaluation survey. Have organisational policies, procedures and project decisions been reviewed and updated to be disability inclusive?

## Process

- CBM will be entirely responsible for the evaluation process, including drafting the terms of reference, reviewing and advertising as well as selection of the consultant with support from WizEar Trust. CBM Zimbabwe will make the payment for the project evaluation. CBM Germany holds the contract with BMZ, respective approaches in terms of methodology, final reports etc. will be aligned with CBM-Zimbabwe for their input and alignment.

## Stakeholders involved in the evaluation;

Stakeholders	What is their interest and contribution in the proposed project?	What is their power and influence in the project (1-5 rating, 1=low, 5=high)	Are these stakeholders going to be involved in the evaluation? How?
<b>Primary Stakeholders</b>			
e.g. Women and men with disabilities	Women and Man with hearing impairment. They need hearing aids for their hearing amplification	5	Yes, Women and Man who are beneficiaries of hearing aids, ear and hearing services will be consultant about ear and hearing service delivery. They will give their comments about P4014 project benefits, challenges, recommendations, and feedback.
Healthcare workers trained	They deliver services to project participants through knowledge acquired from the trainings offered in the project	5	Yes
e.g. Girls and boys with disabilities	Girls and boys with hearing impairment they need to receive ear and hearing health	5	Girls and boys who has received ear and hearing health services will be consulted to give their feedback

	services. These include hearing aids		
<b>Secondary stakeholders</b>			
e.g. Mothers, fathers, care givers			
e.g. Volunteers			
e.g. Local Government	<p>Ministry of Health and Child Care (MoHCC), WizEar is working closely with MoHCC. It has an MoU with MoHCC. WizEar is complementing government efforts. WizEar trained Doctors, Rehabilitation Personnel and Registered General Nurses from 13 District Hospitals, 6 Provincial Hospitals and 4 Central Hospitals under the P4014 ear and hearing project.</p> <p>Ministry of Labour and Social Welfare, WizEar is implementing the P4014 Project with department of disability affairs.</p> <p>Ministry of Local Government and Public Works, WizEar managed to introduce the project to Provincial Development Coordinators and District Development</p>	5	<p>Ministry of Health and Child Care will be consulted during the end project evaluation. These include officials from Non-Communicable Diseases and Rehabilitation Department. They will give their feedback and recommendations about P4014 Project activities and implementation.</p> <p>Ministry of Labour and Social Welfare will also contribute on how the project is being implemented</p> <p>Ministry of Local Government and Public Works, Rural District Councils and Town Councils will be consulted to give feedback if the project is being implemented within the parameters of Local Government</p>

	<p>Coordinators in the areas it is implementing the project.</p> <p>Rural District Councils. WizEar managed to introduce the organisation and the P4014 Project to all RDCs where the project is being implemented.</p> <p>Town Councils</p>		
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### Outputs and Deliverables

The evaluation is expected to produce a report on the BMZ (donor) attached template written in English which will be shared with CBM, WizEar and eventually submitted to the project donor BMZ.

### Expertise Profile of the Evaluation Team

Within the team conducting this evaluation the following qualifications are required:

- Master's degree or higher academic degree related to Social Sciences, International Development, economic and social development related studies, Organisational Development or similar (at least the Team Manager).
- Proven working experience with NGOs or INGO and the Government sector in the field of livelihood, economic development.
- Proven consultancy experience of at least 5 years with a record of providing high quality, creative expert advice.
- Proven experience in the evaluation of projects/programmes by specific donors (BMZ, EU, DFAD, DFID, etc.).
- Experience in evaluation of similar programmes and sound knowledge of Project Cycle Management and evaluation criteria.
- Experience in participatory approach is a must as well as facilitation skills.
- Good analytical skills, Proven working experience in the field of disability and inclusive development.
- Knowledge about local culture, policies, and laws relating to disability inclusion, to understand the reality for persons with disabilities in Zimbabwe.
- Working knowledge in Zimbabwe is necessary.
- Excellent writing skills, ability to write in a structured and concise manner.
- Proactivity and persistence will be required.
- Proficiency in written and spoken English and corresponding country language(s) Shona and Ndebele is essential.
- Team should be disability sensitive and aware of the specific needs of persons with

disabilities and have a sign language interpreter.

- The evaluation team is expected to be medically insured during the time of service under this consultancy. The contracting agency, CBM will not take responsibility for any damage, injury, or loss in the framework of this evaluation.

### **Tentative timetable**

Task	Location	Number of Days	Expected Dates
Inception meeting	Virtual	1 day	20 Nov
Inception report	Home based	1 day	23 Nov
Field phase	Project location	10 days	22 Nov- 1 Dec
Submission of draft report	Home based	5 days	8 Dec
Commenting (by partner, CBM)	Remote	7 days	11-15 Dec
Final report	Virtually	3 days	18 Dec

### **Management of the evaluation**

#### **Specific roles and responsibilities of those managing the evaluation:**

##### **Consultant**

- Organising own transportation and accommodation
- Providing time frames and abiding by them.
- Engagement of translators/interpreters

##### **Regional Office**

- Approval of evaluation expenses
- Approval of consultant selection process including TORs

##### **Zimbabwe Country Office**

- Approval of consultant selection
- Commissioning the evaluation
- Facilitating recruitment of consultant and payment for evaluation
- Supporting evaluation process

##### **Project Partner**

- Organising inclusive venues for interviews
- Booking interviews and organising respondents
- Engagement of local authorities and stakeholders in project districts and provinces
- Facilitating community clearances and authority to conduct evaluation
- Payment of meal reimbursements for evaluation participants

### **Quantity Structure**

**CBM reserves the right to terminate the contract in case that the agreed team members are not available at the agreed commencement of the assignment and if no adequate replacement can be provided.**

## Annex 2: Composition and independence of Evaluation Team

Innocent Yekeye- Evaluation Team Lead

Cynthia Manjoro- Evaluation Team Member

## Annex 3: Evaluation Matrix

Criteria	Questions	Guidance for analysis	Respondents/Sources of information
Relevance, quality of design and appropriateness	<ul style="list-style-type: none"> <li>To what extent have the objectives of the P4014 project been relevant?</li> <li>Was the P4014 project in line with the partner and CBM`s mission and interest?</li> <li>Were the activities and outputs of the project consistent with the overall goal and the attainment of its objectives?</li> <li>Were the activities and outputs of the project consistent with the intended impacts and effects?</li> <li></li> </ul>	Descriptive statistics (frequencies and means). Content analysis. Thematic analysis	Monitoring/project reports, WizEar Project Staff, CBM Staff, MoHCC, Ministry of Local Government, Hospital staff, Ministry of Labour and Social Welfare, Doctors Representatives, Nurses, and Technicians Representatives
Effectiveness	<ul style="list-style-type: none"> <li>To what extent has the P4014 project achieved its objectives?</li> <li>What were the major factors influencing the achievement or non-achievement of the objectives?</li> <li>Which identified training needs has the project addressed? What alternative trainings/workshops are needed to meet these needs?</li> </ul>	Descriptive statistics (frequencies and means). Content analysis. Thematic analysis	Monitoring/project reports, WizEar Project Staff, CBM Staff, MoHCC, Ministry of Local Government, Hospital Managers, Ministry of Labour and Social Welfare, Doctors Representatives, Nurses and Technicians Representatives
Efficiency or cost-effectiveness (of planning and of implementation)	<ul style="list-style-type: none"> <li>To what extent was the project design and delivery approach being efficient and cost effective? (Partnership and collaboration, program structure, financing etc.)</li> <li>How far are the costs for ENT paediatric theatre and P4014 project activities in line with local standards?</li> <li>Were existing lessons learned such as reflection, internal review sufficiently used to keep project plan updated?</li> </ul>	Descriptive statistics (frequencies and means); Content analysis. Thematic analysis	Monitoring/project reports, WizEar Project Staff, CBM Staff, MoHCC, Ministry of Local Government, Hospital Managers, Ministry of Labour and Social Welfare, Doctors Representatives, Nurses and Technicians Representatives

Criteria	Questions	Guidance for analysis	Respondents/Sources of information
Impact - Contribution to change	<ul style="list-style-type: none"> <li>What are the positive and negative intended and unintended changes that have come about as a result of the P4014 ENT project? (Beneficiaries' lives, capacities of medical staff, community awareness, behaviour change, institutional level etc.) (This would be supported by including any existing baseline information).</li> <li>How has the project contributed to having an inclusive society? How many persons with disabilities were reached yearly from the beginning of the project? Did the number of persons with disabilities reached increased by project end?</li> </ul>	<p>Descriptive statistics (frequencies and means);</p> <p>Content analysis;</p> <p>Thematic analysis</p>	<p>Monitoring/project reports, WizEar Project Staff, CBM Staff, MoHCC, Ministry of Local Government, Hospital Managers, Ministry of Labour and Social Welfare, Doctors Representatives, Nurses and Technicians Representatives</p>
Sustainability	<ul style="list-style-type: none"> <li>To what extent did the project put in place systems and structures for continuity of impact beyond the implementation phase? (involvement of persons with disability, government involvement, participation at national and sub-national levels, availability of feedback mechanisms etc.)</li> <li>What are the major factors that positively and negatively influenced sustainability of the P4014 Project?</li> <li>Have capacities of Persons with Disabilities been strengthened to become aware of the ENT services?</li> <li>Has the project contributed to greater inclusion and equality within legal, political, economic and social systems?</li> </ul>	<p>Descriptive statistics (frequencies and means);</p> <p>Content analysis.</p> <p>Thematic analysis</p>	<p>Monitoring/project reports, WizEar Project Staff, CBM Staff, MoHCC, Ministry of Local Government, Hospital Managers, Ministry of Labour and Social Welfare, Doctors Representatives, Nurses and Technicians Representatives</p>
Gender	<ul style="list-style-type: none"> <li>Has there been any change over the P4014 project period to women and men with disabilities participating in community decision-making processes? Any change in the power distribution?</li> </ul>	<p>Descriptive statistics (frequencies and means);</p> <p>Content analysis;</p>	<p>Monitoring/project reports, WizEar Project Staff, CBM Staff, MoHCC, Ministry of Local Government, Hospital Managers, Ministry of Labour and</p>

Criteria	Questions	Guidance for analysis	Respondents/Sources of information
	<ul style="list-style-type: none"> <li>Were female and male adults/children having equal access to project activities?</li> <li>Did both men and women receive the appropriate and needed support so that their needs are addressed?</li> <li>Was there a difference in activities / trainings in terms of gender equality?</li> </ul>	Thematic analysis	Social Welfare, Doctors Representatives, Nurses and Technicians Representatives
Child Safeguarding	<ul style="list-style-type: none"> <li>How has a safe environment for children been established and maintained throughout the stages of planning and implementation of the p4014 project?</li> <li>What measures have been put into place to ensure WizEar and other OPDs involved respect the safeguarding principles? What kind of control mechanism is in place? Assess the degree to which the CBM child safeguarding standards are known and understood by the various stakeholders.</li> <li>What feedback mechanisms were in place to report the violation of child safeguarding?</li> </ul>	Descriptive statistics (frequencies and means); Content analysis; Thematic analysis	Monitoring/project reports, WizEar Project Staff, CBM Staff, MoHCC, Ministry of Local Government, Hospital Managers, Ministry of Labour and Social Welfare, Doctors Representatives, Nurses and Technicians Representatives
Disability Inclusion	<ul style="list-style-type: none"> <li>Has the awareness and understanding of disability increased amongst program staff? Has this occurred in the community? What can be learned about the initiatives undertaken? Were some more successful than others?</li> <li>Did women and men with disability equally gain a better understanding of their rights and entitlements?</li> <li>Were women, men, girls and boys with a disability equally able to access the full range of services offered? What difficulties did each of those groups have in accessing</li> </ul>	Descriptive statistics (frequencies and means); Content analysis; Thematic analysis	Monitoring/project reports, WizEar Project Staff, CBM Staff, MoHCC, Ministry of Local Government, Hospital Managers, Ministry of Labour and Social Welfare, Doctors Representatives, Nurses and Technicians Representatives

Criteria	Questions	Guidance for analysis	Respondents/Sources of information
	<p>the services? What are recommendations for addressing the barriers in the future?</p> <ul style="list-style-type: none"> <li>Has the community formed a deeper respect and understanding for people with disability and their families including decreased stigma and discrimination and increased appreciation of capacities and contribution?</li> <li>Have organisational policies, procedures and project decisions been reviewed and updated to be disability inclusive?</li> </ul>		

#### Annex 4: Procedure and schedule at evaluation

Province	Central Hospital	Comments
Harare Province	Sally Mugabe/ Parirenyatwa Survey questionnaire	For data capturers to familiarise with tools
Mashonaland Central	Bindura Hospital/ Concession for FGD, Survey questionnaire	Courtesy Call at PMD. Bindura will save on costs as it is a return trip. Team covers Bindura and Concession Hospitals.
Manicaland	Victoria Chitepo Hospital	Courtesy call on PMD, Victoria Hospital and proceed to Chipinge
Manicaland	Chipinge FGD, survey questionnaire	Chipinge Hospital and Proceed to Masvingo
Masvingo	Masvingo General Hospital	Courtesy call at PMD, Masvingo Hospital and Proceed to Chiredzi.
Masvingo	Chiredzi FGD, survey questionnaire	Chiredzi Hosp for FDG and other activities.
Team Takes a Break	Chiredzi	Break to manage fatigue especially for drivers.
Travel to Bulawayo		Proceed to Bulawayo
Bulawayo	Courtesy call on PMD and proceed to Gwanda FGD, Survey questionnaire	Team intends to travel to Gwanda after courtesy call and return to Bulawayo
Mat North	St Lukes FGD, survey questionnaire	Team visits St Lukes for FGD and other activities before proceeding to Binga.
Mat North	Binga FGD, Survey questionnaire	FGD and related activities
Travel to Bulawayo	Mpilo and UBH Central Hospitals FGD, Survey Questionnaire	Visit Central Hospitals in Bulawayo



Province	Central Hospital	Comments
Midlands	Gweru General Hospital FGD, survey questionnaire	Team Travels back to Harare

#### ANNEX 5: List of Participants/Interviewees

Province/ District	Hospital/Institution	Designation of Respondent
Harare	<ul style="list-style-type: none"> <li>MoHCC</li> </ul>	<ul style="list-style-type: none"> <li>Deputy Director-NCDs</li> </ul>
Harare	<ul style="list-style-type: none"> <li>MoHCC</li> </ul>	<ul style="list-style-type: none"> <li>Deputy Director-Rehabilitation services</li> </ul>
Harare	<ul style="list-style-type: none"> <li>WizEar</li> </ul>	<ul style="list-style-type: none"> <li>Audiologist</li> </ul>
	<ul style="list-style-type: none"> <li>WizEar</li> </ul>	<ul style="list-style-type: none"> <li>Audiologist</li> </ul>
	<ul style="list-style-type: none"> <li>WizEar</li> </ul>	<ul style="list-style-type: none"> <li>Project Officer</li> </ul>
Harare Province	<ul style="list-style-type: none"> <li>Harare Central Hospital</li> <li>Parirenyatwa Group Hospitals</li> </ul>	<ul style="list-style-type: none"> <li>Chief Therapist</li> <li>Rehab Technician</li> <li>ENT Nurse</li> </ul>
Mashonaland Central	<ul style="list-style-type: none"> <li>Bindura Provincial Hospital</li> <li>Concession Hospital</li> </ul>	<ul style="list-style-type: none"> <li>Provincial Therapist</li> <li>Rehab Technician</li> <li>ENT Nurses</li> </ul>
Manicaland Province	<ul style="list-style-type: none"> <li>Victoria Chitepo Hospital</li> <li>Chipinge District Hospital</li> </ul>	<ul style="list-style-type: none"> <li>Provincial Therapist</li> <li>Rehab Technician</li> <li>ENT Nurses</li> </ul>
Masvingo Province	<ul style="list-style-type: none"> <li>Masvingo Provincial Hospital</li> <li>Chiredzi General Hospital</li> </ul>	<ul style="list-style-type: none"> <li>Provincial Therapist</li> <li>Rehab Technician</li> <li>ENT Nurses</li> </ul>
Matebeland South	<ul style="list-style-type: none"> <li>Gwanda General Hospital</li> </ul>	<ul style="list-style-type: none"> <li>Provincial Therapist</li> <li>Rehab Technician</li> <li>ENT Nurses</li> </ul>
Matebeland North	<ul style="list-style-type: none"> <li>St Luke's Mission Hospital</li> <li>Binga District Hospital</li> </ul>	<ul style="list-style-type: none"> <li>Provincial Therapist</li> <li>Rehab Technician</li> <li>ENT Specialist</li> <li>ENT Nurses</li> </ul>
Bulawayo Metropolitan	<ul style="list-style-type: none"> <li>Mpilo Central Hospital</li> <li>United Bulawayo Hospitals</li> </ul>	<ul style="list-style-type: none"> <li>Provincial Therapist</li> <li>Rehab Technician</li> <li>ENT Specialist</li> <li>ENT Nurses</li> </ul>
Gweru	<ul style="list-style-type: none"> <li>Gweru Provincial Hospital</li> </ul>	<ul style="list-style-type: none"> <li>Provincial Therapist</li> <li>Rehab Technician</li> <li>ENT Specialist</li> <li>ENT Nurses</li> </ul>

## Annex 6: Bibliography

Guest, G., Bunce, A., & Johnson, L. (2006). How Many Interviews Are Enough? An Experiment with Data Saturation and Variability. *Field Methods*, 18(1), 59–82. <https://doi.org/10.1177/1525822X05279903>

Hagaman, A. K., & Wutich, A. (2017). How Many Interviews Are Enough to Identify Metathemes in Multisited and Cross-cultural Research? Another Perspective on Guest, Bunce, and Johnson's (2006) Landmark Study. *Field Methods*, 29(1), 23–41. <https://doi.org/10.1177/1525822X16640447>.

Christoffel-Blindenmission Deutschland e.V. (2020). 4014-BMZ-MYP Approved Project Plan and Budget.

Wizear and CBM, (2022). Prevention of childhood hearing impairment through enhancing and strengthening the ENT service in Zimbabwe.

## Annex 7: Logical framework and project indicators

Impact		Contribution to sustainable ENT medical care in Zimbabwe	
Specific objective	Indicators		
	Baseline (Quantitative & qualitative)	Target (Quantitative & qualitative)	
Prevention, diagnosis, treatment, and rehabilitation of hearing impairment in the target region have improved and are accessed by more people.	Low capacities and examination numbers.	Overall, 28,650 people treated, and 986 people trained during the project period	
	Low priority of ENT care in the national health system.	ENT services are part of the national health system and sustainably guaranteed.	
Results	Indicators		
	Baseline (Quantitative & qualitative)	Target (Quantitative & qualitative)	
1. Access to and quality of ENT, audiology and speech therapy services in Harare are improved.	Low number of surgeries on children due to lack of surgical capacity at the HCH. Operations 2019: 97/year	An operating theatre built and equipped	
		Increase in surgeries to 1,200/year	
	Low audiological and speech therapy examinations due to lack of staff (2019): audiology: 135 speech therapy: 0	Increase in number of examinations / years: audiology: 400 speech therapy: 100	
	No adequate ENT services for adults in Harare.	Increased capacity at Parirenyatwa Hospital/ year: Examinations: 4.200 Audiology: 1,400	
	Lack of trained pediatric ENT specialists	A total of 3 paediatric ENT physicians trained	
2. The medical infrastructure for treating ear disease on provincial and district level in the target region permanently improved.	Low patient numbers due to fluctuation and lack of classes	The following staff is qualified on provincial and district level: - General practitioners: <b>8</b> - Nurses & rehabilitation technicians: (provincial level): 46 (district level): 26	

	Loss of ENT services due to inefficient maintenance and calibration of diagnostic equipment.	Provincial hospitals equipped with diagnostic equipment and consumables.
	Limited access to services due to provincial focus.	Services are expanded to district level and district hospitals are equipped with diagnostic equipment and consumables
3. An efficient referral system has been introduced and health services are connected	No efficient referral system in place.	Efficient referral system established, and local organisations and health care providers strategically networked
	Patients who have been referred from the provinces often do not take advantage of further treatment in Harare, for example because they would have to make their own appointments or cannot afford the costs of transport, accommodation, and patient fees.	A total of 30 outreaches carried out.
	Training of community health workers does not include basic ENT training.	A total of 900 GGH trained and integrated into ENT care
	Low level of awareness of the population about existing ENT services.	The population is informed about the services and sensitised about ENT prevention by means of education campaigns.
4. The treatment of ear diseases is firmly anchored in the Zimbabwean health system	The national strategy for the prevention of hearing impairment (NEHCS) has been ratified but is not fully implemented.	Government is fulfilling its responsibility for budgeting of ENT services, which they took over with the signing of the MoU with the local project lead and will provide

## Annex 8: Questionnaires and other data/information collection tools

### SURVEY QUESTIONNAIRE (BENEFICIARIES AND CARE GIVERS)

Introduction of the Interviewer and the purpose of the interview

Informed Consent: Hello, my name is \_\_\_\_\_. I would like to ask you a few questions for the final Evaluation of the P4014 project on the prevention of childhood impairments to check implementation progress of the activities and the quality of services offered. The evaluation will assess if the services are benefitting the targeted groups. Your name and answers will remain confidential and will only be used to improve our response actions. It will take approx. 20 minutes to answer the questions. Do you mind talking with me? If you agree, just confirm verbally.

Consent given	Consent not given

If consent is not given, thank the person for speaking with you and end the conversation. Do not proceed with the survey.

## SECTION A: DEMOGRAPHIC DATA

Type of Respondent	Tick Applicable
Beneficiary	
Caregiver	

Province	Tick Applicable
Harare	
Bulawayo	
Matabeleland North	
Matabeleland South	
Masvingo	
Midlands	
Manicaland	
Mashonaland Central	

### Closest Project Hospital Visited by Beneficiary (Tick Applicable)

District	Provincial	Central Hospitals
Concession	Masvingo	Sally Mugabe
Mbire Mission Hospital,	Bindura	Parirenyatwa
Murambinda Mission Hospital	Victoria Chitepo	Mpilo
Chipinge	Gweru	United Hospitals Bulawayo

Gokwe North	Gwanda	
Mberengwa	St Lukes Lupane Mission Hospital	
Binga		
Lukosi Rural Hospital		
Maphisa		
Beitbridge		
Filabusi		

**Please select the gender of the respondent.**

Gender	
Female	
Male	
Prefer not to say	

If the respondent is the beneficiary, please select type of disability of the beneficiary.

Type of Disability	Tick all applicable
1. Difficulty Seeing	
2. Difficulty Hearing	
3. Difficulty walking	
4. Difficulty remembering	
5. Difficulty with self-care	
6. Difficulty with communicating	

What is the age of the respondent?

Number of years

## SECTION B: INFORMATION ON PROJECT PERFORMANCE

1. Have you ever been sensitised on project Ear Nose Throat services?

YES	NO

2. If your answer to the above question is YES, how did you hear about the services?

Community meeting	
Home visit by project/clinic staff	
Social media	
Visit to a health care facility	
Snowballing	
Other (Specify)	

3. How would you rate your knowledge of ENT services in Zimbabwe? (Tick the appropriate box)

Very good	
Good	
Neither good nor poor	
Poor	
Very Poor	

4. How accessible are P4014 ear and hearing project services compared with existing services, to the population, including the poorest communities and persons with disabilities?

Very accessible	
Fairly accessible	
Not accessible	

Not sure	
----------	--

5. How affordable are P4014 ear and hearing project services compared with existing services, to the population, including the poorest communities and persons with disabilities?

Very affordable	
Fairly affordable	
Not affordable	
Not sure	

6. What have you benefitted from the P4014 project since its inception in 2020? (Tick the appropriate box)

Nasal related services	
Throat related services	
Clinical ear treatment	
Hearing aid services (trouble shooting, fitting, supply and programming)	
Hearing aid batteries	
Surgery	
Booked for surgery and still waiting	
Nothing	

7. How would you rate your satisfaction with the services received? (Tick the appropriate box)

Excellent	
Very good	
Good	

Poor	
Very poor	

8. Has the P4014 project made any real difference to you/ the child in your care? (Tick the appropriate box)

YES	NO

9. Are you aware of any children who have failed to access the project ENT services? (Tick the appropriate box)

YES	NO

10. If your answer to question 9 above is YES, what are the reasons for failure to access services? (Tick the appropriate box)

Lack of awareness of project services	
Lack of awareness on ENT conditions	
Services are not affordable	
Long distances to service delivery points	
Negative attitudes by health personnel	
Other (Specify)	

**THANK YOU FOR YOUR TIME**

## KEY INFORMANT INTERVIEW GUIDE

(Project Staff, Ministry of Health and Child Care, Trained Doctors, Nurses and Technician Representatives & Hospital Directors)



## Introduction of the Interviewer and the purpose of the interview

Informed Consent: Hello, my name is \_\_\_\_\_. I would like to ask you a few questions for the final Evaluation of the P4014 project on the prevention of childhood impairments to check implementation progress of the activities and the quality of services offered. You have been chosen to participate in the evaluation because of your involvement in the project and the important knowledge that you hold about this project. Your name and answers will remain confidential and will only be used to improve WIZEAR and CBM response actions. It will take approx. 30 to 45 minutes to answer the questions. Do you mind talking with me? If you agree, kindly confirm verbally.

Consent given	Consent not given
<b>Name of Interviewer</b>	
<b>Date</b>	
<b>Name of Respondent</b>	
<b>Position</b>	
<b>District</b>	
<b>Hospital (If applicable)</b>	

## RELEVANCE

1. First, please tell me about your involvement in this program.
2. How important were project objectives of the P4014 project? (Probe for importance and reasons)

.....  
.....

## COHERENCE

3. How well do you think the P4014 project complemented other projects complements other projects being implemented by WIZEAR, CBM and the Government of Zimbabwe?

.....  
.....

## EFFICIENCY

4. How well is the P4014 project embedded in the project structure of the WizEar? In what ways do you think the project complement other WizEar initiatives in an efficient way?  
.....  
.....
5. Was the project able to achieve its objectives on time?  
.....
6. Do you think the costs for ENT Pediatric theatre and P4014 project activities are in line with local standards?  
.....  
.....
7. Do project staff have the requisite expertise to meet the needs of the project?  
.....
8. Are existing lessons from reflections and internal reviews sufficiently used to keep the project plan updated?  
.....

### **EFFECTIVENESS**

9. What do you think were the major achievements of the P4014 since 2020?  
.....
10. Do you think the P4014 project targets were realistic?  
.....
11. What do you think were the main reasons for success or lack of it in terms of attainment of objectives?  
.....
12. What have been the major constraints in the project in achieving its targets? In what way has the project managed to deal with these constraints?  
.....
13. To what extent did the project contribute to strengthening the capacities in the project region?  
.....

### **Impact**

14. What do you think have been the major effects of the P4014 ENT project? (Probe for negatives and positives)  
.....  
.....

### **Sustainability**

15. To what extent are benefits from the project likely to continue even after the project has ended? (Probe for factors that will facilitate or constrain sustainability)  
.....  
.....

### **Gender inclusion**

16. In what ways has the project ensured that both female and male adults/children have equal access to project activities?

.....

### Child safeguarding

17. To what extent did the project contribute towards creating a safe environment for children throughout all stages of the project?
- .....

### Disability Inclusion

18. How has your understanding of disability as a staff member been enhanced by your exposure to this program?
- .....

### Lessons Learned

19. What were the lessons learned from implementation of the project?
- .....

### Recommendations

20. What recommendations can you provide for future similar projects?

## FOCUS GROUP DISCUSSION GUIDE

Introduction of the Facilitator and the purpose of the Focus Group Discussion

Informed Consent: Hello, my name is \_\_\_\_\_. I would like to thank you for agreeing to attend this focus group discussion. This focus group discussion is helping us to collect data for the final Evaluation of the P4014 project on the prevention of childhood impairments to check implementation progress of the activities and the quality of services offered. You have been chosen to participate in the discussion because of your involvement in the project and the important knowledge that you hold about this project. Your names and answers will remain confidential and will only be used to improve WIZEAR and CBM response actions. The discussion will take approximately 45 minutes. Do you allow me to talk to you? If you agree, kindly confirm verbally.

Consent given	Consent not given

Name of Facilitator	
Date	

<b>Number of Participants</b>	
<b>Number of Males</b>	
<b>Number of Females</b>	
<b>Date and Time</b>	
<b>District and Location</b>	
<b>Hospital (If applicable)</b>	

### RELEVANCE

1. How important were project objectives of the P4014 project to you as a community? Explain  
(Probe if there are other issues that they felt should have been covered but were not)

.....  
 .....

### COHERENCE

2. How well do you think the P4014 project complemented other projects complements other projects being implemented by WIZEAR, CBM and the Government of Zimbabwe?

.....  
 .....

### EFFICIENCY

3. Was the project able to achieve its objectives on time?

.....  
 .....

4. Do project staff have the requisite expertise to meet the needs of the project?

.....  
 .....

### EFFECTIVENESS

5. What do you think were the major achievements of the P4014 since 2020?

.....  
 .....

6. What do you think were the main reasons for success or lack of it in terms of attainment of objectives?

.....

### Impact

7. What do you think have been the major effects of the P4014 ENT project? (Probe for negatives and positives)

.....

8. What changes has the project brought in the life of people in the community, especially people with disabilities?

.....

### **Sustainability**

9. To what extent are benefits from the project likely to continue even after the project has ended? (Probe for factors that will facilitate or constrain sustainability)

.....

.....

### **Gender inclusion**

10. In what ways has the project ensured that both female and male adults/children have equal access to project activities?

.....

.....

### **Child safeguarding**

11. To what extent did the project create a safe environment for children throughout all the implementation stages?

.....

.....

12. What feedback mechanisms were put in place to report the violation of child safeguarding?

.....

.....

### **Disability Inclusion**

13. How has your understanding of disability been enhanced by your exposure to this program?

.....

### **Lessons Learned**

14. What were the lessons learned from implementation of the project?

.....

### **Recommendations**

15. What recommendations can you provide for future similar projects?



**End of Project Evaluation Draft Inception Report :Prevention of childhood hearing impairment through enhancing and strengthening the ENT service in Zimbabwe**

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*MTR Report*

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## **Mid-Term Evaluation**

**Prevention of childhood hearing impairment through enhancing and  
strengthening the ENT service in Zimbabwe**

**Project Number: P4014-BMZ-MYP (BMZ PN: 5068)**

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## **Final Version**

**October 2022**