



# **REPORT**

## **Partner Assessment**

### **St Paul’s Hospital Millennium Medical College (SPHMMC)**

**CBM Country Office Ethiopia**  
**27<sup>th</sup> – 28<sup>th</sup> April 2021**

## Part 1. Information about the organisation

### General information about the organisation

Name of the organisation:	St. Paul’s Hospital Millennium Medical College (SPHMMC), Addis Ababa, Ethiopia
Overall annual budget (last 3 years average):	ETB 6,288,882.66
Does the organisation have a positive track record of managing funds from CBM or other donors?	Yes, other funding sources apart from CBM are government agencies like FMOH and non-government agencies including among others Michigan University on Reproductive Health, and Harvard University School of Public Health on Berhan Project on Women Health and infants, and the total budget amount reaches 3.2 million USD.
Does the organisation have experience in responding to emergencies?	Yes, it has some experience in responding to health area emergencies or disaster response. It has been recently engaged in responding to COVID-19 pandemic by establishing an isolation center, and working specifically on COVID-19 test and treatment of positive cases with oxygen need

### Information about the prospective/ongoing partnership

Date of the last partner assessment:	29-Sep-17
Reason for intended partnership/renewal of partnership:	CBM and SPHMMC started the partnership in 2017 in the area of Ear and Hearing care with CBM’s role mainly focusing towards contribution of system strengthening of the Hospital’s ENT department. The main purpose of this PA is therefore to examine the strengths and weakness of the partner organization or SPHMMC. The PA used tools or interview questions to assess the strengths and weakness and lessons learnt in its different functional domains of the organisations. The outcome of the assessment then helped guide both partners to plan to work together on the gaps identified about the organization so that opportunities would be used to make the partnership more successful. CBM conducted Partnership Assessment to SPHMMC in the year indicated above, and since then this is the second assessment ever done even if CBM pursues conducting PA to its partner organisations every three years as its effort to strengthen its partnership management. The partnership with SPHMMC is ongoing with implementation of the existing P3838-MYP (2019-2021).

## **Introduction about the organisation and its work**

The Vision and mission of the SPHMMC:

VISION: to set the new century for health in Ethiopia by striving to become a center of excellence in healthcare, medical education and research.

MISSION: to provide comprehensive healthcare services, teach high quality medical education and meet the needs of the communities we serve through our advanced and affordable healthcare system.

St. Paul’s Hospital is a Tertiary Health Institution located in Addis Ababa (1271 Swaziland Street). It was established with the intent to help poor people who could not afford medical expenses. The hospital’s first location was where Atobis Tera (regional bus terminal) is today. It was inaugurated in July 1947, furnished with 250 beds. The hospital was first administered by the Ministry of Health, but the management of the hospital was later transferred to the so-called Haile Selassie I Foundation. The foundation assigned high profile people for St. Paul Hospital Board of Directors. In 1968/1969, new hospital buildings were constructed in the Gulele area, its present site. The hospital had the capacity to admit 400 inpatients and 300 outpatients. During that time, the hospital staff consisted of nine medical doctors and 18 nurses. A nursing college building was constructed at the back of the main hospital building. According to Ministry of Planning, in 1969/70, St. Paul’s Nursing School was one of the seven institutions in the country giving training in nursing. There was a building on the hospital’s premises designed to accommodate staff members. German Evangelical Church financed 75% of the cost of the building’s construction while the rest of the cost was covered by welfare organizations within the country, such as the National Lottery Administration, which gave nearly one million birr. After serving the Nation only as a hospital for 60 years, St. Paul’s opened a medical college during the Ethiopian Millennium celebrations in 2007. So, the Ministry of Health named it “St. Paul’s Hospital Millennium Medical College” (SPHMMC). It was established through the decree of the Council of Ministers in 2010, although the medical school opened in 2007. The college curriculum is very different from the traditional medical schools. It is the country’s first undergraduate integrated modular curriculum medical education. Within a decade, the college stretched to postgraduate and sub specialty programs. The college has more than 2,500 clinical, academic and admin staff. While the inpatient capacity is 700 beds, more than 2,000 outpatient and emergency clients have been visiting our health facility daily from different parts of the Country. St. Paul’s vision of becoming a medical university with a prestigious academic and research Centre, and one of the most sought after medical care providers. SPHMMC provides the following medical services among which ENT(Ear, Nose and Throat )pharmacy is one of the major service areas :1. Anesthesiology Laboratory 2. ART (HIV care) Neurology 3. Cardiology Neurosurgery 4. Dentistry and Maxillofacial Obstetrics and Gynecology 5. Surgery Ophthalmology 6. Dermatology Orthopedics 7. Emergency Pathology 8. Endoscopy & Laparoscopy Pediatrics 9. ENT (Ear, Nose, Throat) Pharmacy 10. Forensic Medicine Physiotherapy 11. General Surgery Psychiatry 12. ICU (Intensive Care Unit) Radiology and imaging 13. Internal Medicine Renal Dialysis 14. Kidney Transplant Urology

## Part 2. Partner Assessment Questionnaire

### Section I. Governance and leadership section

The objective of the section is to review the organisation’s governance structure and compliance with legal requirements, to ensure that minimum accountability standards are in place and identify areas which need strengthening.

#### MINIMUM GOVERNANCE AND LEADERSHIP CRITERIA (red)

Criteria	Appraisal	Sources of Verification	Comment
1.1 The organisation is <b>registered</b> .	Partially	Registration document	SPHMMC is registered with relevant government legislation which is in this case Ethiopia Food, Medicine and Health Care Administration and Control Authority of Ethiopia. Previously, certificates of registration have been provided to CBM and the certificates has not been renewed timely. SPHMMC is also in the process of getting accreditation from the relevant specific government authority. The process is being handled by the Health Science Education Development Center.
1.2 The <b>vision &amp; mission</b> of the organisation guides its work and is used to set priorities.	Yes	Website Strategy plan Annual reports	SPHMMC has a clear Vision and Mission shared among its stakeholders by showing it in the organization’s website. Based on the vision and mission of the organization, a five-year Strategic plan (2014-2019) was developed and got operational. The strategic Plan helped to guide SPHMMC’s work and sets its priorities. The partner is now preparing to be engaged with a new Strategic planning process. The Provost Council, in its strategic decisions, uses the vision and mission of the organization to prioritize what needs to be pursued in regards to enhancing the provision of comprehensive and affordable health care services for a large majority of underserved populations in Addis Ababa as well as from the Regions. Still a number of people get quality medical services free of charges.

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1.3 The organisation <b>collaborates</b> with other relevant stakeholders and has good standing at community, district and local/government levels.	Yes	Feedback from stakeholders Project and field trip reports Website	SPHMMC is one of the biggest and renown referral hospitals in the Country, being, in fact, the second largest Health institution in Ethiopia. It is a well-established, and a visible part of the community, working in collaboration with more than 22 hospitals in the Country, through provision of Capacity Building trainings, HR and equipment. The FMOH developed a cluster approach, where referral tertiary institutions are included. Accordingly, SPHMMC has been included in the cluster system in more than one areas. SPHMMC is providing support to 3 so-called teaching hospitals in Addis Ababa. SPHMMC has also collaboration with some government Universities in the country, including Addis Ababa University, Jimma University, Mekele University and Black Lion Hospital. Many patients are referred to SPHMMC for enhanced medical attention from various health institutions in different parts of the country, though majority of them are clients from Addis Ababa. Being a government hospital, SPHMMC has strong linkages with the government, as well as non-government like-minded organizations.
1.4 The Organisation has a <b>functioning governing body</b> that meets regularly.	Yes	Schedule of meetings and participation  Terms of Reference	<p>SPHMMC has a functioning governing body or the Board, composed of 8 members, namely:</p> <ol style="list-style-type: none"> <li>1) Dr. Fitsum Assefa, Commissioner of the National Planning Commission (Chairperson)</li> <li>2) Dr. Dereje Duguma. Deputy Minister (Deputy Chairperson – Minister of Health)</li> <li>3) Dr. Tigist Girma (Lideg Midwifery College, President)- Member</li> <li>4) Dr. Yigeremu Abebe (CHAI Country Office (Vice President)- Member</li> <li>5) Dr. Tegbar Yigzaw , Ethiopian Medical professionals Association)-Member</li> <li>6) Dr. Wondemagegn Gezahegn (SPHMMC, Provost)-Member</li> <li>7) Dr Lidiya Tefera (Medical Services, Vice Provost)-member</li> <li>8) Dr. Sisay Sergu ( Education and Research, Vice Provost)-Member</li> <li>9) Ato Temesgen Mekonnen(Development and Administration, Vice provost)-Member</li> </ol> <p>The SPHMMC Board meets at least 2 to 4 times a year, and official minutes are taken and shared. Due to the high level of composition of the Board (most of them in ministerial level, and seemed to have a busy schedule, and other demanding priorities), often meetings did not take place as often as planned. However, at least once a year the board holds a meeting to discuss and approve the Annual Budget and other issues which demand high level decision. The Provost Council is the executive body of the SPHMMC and has extensive powers in terms of decision-making. It is composed of 4 provosts and 3 vice provosts. Regular meetings are</p>

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			<p>held, normally once a month but fundamentally meetings are conveyed whenever there is an important issue to discuss. The Medical College has 2 councils:</p> <p>1) The Management Council, under the Medical Services (Department Heads are members of this Council)</p> <p>2) The Academic Commission, supervised by the Senate. Head of the Departments is assigned by both Academic and Management Provosts.</p> <p>New partnerships, like the one to be started with CBM, can be approved by the Provost Council and reported to the Board only for final endorsement.</p>
1.5 The organisation has a track record of successful work and can articulate and <b>demonstrate achievements.</b>	Yes	<p>Project reports</p> <p>Feedback from beneficiaries</p> <p>Annual report</p> <p>Website</p>	<p>Apart from multiple medical services being provided at the hospital, SPHMMC has proved to be managing projects with its adequate professional and support staff members in all the departments. The ENT department alone has a big size of staff where there are 71 staff members( 51 clinical and 21 support staff). The staff has the required skills, knowledge and the expertise which is validated through the HR manual internal process including recruitment and periodic performance evaluation by the Job Evaluation and Grading department. The ENT department is currently executing a Multi-Year Project on Ear and Hearing Care MYP (2019-2021), in partnership with CBM, with a budget of more than 18 million ETB, in collaboration with its stakeholders located in Addis Ababa, as well as in other regions, including 10 health facilities in Addis Ababa and others in South and North Wollo in the Northern parts of the Country. In terms of specific projects, SPHMMC has experience of minor partnerships with other organizations, specifically linked with ad-hoc initiatives. Timely reporting is ensured by the Management even 51 though, the reports are still with some inadequacies which need improvements against CBM quality reporting standards. On the other hand, SPHMMC has also a good working relationship with FMoH, and the Ministry is provided with Annual narrative reports. A copy of an annual report has been shared with the CBM PA Team. The report is tailored according to the requirements from the Ministry of Health, reporting figures and data according to set indicators. Being the second largest health institution in Ethiopia, figures are relevant towards the achievement of the targets set in the HTCP II.</p>

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1.6 The organisation’s board/leadership is <b>aware of and supportive of the partnership</b> with CBM.	Yes	Interviews	The Provost Council is aware of the partnership with CBM, and the remarkable financial and technical support from CBM in promoting quality ENT services to large number of underserved population in Addis Ababa. During the PA visit by CBM PA team, the Vice Provost for Medical Services, delegated by the Provost Council, remarked the importance of the partnership with CBM to strengthen the ENT services. In addition, the governing body meets at least twice a year to discuss and make decision on different strategic issues including financial matters. The management Committee meets regularly to make decision and provide directions. Dr. Sisay Sergu, who is the Academic and Research Provost and also a member of the Management Committee, is well aware of the project under implementation and assists its financial management through providing information about the project to the committee members during reviewing the hospital's activities. It is also him that tracks and approves the fund for the project expenditures. Minutes of the management committee meeting has been provided to the PA Team.
1.7 The organisation has a <b>code of conduct/equivalent statement</b> or is committed to developing one where this is absent, setting out its position on <b>all forms of unacceptable conduct</b> and actively promotes its adoption by staff.	Yes	Code of conduct/equivalent statement stating remedial and/or disciplinary measures  Solid, publicly available channels to report incidents incl. anonymous reporting channels  Incident reporting and trackable handling of incidents by board/leadership	The organization has no specific code of conduct which is committed to discourage unacceptable conduct and encourage desirable behaviors. Nevertheless, the SPHMMC uses an alternative statement in the HR manual which states the practice of administering a disciplinary measure for any misconduct. There is also a channel for reporting any such incidents through fixing suggestion boxes in different visible parts of the hospital’s premise. Besides, there are complaint reporting channel or the Reform Office which often organizes community gathering and collects feedback and comments on the operations and service provision of the hospital. Finally, the comments are reported to the relevant department for improvement and follow up.

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		<p>Code of conduct integrated into employment and project contracts</p> <p>Training and documented induction procedures of staff with proof of participation</p>	
1.8 The organisation, its leadership and management, is <b>not named on the international sanctions lists</b> or adversely mentioned in local judicial action.	Yes	EU, UK, US Office of Foreign Assets Control (OFAC) and UN sanctions list	The Management Staff met by the PA team confirmed that SPHMMC has never been engaged in any form of such international sanctions lists as well as any local judicial actions.



### GOVERNANCE AND LEADERSHIP CRITERIA to attain (green)

Criteria	Appraisal	Sources of Verification	Comment
1.9 The organisation has a <b>written constitution/trust deed/bi-laws</b> or other governing document specifying its purpose and governance structure.	Partially	List of governing body members  Written constitution/trust deed/bylaws	SPHMMC has a written legislation, referred to as “the Senate Legislation of SPHMMC” which has been shared with CBM PA team. The Content of the document describes the role to confirm appointments of the senate members that require consent and to provide advice and consent to ratify treaties
1.10 The governing body (e.g. Board) is <b>independent and is appointed</b> by, and responsible to, a wider membership.	Partially	Written constitution/trust deed/bylaws  Operational plan  Terms of Reference Policies in place  Processes in place	The majority of the Board members with diverse skills and expertise in the medical field were directly nominated by the by the Federal Ministry of Health. Whereas, the college nominates the rest of the members from different medical institutions and Associations like the Ethiopian Medical Association and Midwifery College. As the board members are from different private and government ministerial offices, they are only partially independent, and are related to each other particularly to the management members. Most of the management members are members in the board. Besides, the Provost Council is composed of Provosts, nominated by the FMOH. The appointment is for two serving years with possibility of extension as needed, but the terms of extending the no of service years is not clear. The Organization has no operational plan, but it uses the strategic plan as a guide for its overall operations. The board function according to the articles and processes stipulated in the legislation.
1.11 The management of the organisation <b>reports regularly to the board/governing body.</b>	Yes	Written constitution/trust deed/bylaws  Policies in place  Processes in place	The Provost Council is supposed to report organizational activities to the governing body twice a year. On the other hand, the board meetings are also supposed to be held at least 4 times a year. However, in actual terms, the board did not meet and work up to this requirement due to the fact that most of them are political appointees who are being engaged in other pressing political priority agendas in the institutions they lead such as the FMOH and FMOE. Therefore, the Provost Council would take the responsibility on their behalf in charge of managing major financial and policy decisions, and they report to the board what have been accomplished by the council/management team in this regard. They get directions on their operations from the board of directors ,and being monitored.

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1.12 The <b>board has the final responsibility</b> for the approval of strategic plans, budgets, annual accounts, policies, etc.	Yes	<p>Policies in place Annual reports Financial statements/regulatory reports</p> <p>Terms of Reference</p>	<p>The Board has in general a key role to help establish strategic goals aimed towards quality improvement and improved medical services. It also approves the Hospital’s strategic plans, budgets, and manages external relations.</p> <p>The Board has in general a key role to help establish strategic goals aimed at improving the provision of accessible medical services in each medical programme areas in the new hospital, and also approves the hospital’s strategic plan, budgets and external relations and matters which are beyond the authority level of the provost council etc.</p>
1.13 The organisation has clear policies on <b>inclusive employment and gender equality</b> .	Partially	<p>HR and other policies in place</p> <p>Budget for current financial year</p>	<p>SPHMMC has an HR policy which does not discriminate among persons with and without disabilities. Nevertheless, affirmative actions are not specifically taken towards SPHMMC has an HR policy which does not discriminate among persons with and without disabilities. Nevertheless, affirmative actions are not specifically taken towards employment of persons with disabilities to ensure equality and diversity. Besides, accessibility audit has never been performed until now even if budget was allotted for conducting accessibility audit for the ENT department in the implementation of the exiting Multi- year Project on Ear and Hearing care services .</p>
1.14 The organisation has a strategic plan and the <b>capacity to document outcomes</b> and articulate achievements of its projects.	yes	<p>Plans and budgets for operations/projects</p> <p>Project reports and evaluations</p> <p>Data generated from own monitoring processes</p>	<p>SPHMMC has a strategic plan for (2014-201) which guides its overall operations. The outcome of its operations are documented and reported through annual reports, submitted to the FMOH, and other agencies including CBM. A copy of the report has been shared with PA team. The annual report is tailored according to the requirements from the Ministry of Health, reporting figures and data according to set indicators. Being the second largest health institution in Ethiopia, figures are relevant towards the achievement of the targets set in the HTCP II. In terms of specific projects, SPHMMC has experience of minor partnerships with other organizations, specifically linked with ad-hoc initiatives. Reporting is ensured by the Management, whereas the reports need improvement areas in terms of meeting CBM quality standards.</p>
1.15 The organisation has <b>technical expertise</b> in at least one of CBM's areas of work and it <b>collaborates and develops effective partnerships</b> with relevant stakeholders.(the criteria	Yes	<p>Policies in place</p>	<p>SPHMMC has no specific policy to promote technical expertise In ENT. SPHMMC has several years of practical experience and expertise in CBM's areas of work as it was evident in the promoting of Ear and Hearing Care services through partnership with CBM and other government stakeholders like FMOH, Regional Bureaus of Health and non-governmental organizations. The ENT department has adequate skilled staff in EHC services including Dr. Uta Fröschl, a Consultant ENT Surgeon. On the other hand, SPHMMC has a strong relationship with communities. The management team holds periodic</p>

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builds on the minimum criteria 1.3 and identifies further areas that should be attained) in expert groups, conferences etc.			meetings with representatives from the communities in the hospital catchment areas about the quality of the overall services provided in the hospital. The comments gathered are analyzed and used as an input for continued improvement. Most importantly, SPHMMC has been making considerable effort to make government officials and policy makers in the FMOH that SPHMMC’s expertise In ENT could be recognized and promoted through establishing TWG meetings, developing ENT guidelines as specialty and sub specialty Road map.
1.16 The organisation strives to uphold a professional basis for <b>health, safety and security of staff</b> .	Partially	Plans available  Country risk rating  Policies in place  Procedures in place	Health safety and security are the most vital aspects that an employee looks in a workplace. SPHMMC has large number of personnel, programmes, property and assets, it should be able to put a policy or system in place to ensure the health, safety and security of its personnel, property and assets. It is the duty of the organization to provide a secure working environment to its employees. In this regard, SPHMMC has no specific policy or guideline on health, safety and security of its staff, however, most aspects of these elements are integrated in the HR manual of the hospital and the college. However, no trainings have ever been organized for the staff on health, safety and security. Nevertheless, being a government hospital, SPHMMC is applying rules and regulations about S&S of staff, patients and other subjects entering the premises. SPHMMC is committed to keep and increase standards along with construction of the new buildings.
1.17 The organisation has implemented a <b>feedback / complaints system</b> and effectively responds to the feedback, with accessible reporting mechanisms so that any stakeholder affected by their work may hold them accountable and to ensure transparency.	Yes	Whistle blower policy or similar document  Registry of cases  Examples of feedback/complaint position paper/document  Feedback/complaint mechanisms in place and in use	SPHMMC has a functional mechanism for staff to provide positive or negative feedback or dissatisfactions about the services given or a complaint about a staff member in the hospital. This includes suggestions for improvements. The platform includes installed suggestions boxes at selected areas of the hospital’s premise where any feedback and complaints gathered are taken seriously for prompt response. The data gathered from staff, clients and visitors by Complaint Hearing Committee are analyzed and interpreted for appropriate measures towards improvement to maximize quality of services or clients’ satisfaction. Not all complaints get corrective feedback per se. Most importantly as a good practice, SPHMMC has a good culture of holding regular consultations with clients and communities once a year in its catchment areas. However, it doesn’t use such communications tools like code of conduct, safeguarding policy etc which community members or clients could feel safe and comfortable to use it. There is no online system in place for clients and staff to hold the organizations accountable for its any misconduct

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			and abuse except that anyone could report any incident to the Complaint Hearing Department in person or through suggestions boxes.
1.18 The organisation has <b>comprehensive HR policies</b> that enable the organisation to recruit, retain and managed staff that has the professional skills, knowledge and experience to fulfil their role.	Partially	<p>Policies in place</p> <p>Procedures in place</p> <p>Job descriptions</p> <p>Advertisement of positions</p>	SPHMMC has a comprehensive HR policy which does not discriminate among persons with and without disabilities. Affirmative actions are not specifically taken toward the employment of persons with disabilities. SPHMMC has a comprehensive HR policy/manual which comprises the staff's Job grading and specific Job description. The policy promotes nondiscrimination among persons with and without disabilities. Besides, the manual encourages the provision of trainings to the staff not only as way of equipping the staff with the required skill and knowledge for professionalism but also as way to retain the staff. Each staff has a JD for its position, and performance appraisal or Job Evaluation and Grading (JED) mechanism which is done in biannual period. Based on the appraisal, legibility for promotion and shift from department to department will be done by JEG department. Similarly, the HR manual promotes recruitment process to be transparent and competitive, and terms and conditions of employment is compliant with Labor law of Ethiopia. Vacancy announcement is channeled through Addis Zemen newspaper and Ethiojobs site, and screening process is done by a committee from the HR department.

## Part 2. Partner Assessment Questionnaire

### Section II. Finance

Criteria	Appraisal	Sources of Verification	Comment
2.1 The organisation has a <b>sufficient financial system</b> to meet requirements for internal control and financial reporting.	Yes	Bank reconciliation Cash count report Chart of accounts Accounting manual Petty cash procedures Project recording Reporting manual	<p>St. Paul’s Hospital Millennium Medical College (SPHMMC) adopts a double entry and modified cash-based accounting system. The accounting function is applied the computerized for data processing by using Integrated Finance Management Information System(IFMIS) software which has started the implementation in March 2019. Since SPHMMC is working under the Ministry of Health, the Hospital follows the Government financial procedures. The charts of accounts are standardized and identifiable by donor funds and Government projects. All chart of accounts is having six digits used only for Government funds. For the Projects fund, the organization uses a separate chart of accounts by using Peachtree accounting software. However, regarding on CBM project the PA team found that the chart of accounts currently being used is not comparable with the budget line accounts reported in the Project Progress Reports (PPR). Thus, the PA Team recommends using chart of accounts which can be comparable with budget line accounts. SPHMMC has an accounting and financial management manual (Amharic Version) for standardized financial procedures, which regulates all administrative and financial operations carried out. All Government institutions, under the Federal Government, applied this manual. SPHMMC has followed proper payment authorization procedures for every payment with the evidence of cross-referenced supporting documents. All transactions are properly authorized before being recorded in the accounting books. Initially, payments are initiated by respective units and submitted to the finance department, checked by the team leader, and finally approved by Finance Directorate Director, Vice Provost, or Provost. Payments up to ETB 30,000 are approved by Finance Directorate Director, amounts up to ETB 200,000 are approved by Vice Provost and amounts greater than ETB 200,000 approved by Provost or Vice Provost. Cash on hand and cash at bank accounts are separately maintained and cross-referenced with the supporting documents. Petty cash holds up to ETB 20,000.00 and petty cash threshold is ETB 1000.00. Payments greater than ETB 1000.00 are used through electronic transfer. Monthly cash</p>

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			count is an ongoing process by the cashier and checked by Auditor and approved by Finance Directorate Director. SPHMMC maintains pool bank accounts for all project and government funds. The current signatory to the accounts is the Academic and Research Vice Provost and the Finance Directorate Director. Bank accounts operate by two signatories at a time. At the end of each month, the bank statement is reconciled with the bank book and the general ledger of the bank account. At SPHMMC there are many different Directives, Policies, Procedures, Guidelines, and Manuals that have all government institutions are in use.
2.2 The organisation has access to <b>qualified finance staff</b> .	Yes	CVs of finance staff and verified work experience and/or Certification of qualification	At SPHMMC, there are 3500 staff excluding ex-pats, and the finance department has 52 staff. There are 26 Cashiers, 23 Accountants, and 3 Team Leaders (one for budget, 1 for project finance, and 1 for other finance) to achieve overall financial activities. The finance department is led by the Finance Directorate Director. The Finance Directorate Director prepares the finance department budget and participates in the preparation of overall SPHMMC budget preparation and responsible for proper implementation of the budget, as well as keeping financial records and producing financial reports. Accountants are responsible for payments to respective projects and keeping supporting documents related to each payment. The role and functions of staff in the finance department are clearly defined in the job description related to each position. The Finance Department is responsible for all financial operations and reports to the Vice Provost. All finance staffs have adequate qualifications in finance and having five and more than five years working experience in the finance sector.
2.3 The organisation has <b>adequate financing and reserves</b> to cover its expenditure when they fall due.	Partially	Verification of bank balance (positive)  Balance sheet to have net assets	SPHMMC has supported by the Federal Government through the Ministry of Health and Ministry of Education and has a grant agreement with different donors. The PA team did not identify sustainability as an issue. Since the organization is a government organization, it has an adequate budget for the budget year and also has a reserved budget for contingency.

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2.4 The organisation <b>complies with national tax, social security, and other legal requirements.</b>	Partially	Income tax, sales tax, employee tax, social security returns  Tax exemption if applicable	SPHMMC complies with income tax, employee tax, social security, and report to the concerned government bodies in line with the rules and regulations. The Finance Department is responsible to calculate the income tax and pension while preparing the monthly payroll. Accordingly, the PA Team observed that the Organization has settled income tax payments to the Revenue Authority on time. All medical services provided to the Organization are free from tax or tax exemption.
2.5 The organisation can <b>forecast cash flow</b> into the future.	Partially	Forecast for current year  Budget for previous year  Cash flow for last year  Current set of financial reports relating to previous month or latest previous quarter	The Finance department prepares cash forecast statements for the entire Organization operation, to early identify cash deficit and surplus. The forecast statement considers expected cash inflow based on government funds, donations, and service income, as well as outflow based on expenditures and liabilities in accordance with the chart of account. Each unit has prepared a quarterly action plan and prepares cash forecast including their quarterly activity plan for the next quarter. The plan assists the organization activities will be done and monitored as per the scheduled plan. Usually, SPHMMC calculates burn rates every quarter, using donor format, to measure its budget utilization performance and report to the respective Government body.

**FINANCE CRITERIA to attain (green)**

Criteria	Appraisal	Sources of Verification	Comment
2.6 The organisation has a <b>comprehensive double-entry financial system</b> to meet internal control requirements and financial reporting (the criteria builds on the minimum criteria 2.1 and identifies further areas that should be attained).	Yes	<p>Signed audit report for the previous 2 years (not older than 14 months)</p> <p>Audit conducted by properly registered audit firm</p> <p>Unqualified audit report verified</p>	<p>SPHMMC uses Integrated Finance Management Information System(IFMIS) software. The accounting system allows applying a modified cash base with a double-entry recording system that meets generally accepted accounting principles. Transactions are coded and entered into the system on daily basis. Bank reconciliations are prepared on monthly basis by the Accountant, verified by Auditor, and approved by the Finance Director.</p> <p>Thus, an internal control system has been maintained in terms of segregation of duties. Accounting transactions are coded and posted by an accountant and checked by Finance Director.</p> <p>SPHMMC has been audited every year. Audit Reports and Management Letters are properly documented. The annual audit report for the previous two years (2018 &amp; 2019) was carried out by Hruy Ababayehu Chartered Certified Accountants (UK) &amp; Authorized Auditor(ETH).</p> <p>SPHMMC, as it is the government organization, the budget period is from June to July as per Ethiopian Calendar. The Organization has a good internal control system for bank and cash payments. Bank/Cheque payments are prepared by the Accountant, verified by Team Leader, and approved by the Finance Directorate Director. Cheques and Cash payments are reflected in Voucher and identified by chronological order. As per the audit report and management letter of the audit firm, the financial position and performance of SPHMMC for the year 2018 &amp; 2019 stated the financial statements together with notes is fairly presented. The income and expenditure for the year ended in 2019 reconcile with the records maintained by the organization. However, the 2019 management letter shows the auditor minor findings and the organization accepts the auditor's recommendation for improvement. (annexed).</p>



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<p>2.7 The organisation employs staff who are responsible for finances, with <b>adequate financial qualifications</b> and experience (the criteria builds on the minimum criteria 2.2 and identifies further areas that should be attained).</p>	<p>Yes</p>	<p>Specific review of Finance Manager or Head of Finance CV and profile</p> <p>External financial services contracts and SLA (if external accounting firm used)</p>	<p>SPHMMC has capable finance staff with the required educational background. The HR manual (Amharic Version) is available. In the Finance Department, there is a Finance Directorate Director, Team Leaders, Accountants and Cashier. All finance department staffs have finance &amp; accounting background and knowledge in the field of accounting with more than five years working experience in the organization and other organizations.</p> <p>The Finance Department is composed of the Finance Directorate Director, 3 Team Leaders (one for budget, 1 for Project finance, other finance), 23 Accountants and 26 Cashiers. The Finance Directorate Director has a BA Degree in Accounting and currently studying for Masters of Public Finance Management. As per Government sat new regulation and updated job grade revised in October 2011 E.C, all Accountants having BA degree and the Cashiers are having Diploma and level 2 in Accounting. All are their salary covered by the Government. The finance staffs have clear Job Descriptions and staff personnel documents are documented well in separate files. Staff appraisals are carried out against JDs.</p>
<p>2.8 The organisation is <b>financially viable</b> (the criteria builds on the minimum criteria 2.3 and identifies further areas that should be attained).</p>	<p>Yes</p>	<p>Other sources of income e.g. own income or other donor funding for last 3 years</p>	<p>SPHMMC has income from service payment and granted by the Federal Government through the Ministry of Health (MOH) and Ministry of Education and from different donors like WHO, SDG, Yellow, Michigan including CBM. There is a five-year strategic plan and currently, the ten years’ strategic plan is developed and under review which is aligned with the country road map. As per the Year 2011 E.C audit report the total income of SPHMMC is amounted ETB 1,351,072,494.44. Total expenditure amount to ETB 1,310667,400.97. Fund balance carried forward to 2012E.C is ETB 40,405,093.47. As per Year 2012E.C audit report, the total budget amounts ETB 2,595,963,336.89. The total expenditure for Y2012 E.C amount to ETB 2,537,370,211.47 Fund balance brought forward to Y2013 E.C is ETB 58,593,125.42. SPHMMC being a government organization, the organization has adequate financing and reserves to cover its expenditure. There are no negative trends on its operations and does not have the loan and budget deficit to run the planned operation of its activities</p>

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2.9 An adequate <b>procurement system</b> is in place.	Yes	<p>Examples of multiple quotations for major procurement items</p> <p>Procurement manual and/or process</p> <p>Procurement focal point</p>	<p>SPHMMC has a Procurement manual (Amharic Version) which is aligned with the government policy and procedures. The procurement process is described in the Procurement Manual, starting from the provision of a purchase requisition form, which is prepared by the respective user department and approved by the respective authority approval level. According to the Manual, the purchase of items up to ETB 20,000.00 does not require a pro-forma invoice; the purchase of item up to ETB 200,000, purchase has to be made on a competitive basis through collecting at least three quotations. If the value of the purchase is greater than ETB 200,000, open or restricted tender must be advertised in the newspaper. For a purchase worth up to ETB 200,000 has to be approved by the Vice Provost, a purchase worth above 200,000 approves by Provost. At SPHMMC there is a procurement team for each procurement process the team evaluates and makes the decision. The team is composed of 5 members, procurement unit Director, Team Leader, Agreement Administrator, Procurement Officer, and Technical person from each unit.</p>
2.10 The organisation has a well-established <b>process for budgeting, forecasting, cash flow management</b> and reporting.	Partially	Budgeting process with all steps and all key players	<p>At SPHMMC the budget preparation is on an annual basis which covers a period from July to June. Preparation of a budget is the responsibility of each Departments. At SPHMMC the budget process is done by the budget team. The team is composed of 1 Team Leader and 2 Expertise from departments, 1 Provost and 3 Vice Provosts, Directors from each department including the finance department, and also different entities involved from the education unit, engineering, and sub granted Hospitals. Budgets are normally prepared based on past experience, and availability of resources both financial and human, internal and external factors. A consolidated budget is developed and submitted to Management Team. The management team composed of 7 (SPHMMC Provost, Medical Services Vice Provost, Education, and Research Vice Provost, Development and Administration Vice provost, Finance Directorate Director, Administration, and Purchasing Director) for review and then endorsed to the board for final approval.</p>

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2.11 The organisation has a valid user friendly and reliable <b>accounting software</b> .	Yes	Accounting Software type, version, configuration, etc. Safely stored computer system backed ups Access to computer system verified (restricted to authorized staff, use of passwords that are regularly	At SPHMMC finance staff using Integrated Finance Management Information System(IFMIS) software accounting system, which is a standard application and suitable for project financial implementation. There is a server for the overall organization data where kept and safely stored. on the server the server where managed server. Also, the system accessed only by authorized staff by using their own password. The organization using online approval system.
2.12 The organisation has implemented an <b>Anti-Corruption policy</b> .	Yes	Anti-Corruption policy document published  Staff trained on policy	SPHMMC has an Anti-Corruption Policy (Amharic version). New employees got induction about disciplinary action and how the organization deal with corruption and related issues.
2.13 The organisation has a comprehensive <b>fixed assets register</b> in place	No	Inventory list and codification label on the assets	SPHMMC has a fixed asset registration sheet for its fixed assets. Fixed assets purchase are recorded as an asset with a nominal value of ETB 1,000.00 and the remaining cost is directly charged to the expenditure account at the time of purchase. The organization also physically counts its asset at the end of every fiscal year. Fixed assets have their tag number and update regularly. The result of the physical count shall be reported through the inventory sheet. All fixed assets have been counted once a year at the end of the government budget year which is July to June. The organization's insurance only covers vehicles, other solid assets like buildings do not have insurance coverage
2.14 The organisation has a <b>grant management</b> system.	Partially	Conditions of grant agreements are checked before signing  Signed grant agreement (for each grant) available and	SPHMMC has granted by the government MOFED through the Federal Ministry of Health(MOH) and Ministry of Education (MOE) and grant agreement with each existing donor like WHO, SDG, Yellow, Michigan, etc. including CBM. Based on the conditions that are included in the grant agreement the report is provided to respective bodies and donors.

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		compliance verified	
		Grant conditions on procurement are known by finance staff, budget holders and procurement officer(s)	
		Reporting to donors	

### Additional comments

- The PA team recommended procurement related to CBM budget purchase separately rather than mixing-up with overall organizational procurement.
- The organization insurance only covers vehicles, other solid assets like buildings do not have insurance coverage, thus the PA team recommended the organization find the way to have an insurance coverage for all its tangible assets.
- The PA team recommended the organization to have a separate bank account, since CBM requires for all its projects a separate bank account.

## Part 2. Partner Assessment Questionnaire

### Section III. Programme

The objective of the section is to review the organisation’s policies and practices on disability inclusive development and programme planning, to ensure the quality and sustainability of programmes and identify areas that need to be strengthened.

#### MINIMUM PROGRAMME CRITERIA (red)

Criteria	Appraisal	Sources of Verification	Comment
3.1 The work of the organisation is relevant to and informed by the <b>country development agenda</b> .	Yes	Strategic plan  Project plans and reports  Interviews	As a government hospital, SPHMMC’s Vision and mission along with its programme components are purposely in line with different aspects of the global and national (government) development agendas. Primarily, its programmes are in alignment with the government agendas, such as, the HSTP II which has now been replaced by a development plan as a Pathway to Prosperity for the coming 10 years starting from the current 2020/21 to 2029/30 fiscal year (recently endorsed by the government). Besides, as part of its development approach, it upholds the principles of Universal Health Coverage as outlined in the Sustainable Development Goals 2015-2030.
3.2 The organisation is committed to <b>valuing, respecting and encouraging diversity</b> , and seeks to be impartial and non-discriminatory in all activities.	Partially	Position papers and policies Programme planning & implementation practices Policies in place Procedures in place	SPHMMC values and respects diversity in all its manifestations in the organization in its internal processes, and does not purposely act in discriminatory activities. It has some provisions for affirmative actions in regards to gender, particularly in the HR policy where women and girls are provided priority services. Whereas, SPHMMC does not have separate specific policies and procedures in place to promote equality by valuing ,respecting and encouraging diversity and non-discrimination in line with CRDP .Therefore, the organization needs to work on developing specific policies on equality or inclusion of women, men, girls and boys or in this case it should be able to consider to integrate the principles of equality in the comprehensive HR manual which could show its commitment towards valuing and promoting equality and non-discrimination for persons with disabilities in line with UNCRPD.Besides, the college is also committed

			to encourage diversities, like promoting gender equality in staffing and service provision for clients. The college even has particular office to promote gender equality, but not specific to people with disability. The college is willing to adopt/develop relevant policies for procedures which is valuable and necessary for valuing and promoting diversity.
3.3 The organisation is committed to <b>seeking feedback/working with and supporting Disabled People’s Organisations</b> and to strengthening the voice of women, men, girls and boys with disabilities, in accordance with its vision and mission.	Partially	<p>Feedback and complaint mechanisms in place</p> <p>Programme development, implementation and evaluation practices</p> <p>Project plans</p>	SPHMMC has some experience working with local institutions, Community based rehabilitation intervention centers, and NGOs working for and with Persons with disabilities. Such institutions include the Ethiopia National Association of the Deaf (ENAD), and Makedonia home for the elderly and mentally disabled. Working with the latter was aimed to let the institutions work together to reduce the mental health problems in Ethiopia. However, the SPHMMC should be able to work on establishing a mechanism through which persons with disabilities could be engaged in programmes and operations so that they could participate in matters that concerns them in order to raise their voice, and even their feedbacks and complaints to ensure inclusiveness.
3.4 The organisation is committed to the <b>safeguarding of the children and adults-at-risk</b> it works with so that they do not face abuse, neglect or exploitation through the organisation’s people, programs or operations.	Partially	<p>Safeguarding/protection Policy/code of conduct (or integration of safeguards into organisational policies and manuals (e.g. HR manual, volunteer policy, etc)</p> <p>Employment and project contracts include child and/or adults safeguarding issues</p> <p>Staff/stakeholder induction</p>	SPHMMC does not have a specific policy on Child Safeguarding/code of conduct, but it is following government directives for it which is child protection. The ENT Department provides pediatric services as well, but they do not have specific provisions for child-friendly services. However, SPHMMC is willing to improve in this regards, promoting affirmative actions towards child safeguarding. As a good initiative, SPHMMC’s staff and some of its stakeholders have been sensitized through awareness raising trainings on the importance of safeguarding of children and adults at risks to help promote protection of children and adults at risk from abuse, neglect or exploitations because of the hospital’s staff, programmes, or operations. The hospital should be able to show its commitment to adopt/develop and implement a safeguarding policy to be translated into practice through its internal procedures, protocols, and code of conduct to make sure that its operations and the workplace are children and adults at risk friendly. It is also important for employment and project contracts to include child and/or adults safeguarding issues. Staff/stakeholder induction and training schedules and

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		<p>and training schedules and registration lists</p> <p>Safeguarding incident management procedural guidelines and safeguarding incident register .</p> <p>Safeguarding risks reflected in organisational risk registers or risk management plans</p>	<p>Safeguarding incident management procedural guideline and procedure should also be gradually in place.</p>
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**PROGRAMME CRITERIA to attain (green)**

Criteria	Appraisal	Sources of Verification	Comment
3.5 The organisations follows a <b>iPCM</b> (inclusive project cycle management) approach in its projects.	Partially	Manual and guidelines in place, including templates  Frameworks/plans in place  Project monitoring and evaluation reports	The concept of IPCM has not been practiced within the institution’s programmes. Neither was this practiced in the ENT department even during the drafting of the existing MYP-(2019-2021). However, this has been noted during the PA visit discussion where it was identified as one recommendation area action plan that SPHMMC should be able to consider involving of ideas and choices of DPOs or representatives of persons with disabilities during end line project evaluation or drafting of the next round extension of the existing Multi- Year -project..
3.6 The organisation is committed to <b>rights and equality for women, men, girls and boys</b> in all its programmes, ensuring equal value, participation and decision making by all.	Partially	Disaggregated data is collected by sex, age and impairment/disability  Gender analysis is applied when designing programme	As a government-owned institution, SPHMMC knows and promotes the rights and equality for women, men, and boys and girls in its HR manual. It considers and upholds women's role in different programmes and operations of the institution, and also presupposes affirmative action for women even in service provision. As a government institution, SPHMMC knows and promotes the rights and equality for women, men, and boys and girls in its HR manual. Reports are delivered to different institutions among others to FMOH and CBM through collecting and sharing outcomes with disaggregated data by gender and age group. SPHMMC considers and upholds women's role in different programmes and operations of the institution, and also presupposes affirmative actions for women particularly during service provision. It has a department for reporting incidences of gender Issues’ with gender focal person assigned.



<p>3.7 The organisation has the <b>capacity to manage, deliver and maintain its projects</b> and activities without dependency on one funding source.</p>	<p>Yes</p>	<p>Plans and exit strategies are available</p> <p>Fundraising strategies</p> <p>List of donors</p> <p>Examples of use of local resources and economies</p> <p>Policies and practices in place</p>	<p>SPHMMC has objectively a diversified source of funding to support and run its various medical programmes, and operations including the ENT department which has been funded by CBM. A few Individual donors and INGOs also support some of our specific areas of work, without which, these programmes would not be realized to benefit a large number of beneficiaries to this scale and quality. Apart from these funding sources, as a one of the government hospitals, SPHMMC relies on public funding, as well as fees from service users or patient contribution. SPHMMC also gets financial support from Michigan University on Reproductive Health, Harvard University School of Public Health on Women and infant Health, and London School of Hygiene and Tropical Diseases. The organization’s medical program activities are largely backed by the government budget, and it also receives a considerable amount of financial support from different funding agencies including CBM. Therefore, it seems that it is far from independently delivering and maintaining its projects and some of its activities without financial support from funding sources. Even if the hospital gets a considerable amount of money from local sources i.e contribution from patient services, it has no exit strategies or phase out plans in its project planning which show its commitment towards ensuring fundraising activities from local sources different funding agencies.</p>
<p>3.8 The organisation’s programmes and operations are progressing towards being <b>fully accessible</b> in line with the principles of universal design.</p>	<p>Partially</p>	<p>Personal observation</p> <p>Interviews</p> <p>Accessibility audit report</p> <p>Examples of communication and technologies in place</p>	<p>Even if the accessibility audit was planned in the existing Multiyear Plan (2019-2021), it was not carried out during lack of availability of expertise in the field. By simple observation, the premise of the old buildings of the hospital college does not seem to be fully accessible to persons with a wide range of disabilities. The landscape of the hospital premise is not as conducive as it is needed to freely move around in every direction. There are no signs of availing information to such people with accessible formats. Therefore, the hospital needs to continue to make the effort to conduct an assessment to identify at least the physical barriers for modification or adaptations which actually seemed too difficult to do in the context of its existing condition. However, SPHMMC is planning and implementing expansions of the buildings adjacent to its present workplace. The partner confirmed that, In the new building, the issue of accessibility will be gradually taken into consideration in accordance with the principle of Universal Design, mainly provision of services and adapting the environment to be usable by all people coming to the hospital in particular attention to people with disabilities. The organization’s communications and technology such as the website ,telephone number and email addresses are accessible, but not accessible to person with disabilities.</p>

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3.9 The organisation has <b>mechanisms and resources in place to manage risks</b> that might impact the organisation and the implementation of project activities.	Yes	<p>Project risks are reflected in the planning documents</p> <p>Risk register with a ranking of risks and mitigation strategies available</p> <p>An update of the risk register or risks is reflected in a monitoring document</p> <p>Risk Management Framework</p> <p>A designated staff has been identified for risk management issues</p> <p>Incident management team and procedures</p>	Being a government hospital, SPHMMC is applying rules and regulations about risk prevention and mitigation, as part of the S&S strategies implemented. Besides risk analysis and risk mitigation strategies have been formulated before implementation of the existing MYP funded by CBM. SPHMMC has no specific Safety and Security or risk management framework. There is a sanitation unit in place which is in charge of monitoring and responding to the general sanitation problems of the hospital premise and rooms. There is a committee and focal person for management of sanitation issues.
3.10 The organisation has the experience and capacity to <b>manage and support sub-contracted parties..</b>	Partially	<p>Policies in place</p> <p>Procedures and systems in place</p>	The PA Team assessed the capacity of SPHMMC to support other health institutions in many capacity building areas, including capacity building trainings and curative services. Even if the SPHMMC has no experience in sub-granting of individual organizations working in collaboration, it has the necessary skill and expertise to do so when needed. The PA Team assessed the capacity of SPHMMC whether or not the hospital college has policies, capacities, procedures, and systems in place to monitor the implementation of sub-contracted activities. It was found out that even if the institution has the capacity to manage sub-contracted activities, it has neither the experience nor the policy or system in place to support other institutions as sub-contracted parties. But, it has a good experience of working in collaboration with other likeminded institutions in prevention and response intervention in different health areas.
3.11 The organisation is committed to assessing and <b>avoiding potential</b>	Yes	<p>Policies in place</p> <p>Procedures and systems in place</p>	As a governmental Hospital, SPHMMC is abided by rules and regulations of environmental legislation by the Ethiopian government in regards to environmental protection and safeguarding which could potentially harm anyone in the hospital. The hospital follows specific procedures for disposal of used medical supplies and drugs which emit dangerous gases. As a

<p><b>negative impact on the environment</b> and seeking opportunities to enhance environmental sustainability in its operations and programmes, when possible.</p>		<p>Guidelines in place</p>	<p>big government hospital, it has procedures/ protocols for waste disposal and environmental protection. The waste management is managed by a committee responsible for such tasks. There is a secluded space for the purpose where a functional incinerator is built. Whenever is needed and appropriate, the committee members make an assessment and present the report to the management to have the final decisions on the task of disposing the waste items including drugs, medical equipment and chemicals according to the regulations depicted in the protocol. Above all, Hygiene and Sanitation team who are also a member of the disposal committee oversees the safe disposal of the medical equipment and supplies which contributes to the safety of the environment. On top of this, the college has adopted standards of local purchase by putting direction to purchase items from "Giziwoch Agency", so that the local purchases are done based on items which are environmentally friendly. So the college uses renewable materials, and its is keen enough to avoid unnecessary waste of resources. But, effort should be made to reach its maximum capacity.</p>
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## **Feedback from partner**

The following major points were given as feedback by the partner as priorities for short term actions which could strengthen the contribution towards overall organisational capacity development, and in particular towards ENT department.

1) Budget utilization: we recognize and work to improve that the project's track record of budget utilization is not up to the expectation. To this end, flaws were identified and mitigation plans suggested to meet the annual expected 98% budget utilization.

2) Project management:

The outstanding issue under this agenda was the need to have a full time project assistant and stringent follow up of the financial reports. We agreed to look for the possibility of hiring a full time project assistant with acceptable offer and to revise the irregularities of financial expenditure reports

3) Partnership with the Federal Ministry of health:

Bilateral understanding has been reached as to the need of unreserved request to bring the ministry on board. We accept the suggestion from the PA team that we should be able to use all the possible approaches to get the Ministry's attention.

4) Report writing:

We consider Issues related to incomplete and miss-aligned reporting habit which was raised by the PA team. In addition, comment on clarity of report was made. Agreement has been reached to address the gaps as one of the priorities starting from the second half of the year.

5. Capacity building trainings: we are grateful for getting capacity building trainings provided from CBM at various times particularly during project design and implementation

6) Procurement: we understand that there is a mutual understanding on the existing inconvenience of international procurement.

Therefore, we agreed that the PA team took an assignment to look ways to expedite the procurement process.

In general, the Organizational Capacity Assessment has been transparent and constructive throughout the planning, assessment and report preparation. Moreover, GTM is most grateful for its partnership with CBM. The partnership between GTM and CBM has been growing through the years. Furthermore, the capacity of GTM in providing medical, rehabilitation and Wash services for the rural community in Central Ethiopia has developed thanks to the support it receives from CBM.

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**Please indicate the name & position of individuals that conducted the assessment** (please insert lines as needed)

### For the Partner

Date: 28.04.2021  
Name: Dr Alene Meshesha  
Position: Project Director

Date: 28.04.2021  
Name: Netsanet Tekaligne  
Position: Admin Assistant

Date: 28.04.2021  
Name: Alemtsehay Worku  
Position: Finance Director

### For CBM

Date: 28.04.2021  
Name: Samuel Bekele  
Position: Programme Officer

Date: 28.04.2021  
Name: Workabeba Bekele  
Position: Programme Operations Officer (Finance)

Date: Please insert date of completion  
Name: Please indicate name  
Position: Please indicate position

Other members from SPMMC: Dr. Sisay Sigru Academic and Vice Research Vice Provost, Dr. Samson Deres ENT department head

### Part 3. PA Action Plan

**Name of the organisation and country:** Ethiopian National Association for the Blind (ENAB)

**Project number:** N/A

Criteria number	Recommendation	Action to be taken	Who	When	Priority	Progress as of date
1.6	The organisation's leadership and management members' should be able to support and contribute to CBM funded project	Consider a Clearly defined roles and responsibilities of the leadership's team support to CBM funded project	Board and the provost	Until Q.4. of 2021	Short-term	
1.7	The organization should develop a Code of Conduct to be applied to all employees, with clear reporting mechanisms and appraisals	Code of conduct to be developed by the organization	Provost Council	Until Q.4 of 2021	Short-term	
1.13 & 1.8	The organization should promote accessibility of the workplace, as per laws and proclamations of Ethiopia. It should be able to also consider inclusiveness in its recruitment plan.	The HR department should be sensitized with the issue of disability inclusiveness particularly in the recruitment plan to allow Persons with disabilities be encouraged to apply for vacancy opportunities	Dr. Alene Meshesha and Netsanet Tekaligne, Administration assistant in consultation with CBM,CO	Until Q.4.of 2021	Short-term	
1.15	To promote regular Technical Working Group (TWG) meetings	Follow up and strengthen the relationship with FMoH through continuing to organize the TWG meetings	Dr. Alene Meshesha and the provost Council	Until Q.4. of 2021	Short-term	

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1.16	To develop specific guidelines on health, safety and security or to adopt any similar government mechanism on health, safety and security	Promote the need to draft or adopt specific guideline on health, safety and security by the provost council	Dr. Alene ,Netsanet and the provost Council	2022	Medium-term	
1.15	To promote regular Technical Working Group (TWG) meetings	Follow up and strengthen the relationship with FMOH through continuing to organize the TWG meetings	Dr. Alene Meshesha and the provost Council	Until Q.4. of 2021	Short-term	
	<b>Finance</b>					
	Procurement related to CBM budget purchase separately rather than mixing it up with overall organizational procurement plan	Lobby the management to organize a separate procurement plan and process	Netsanet Tekaligne Administration assistant	Until end of 2021	Short-term	
	The organization insurance only covers vehicles and other fixed assets like buildings do not have insurance coverage. The PA team recommended that the organisation should be able to find a way to have an insurance coverage to all its tangible assets	The organization should be able to make effort to discuss with the management, and make decision on the need for insurance coverage for some of its overlooked tangible assets	Netsanet Tekaligne Administration assistant	Until end of 2021	Short-term	
	The PA team recommended the organization to have a separate bank account, since CBM requires for all its projects a separate bank account.	Lobby the management to consider the need for having a separate account for CBM funded projects	Netsanet Tekaligne Administration assistant	Until end of 2021	Short-term	
	The chart of account currently being used for CBM projects is not comparable with the budget line accounts reported in the Project Progress Reports(PPR). Thus, we recommend using chart of accounts which can be comparable with budget line accounts.	The finance report should be prepared in a way to comply to the requirements of the PPR template in terms of alignment of the chart of account to the budget lines	Dr. Alene Meshesha and Netsanet Tekaligne Administration assistant	Until end of 2021	Short-term	
	<b>Programme</b>					

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3.3	SPHMMC should consider working closely with DPOs or representatives of DPOs in matters that concern them to ensure participation. This can be done through project planning ,monitoring and evaluation	Identify and involve one DPO or representatives of DPOs to work in collaboration in drafting the next MYP on Ear and Hearing Care	Dr. Alene Meshesha ,the project Coordinator ,and Netsanet Tekalign; the Administration Assistant	from mid - June ,2021 to end of the new Project (2024)	Short-term	
3.4	The organization should develop a Safeguarding Policy to guide and orient all actions and services (Code of Conduct)	lobby the board/management to endorse the need to develop a safeguarding policy	The provost council	Until Q.2 of 2022	Medium-term	
3.4	SPHMMC should consider to develop a specific policy on Safeguarding of Children and Adults at risks to protect clients young and old from harm, abuse, violence ,and exploitation during its day to day operations	Lobby the management to draft or adopt and endorse such a policy from CBM to put it into practice	Dr. Alene Meshesha	Until Q.4 of 2021	Short-term	
3.5	Show effort to make project planning, implementation, monitoring and evaluation be inclusive and participatory at different phases of PCM by using the principles of IPCM	Plan and organize IPCM training for the staff	Dr. Alene Meshesha and CBM,CO	Until Q.4 of 2021	Short-term	
3.8	SPHMMC should consider to improve accessibility to the ENT department , enhancing persons with disabilities to freely move in every directions	SPHMMC to reconsider the issue of accessibility particularly for the ENT department in the new building under completion	Dr. Alene Meshesha	Until Q.1 of 2022	Short-term	



## Summary of the partner assessment

### Overall level of partner capacity:

4.5

Section of the Partner Assessment	PA Baseline	Review [Insert Year]	Review [Insert Year]
<u>Governance &amp; Leadership scoring:</u>	<u>1.7</u>		
Minimum criteria	0.9		
Criteria to attain	0.8		

Explanation of scoring: Total scoring for this category is 2. Minimum criteria is attained with a total of 1. Organisations with a score between 1.4 and 1.8 have strong capacity in the Governance & Leadership section.

<u>Finance scoring:</u>	<u>1.5</u>
Minimum criteria	0.7
Criteria to attain	0.8

Explanation of scoring: Total scoring for this category is 2. Minimum criteria is attained with a total of 1. Organisations with a scoring between 1.2 and 1.7 have strong capacity in the Finance section.

<u>Programme scoring:</u>	<u>1.3</u>
Minimum criteria	0.6
Criteria to attain	0.7

Explanation of scoring: Total scoring for this category is 2. Minimum criteria is attained with a total of 1. Organisations with a scoring between 1.2 and 1.6 have strong capacity in the Programme section.

## **For CBM use only**

### **Overall outcome of the assessment (max. 150 words)**

A different set of questions were worked out for members of the partner’s staff in order to better reflect their ideas on the PA domains as specified in the CBM PA tool. As a result, relevant answers were gathered as the participants commented on each capacity domain area of which they have had knowledge about. In this way, their feedback and views were evaluated and analyzed to identify areas of strengths and weaknesses with regards to aspects by which they are directly concerned mainly the board, the management staff, and the ENT department staff. In general, it can be said that the present PA process has been a fruitful exercise and has achieved its three main objectives. Firstly, It was verified that the SPHMMC have met most of the minimum criteria in terms of governance and leadership, finance and programme domains. Secondly, it provided SPHMMC with important information and insights on areas that need improvement within their organizations as actions plans to be worked on until end of December 2022. It also pointed out their strengths so that they can capitalize on them. It further provided important information for adjustments of their activities, programme, finance and processes. Thirdly, it brought awareness to the ENT department staff and a few members of the management team who participated in the two days PA process of the tasks that they should engage in in order to improve their impact on their beneficiaries, serving therefore as a learning tool. Lastly, the PA it was noted that better communication should be done regarding different aspects of the functioning of their organizations to different stakeholders through different promotional tools. Therefore, based on the outcome of this assessment, SPHMMC can be one of the relevant and strong partners CBM should continue to work with to help contribute towards attaining the country plan objectives of CBM / the federation strategy.

Endorsed by:

Sign here

Endorsed by:

Sign here

**Partner Assessment Report – St Paul’s Hospital April 2021**

Recommended by Country Director: **Francesco Giuliatti 05.07.2021**

Sign here



Approved by Regional Hub Director: Albert Kombo

Sign here



Nov 2nd, 2021

Approved by Initiative Director:

Sign here

Approved by Director FaOD: *Insert name and date*

Sign here/Insert signature