**Part II**

Proof of Use – bengo

Funding of key development projects carried out by German private executing agencies

**Proof of Use Status Report**

**Project number:** 4014-BMZ-MYP (BMZ PN 5068)

**Project country:** Zimbabwe

**German private executing agency:**

**Project duration: 3 Years September 2020 to December 2023**



1. **Information sources for the proof of use**

[[Link to guidelines](https://bengo.engagement-global.de/leitfaden-teil-zwei-sachbericht-verwendungsnachweis.html#anker1) Please indicate here who has contributed to the report, and on what information and sources the report is based.]

The information for this report was gathered from ENT statistics collected from central, provincial and district hospitals and activity reports under the P4014 ear and hearing project with some of the information being collected from government stakeholders and ministries, these include Ministry of Health and Child Care, Ministry of Public Service, Labour, and Social Welfare and Ministry of Primary and Secondary education. The project also engaged other NGO partners in various provinces to improve networking and get information on their roles in ear and hearing health. The ear camps conducted also provided a platform for interaction with the general population and getting their feedback on issues pertaining to ear and hearing services.

Clients who received ENT services were also interviewed as part of the feedback method. Monthly collection of statistical data collection was done during the period under review from September 2020 to December 2023 from all the hospitals under the P4014 ear and hearing project. The quarterly P4014 steering Committee meetings held provided a feedback platform of the project performance and facilitated strategic planning and review of the project.

Data was also collected through monthly returns from various hospitals in the P4014 project areas. WhatsApp groups provided feedback on activities throughout the country. The project also used CSO statistics to guide some interventions.

1. **Amendments and plan adjustments carried out**

[[Link to guidelines](https://bengo.engagement-global.de/leitfaden-teil-zwei-sachbericht-verwendungsnachweis.html#anker2) Please report here in a clear manner on any changes in the organisation of the project, as well as any changes affecting the framework. Explain here how the project has responded to the change in circumstances.]

Initially, the project set out to refurbish an existing building at Sally Mugabe Children’s Hospital into an operating theatre dedicated to Ear, Nose and Throat related surgeries. The project budget was also approved with the refurbishment in mind. However, due to changes in administration at the hospital, the room was no longer available for use by Wizear and instead, vacant land was identified for the theatre and this now required construction from the ground up. As a result, there was a significant increase in the cost implication as the scope of work changed from being refurbishment of an existing building to being a full-on construction project. The change in scope was approved within the project and additional funding was provided for the construction.

There was provision within the project for Wizear to attend regional and international conferences that pertain to Ear and hearing health care. The provision would carter for two representatives per trip twice a year. However, due to Covid –19 induced travel restrictions, these conferences were cancelled in the first and second year of the project. In 2022 when the pandemic had passed, Wizear was granted the opportunity through the International Federation of Otorhinolaryngology Societies (IFOS) to host a World Course on Hearing. A request was then made and approved to utilise the funds initially meant for travel, lodging and flights to attend regional conferences for use in hosting an international conference. The same was done again in 2023 and the costs were contained within the same budget. The result was more people being able to attend the conference than what the initial plan had provisioned for.

1. **Achievement of objectives and impact matrix**

[[Link to guidelines](https://bengo.engagement-global.de/leitfaden-teil-zwei-sachbericht-verwendungsnachweis.html#anker3) In this table, please provide the information from the latest contractually agreed version of the impact matrix or from the application. Then, in the column marked ‘situation achieved’, provide details of the extent to which the objectives have been achieved, both qualitatively and quantitatively if possible. If there have been significant deviations from the plan, please include a description of them here.]

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| **Overall objective: To prevent childhood hearing impairment through enhancing and strengthening the ENT services in Zimbabwe** | | | | |
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| **Project objective** | | **Indicators** | | | |
| Initial situation  (Quantitative and qualitative) | Target situation (objective)  (Quantitative and qualitative) | Situation achieved (quantitative and qualitative), including explanations of deviations, where applicable | |
| 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.  Low priority of ENT care in the national health system. | Overall, 28,650 people treated, and 986 people trained during the project period | Cumulatively 31,819 people were reached from September 2020 to December 2023. Of the 16.313 adults treated 7.604 were males and 8.709 were females. Of the 15.452 Children treated, 8.029 were boys and 7.423 were girls. The project achieved 111% of the target population due to intensive awareness programmes which triggered health seeking behaviour among the population.  1.221 people trained, 408 males and 813 females. The training targeted Doctors, Nurses, Rehabilitation Technicians, medical students, and Village Health Workers.  Cumulatively, 1221 medical staff were trained so far:  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. Students (29 males, 34 females)  The project exceeded target by 11% which is attributed to strategic engagement with MOHCC staff at district and provincial levels who used all available opportunities to share information, conduct diagnosis, treatment and rehabilitation of ear and hearing health patients. This was supported by an efficient data collection system that was put in place by WizEar in utilising government structures. | |
| **Sub-objectives** | | **Indicators** | | | |
| Initial situation  (Quantitative and qualitative) | Target situation (objective)  (Quantitative and qualitative) | Situation achieved (quantitative and qualitative), including explanations of deviations, where applicable | |
| 1. 1. Access to and quality of ENT, audiology and speech therapy services in Harare is improved | | Low number of surgeries on children due to lack of surgical capacity at the HCH.  Low audiological and speech therapy examinations due to lack of staff (2019): audiology: 135  speech therapy: 0  Operations 2019: 97/year  No adequate ENT services for adults in Harare  Lack of trained paediatric ENT specialists | An operating theatre built and equipped Increase in surgeries to 1,200/year  ENT services are part of the national health system and sustainably guaranteed.  Increased capacity at Parirenyatwa Hospital/ year:  Examinations: 4.200  Audiology: 1,400  A total of 3 paediatric ENT physicians trained  . | One double-suite pediatric operating theatre was built and equipped at Sally Mugabe Children’s Hospital. Cummulatively 2912 ENT surgeries were performed from September 2020 to December 2023, 1563 are males, 1349 are females. The number of surgeries has increased to 971/year 20%lower than the anticipated. The theatre was only opened in October 2022 due to challenges in importing equipment from Germany for the theatre.  11.954 patients were examined for audiology cases (1.750 males, 2.037 females, 4.413 boys, 3.754 girls). This is great as audiology examination has increased from 135 annually to 3985 per annum. This is attributed to robust awareness campaigns at ear camps, clinics and on social media which has risen awareness.  565 children (294 boys and 271 girls) were examined for speech therapy sessions. The speech therapy examinations continue to rise from nil in 2019 to 565 at an average of 188 per annum.  2.982 clients (1.433 males, 1.535 females, 8 boys, 6 girls) provided with ENT examinations. Parirenyatwa is mainly supporting adults in accessing ENT services and any paediatric ENT is referred to Sally Mugabe Children’s Hospital. The poor uptake of health seeking behaviours are evident in the figures shown. Most adults do not seek for help on ear and hearing health issues but prefer home remedies.  1.150 clients (568 males, 582 females) underwent audiology assessments.  3 doctors were trained in paediatric ENT during the period September 2020 to 31 December 2023. All the doctors are now offering their services on ENT to clients. Dr Nzvenge is based at Parirenyatwa whilst Dr Rwizi is at Sally Mugabe Children’s Hospital and lastly, Dr Garwe is at Chitungwiza General Hospital | |
| 1. 2. The medical infrastructure for treating ear diseases on provincial and district level in the target region permanently improved | | Low patient numbers due to fluctuation and lack of classes  Loss of ENT services due to inefficient maintenance and calibration of diagnostic equipment.  Limited access to services due to provincial focus | The following staff is qualified on provincial and district level:  -General practitioners: **8**  -Nurses & rehabilitation technicians: (provincial level): 46  (District level): 26  Provincial hospitals equipped with diagnostic equipment and consumables.  Services are expanded to district level and district hospitals are equipped with diagnostic equipment and consumables | The project conducted training workshops at both district and provincial levels to support delivery of quality health services to clients.  Provincial hospitals namely Masvingo, Gweru, Victoria Chitepo, Bindura, and St Lukes Hospital received audiometry equipment including consumables.6 provincial hospitals and 4 central hospitals provided with audiometers, otoscopes, and medical consumables. During the height of Covid-19, these institutions were also supported with safety equipment and protective clothing which were part of the approved plan.  13 district hospitals have been supported with ear and hearing health diagnostic equipment in the form of otoscopes, syringing materials, and consumables (Personal Protective Clothing, antibiotic ear drops and boric acid). The districts continue to provide audiology services using the otoscopes and consumables that were distributed through the project. | |
| 1. 3. An efficient referral system has been introduced and health services are connected | | 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.  Training of community health workers does not include basic ENT training.  Low level of awareness of the population about existing ENT services. | No efficient referral system in place.  A total of 30 outreaches carried out.  A total of 900 GGH trained and integrated into  ENT care  The population is informed about the services and sensitised about ENT prevention by means of education campaigns. | The training of VHWs at community level has been a very strategic approach to ensure ENT referrals at Primary level. The referral system continues to strengthen as more healthcare workers are being trained. This is promoting early identification of ENT and Audiology cases which has resulted in improved health seeking behaviour on ear and hearing health. P4014 project had made strides in developing clear referral systems within Zimbabwe health delivery system. As P4014 project has ended on 31st December 2023 MOHCC trained personnel will continue to utilise the referral path to ensure clients reach the highest level in ear and health management.  A total of 31 outreaches were conducted from September 2020 to December 2023. Outreaches provided a platform for dissemination of ear and hearing health messages. Refresher training was mainstreamed in outreaches targeting health personnel (doctors, nurses, RTs and VHWs). Patients identified were referred on various reasons to appropriate level of support in the health delivery system.  A cumulative total of 866 (210 males, 655 females) Village health workers have been trained by the close of the project. Training reached 96% of the targeted VHW. The first two years of the project were affected by COVID 19 lockdown which affected the planned trainings as gatherings were prohibited by the government to prevent the spread of the virus. VHW are playing a pivotal role in the identification of community members with ear and hearing problems and referring them to the health delivery system .  The project used a variety of approaches to promote dissemination of ear and hearing health information such as social media platforms i.e. Facebook, Twitter(X), Instagram and WizEar website. The project also engaged radio and TV stations such as Star FM, ZiFM and ZBC/TV to raise awareness to the general public about ear and hearing health. Ear Camps and International commemorations provided platforms for sharing information. Additionally, WizEar developed and distributed IEC materials such as pamphlet’s, flyers to promote public awareness on ear and hearing health. | |
| 1. 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 government posts for audiologists and speech therapists from 2023. | WizEar has continued to lobby for the opening of posts for audiologists and speech therapists in public institutions under government funding. The government has managed to unlock some positions for speech therapist who are being absorbed through the Special Needs and Learner Welfare Department under the Ministry of Primary and Secondary Education. There has been further commitment to absorb audiologists into the public health system, but this is still work in progress as we still wait for actual results in the following years. | |

1. **Project implementation** 
   1. **Measures implemented, compared to application**

[[Link to guidelines](https://bengo.engagement-global.de/leitfaden-teil-zwei-sachbericht-verwendungsnachweis.html#anker4) Please provide a comparison here, preferably in a table, of the measures planned vs. the measures actually implemented (target/actual comparison of the measures from the application or latest amendment agreement) and give reasons for deviations, delays, extensions or reductions.]

**Targets and indicators**

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| **Impact** | **Contribution to sustainable ENT medical care in Zimbabwe** | | | **Explanation on deviations** |
| **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 | Cumulatively 31,819 people were reached from September 2020 to December 2023.The project exceeded the target by 11% due to robust approaches involving the MOHCC personnel at both district and Provincial level in ear and hearing health. The establishment of referral systems within MOHCC promoted sharing of data on the reach resulting in high number of people reached.    1.221 people trained, 408 males and 813 females. The number of people trained exceeded the target by 24%. This is due to utilisation of MOHCC resources such as hospital facilities which were offered for free because of our partnership. The savings realised supported training for more people than expected. Trained provincial and district level staff conducted training to their peers especially in response to the high exodus of health staff. The project continued to train more staff to cater for the gaps created by staff movement to other countries. |
| Low priority of ENT care in the national health system. | ENT services are part of the national health system and sustainably guaranteed. | P4014 project has improved the national health delivery system at both provincial and district levels in project areas through capacity building of health staff in ENT services. This has contributed to development of sustainability measures such as promotion of ear screening at both districts and provincial district hospitals. |

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| **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 | Sally Mugabe Children’s hospital benefited from a new theatre that was constructed through financial support from P4014 project. The theatre was fully equipped to meet standard theatre requirements. |
| Increase in surgeries to 1,200/year | The number of surgeries has increased to 971/year slightly lower than anticipated. The theatre was only opened in October 2022 due to challenges in importing equipment from Germany for the theatre. |
| 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 | A total of 11.112 individuals were reached through audiology examinations from 2020 to 2023. The overwhelming response by the communities during ear camps compounded by extensive awareness campaigns resulted in the increased reach.  565 speech therapy were conducted resulting in exceeding the target of 300 in 3 years. This was caused by active awareness campaigns and advocacy at public gatherings. |
| No adequate ENT services for adults in Harare. | Increased capacity at Parirenyatwa Hospital/ year:  Examinations: 4.200  Audiology: 1,400 | Total of 2982 clients were examined during the period under review. This represents a shortfall of 29% of the target. This is due to apathy among adults as Parirenyatwa mainly focusses on adults. The exodus of trained nurses at the institution also affected ear and health activities at the hospital.  1150 audiology clients were reached against a target of 1400. This translates to a shortfall of 18%. This is attributed to same reasons above. |
| Lack of trained pediatric ENT specialists | A total of 3 paediatric ENT physicians trained | 3 doctors were trained in paediatric ENT during the period September 2020 to 31 December 2023. This was 100% achievement. The 3 doctors who completed fellowship training are Dr Garwe, Dr Nzvenge and Dr Rwizi. |
| 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: **8** * Nurses & rehabilitation technicians: (provincial level): 46   (district level): 26 | Cumulatively, 1221 medical staff were trained so far:  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)  The project targeted general practitioners at all district hospitals to get their appreciation and support to the rest of the staff at both district and provincial levels. As a result, 45 were trained against a target of 8. The same applied to nurses and rehabilitation technicians. WizEar is advocating for change of syllabus for basic training for nurses to include ENT services and hence the project targeted student nurses and audiological students in capacity building exercises. This resulted in increased reach in training to cater for high resignations among health staff as they seek greener pastures in Europe. |
| Loss of ENT services due to inefficient maintenance and calibration of diagnostic equipment. | Provincial hospitals equipped with diagnostic equipment and consumables. | All provincial hospitals received otoscopes, audiometers, and consumables to support early screening for ear health. |
| Limited access to services due to provincial focus. | 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. |
| 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 | The project successfully developed a sound working relationship between health institutions and Village Health Workers (VHW). The project involved Community Based Organisation in programming to promote advocacy as well as build a sustainability approach. VHW identifies clients who are referred to the district for assessment before being referred to the province for further management. Those with complicated issues are referred to the central hospitals such as Mpilo and Sally Mugabe Children’s hospital. As a result, the project has established a clear referral system within the health delivery system in Zimbabwe for MOHCC. |
| 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. | The project achieved 103% of the target. 31 ear camps were conducted during period under review. One ear camp was a result of a request by MOHCC to support them in Bindura on ear and hearing health. This included after care services to promote rehabilitation of clients. |
| Training of community health workers does not include basic ENT training. | A total of 900 GGH trained and integrated into  ENT care | A cumulative total of 866 (210 males, 655 females) Village health workers have been trained to date. Training reached 96% of the targeted VHW. The first two years of the project were affected by COVID 19 lockdown which affected the planned trainings as gatherings were prohibited by the government. The interruption affected achievement of target. |
| 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. | The project utilised all the31 ear camps as campaign platforms to disseminate information about ear and hearing health to the public. This also included use of social media such as Facebook, twitter, radio stations and the use of the print media. |
| 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 | Government has already taken over the management of infrastructure including trained human resources to improve service delivery. |
|  |  |  | government posts for audiologists’ speech therapists from 2023. | | and |

* 1. **Reaching the target group**

[Please describe whether the target group was reached as planned and to what extent the target group was able to derive concrete benefits from the measures.]

Overall target, 28,650 people treated, and 986 people trained during the project period however the project reached cumulatively 31,819 people were treated from September 2020 to December 2023. Cumulatively 31,819 people were reached through prevention activities, diagnosis, treatment of infected and affected and rehabilitation of clients from September 2020 to December 2023.

P4014 project has changed the attitude of the public towards ear and hearing health. Stakeholders and communities at the beginning of the project could not understand the magnitude of the problem. As the project has come to an end WizEar offices continue to receive calls and messages from people across the country requesting for information as well as services on ear and hearing health. The intensive awareness efforts which were supported financially by the project is now bearing fruits.

Government hospitals have taken up issues around ear health and screening and treatment of ear infections continues throughout the project health institutions. One of the great achievements of the project is the establishment of a vibrant referral system within MOHCC. Early detection of ear and hearing problems follow the referral procedures until they reach the tertiary level. This is evidenced by the number of children being referred to Sally Mugabe Children’s hospital for paediatric surgeries. The completion of Sally Mugabe paediatric theatre has created an ideal environment for vulnerable children who are receiving surgical treatment at the institution resulting in permanent life changes to resume normal productive life styles. Correction of ear problems is promoting children to resume normal school lessons with the rest of the children which is a positive development.

* 1. **Local project partner capacity development**

[Please explain what new skills or knowledge the local project partner gained during the project implementation.]

The project impacted positively on skills and knowledge development for WizEar as an organisation. The following is a list of the positives:

1. The P4014 project has strengthened our relationship with Ministry of Health and Child Welfare, Ministry of Public Services, labour and Social Welfare and other government departments as we interacted more frequently during project implementation. This has seen an improved relations between WizEar and hospital staff in various parts of the country strengthening and opening for new programmes.
2. Implementation of the project of this magnitude was not an easy task due to many activities involved, however the project facilitated the development of new skills in project management and adaptation skills. P4014 was implemented during COVID 19 outbreak but due to strategic planning skills acquired through P4014, ultimate goals were achieved.
3. The financial support to outreaches/ear camps has increased WizEar visibility in Zimbabwe. These were also platforms for awareness campaigns on ear and hearing health.
4. Training of staff on fundraising has been a critical area for WizEar staff and P4014 played a pivotal role in closing that gap. Skills of staff in developing proposals has increased drastically. As a result, WizEar got funding recently from Hear the World Foundation to support fitting of hearing aids to children below 18 years.
   1. **Collaboration with other stakeholders**

[Please describe which organisations, government institutions, or individuals were collaborated with in the project context and how this collaboration went.]

The project worked in collaboration with Ministry of Health and Child Care, Ministry of Public Service, Labour and Social Welfare, Ministry of Primary and Secondary Education, World Health Organisation, University of Zimbabwe, ZIMNAD, and National Rehabilitation Centre. These partners were engaged during project review meetings as well as supporting project implementation activities. This was a platform conducted to introduce new tools for ear and hearing health being led by CBMI. The project has been working with village health workers at grassroot level to improve the referral system in the government sectors. Additionally, the 876 VHWs reached during the life of the project have strengthened community based interventions and cooperation. MOHCC being the custody of health in Zimbabwe provided an oversite of the project and guiding on compliance to policies for the Ministry as well as technical support to implementation. Social Welfare Department of disability was a key player in advocacy for support to Hearing Impaired populations as well as social support required by families leaving with hearing impaired members. MOPSE provided access to schools on school health programmes related to hearing health. ZIMNAD a member of the Steering Committee of the project under the DPO partnerships provided an oversite of the project and sharing with WizEar ear their experience in working with the deaf community. ZIMNAD also supported basic staff training on sign language. The project engaged other NGOs to improve networking and advocate for inclusion of ear and hearing health in their development plans. Discussions were held with Plan International and World Vision and Care International to influence the child sponsorship programme to consider buying hearing aids for the vulnerable children they save. Discussions continue even after the project has ended to maximise on the benefits of collaborations.

1. **Evaluation and conclusion**
   1. **Sustainability (structural/economic – social – environmental)**

[[Link to guidelines](https://bengo.engagement-global.de/leitfaden-teil-zwei-sachbericht-verwendungsnachweis.html#anker5) Please describe to what extent the project was able to achieve the sustainability of the project outcomes anticipated in the application phase. Similarly, assess the viability or stability of the capacity created during the project for long term use.]

This report marks the end of project which was running from 2020 to 2023.All planned activities have been achieved. WizEar in partnership with MOHCC worked together throughout the project to ensure that sustainability is achieved. The project saw the activation of MOHCC structures from grassroot level to tertiary level through capacity building measures which were put in place. The investment in hospital equipment at district, provincial and central hospitals remain a key deliverable where WizEar will maintain an oversight to support proper use and influence MOHCC to continue investing in consumables to support ENT services. The theatre at Sally Mugabe Children’s Hospital is one major project investment which WizEar has handed over to the hospital administration for continued support. The MOU between WizEar and Sally Mugabe hospital will remain the guiding document for continued support and delivery of services

While provision of equipment has made significant changes for the public institutions, there are still concerns around the recurring cost for calibration of the equipment. The project has been absorbing the cost on behalf of these institutions and fundraising efforts to acquire equipment for calibration to be done in country did not materialise. Continued use of the equipment at the right level thus becomes a challenge to overall sustainability. Wizear will continue engaging responsible authorities to see how best the devices can be maintained at the right level to sustain the gains realised so far.

Another key point to note is how trained cadres were lost to brain drain which left some institutions exposed due to lack of trained staff. Given how it would not be feasible to continually have trainings for the nurses and rehabilitation technicians, Wizear has since started engagements with the Ministry of Health and Child Care to lobby for the inclusion of the Basic course in Ear and Hearing health in the curriculum used to train nurses. This would mean every graduating nurse is already trained and the trainings will continue for as long as the training schools are running. However, costs relating to capacitating the trainers as well as conversion of the course into modules still require financial support.

* 1. **Lessons learnt**

[Please describe any particular successes or difficulties in implementation, reasons for delays and deviations in timing, and your lessons learnt from the project.]

* Improved service delivery due to the use of appropriate equipment procured by the project for central, provincial and district hospitals in project areas.
* The outreaches, clinics and health education have improved the health seeking behaviour amongst communities.
* Access to ENT Services has improved and it is now affordable as public institutions are now providing the service as well. Before the P4014 ENT services were only available at private practitioners which was very expensive for the public.
* Increase in examinations culminated in fitting of hearing aids resulting in improved quality of life for the population and improved learning capacity by school children.
* Increased staff capacity across host institutions through trainings and workshops on basic ear and hearing care and the provision of ENT equipment.
* Despite the proffering of children with amplification devices such as hearing aids, it has been noted that several children are not wearing their hearing aids for the recommended minimum of at least eight hours each day. This has been attributed to parents wanting to ensure that the hearing aids are preserved as they would be aware of how expensive they are and would not want to incur replacement costs. Therefore, it is important to give education on hearing aids to parents, guardians, teachers, and community leaders to promote advocacy and greater usage of the amplification devices.
* The community is still expecting hearing aids from WizEar despite the ending of the project, this may be the dependence syndrome developing in project communities.
* The specialist treatment in public hospitals such as Sally Mugabe Children’s Hospital, Parirenyatwa and Chitungwiza central hospital is now locally accessible due to ENT training of3 doctors during the project.

1. **Report on requirements stated in the on-lending agreement**

[[Link to guidelines](https://bengo.engagement-global.de/leitfaden-teil-zwei-sachbericht-verwendungsnachweis.html#anker6) If requirements were stipulated in the on-lending agreement, please describe how they have been taken into account or implemented in the project.]

**The End of Project Evaluation and Final audit are still pending for P4014 project.**

1. **Response to evaluation carried out and/or evaluation of independent auditor’s report**

[[Link to guidelines](https://bengo.engagement-global.de/leitfaden-teil-zwei-sachbericht-verwendungsnachweis.html#anker7) If an evaluation and/or independent auditor’s report has been carried out, please respond to their findings here. Describe whether their recommendations were taken on board and, if applicable, evaluate the comments and advice given by the evaluator or the audit.]

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| **No.** | **Recommendation Description-Mid Term Evaluation report** | **Person/Entity Responsible** | **Response** |
| 1. | Medical personnel were generally not motivated due to low salaries. It is recommended that WizEar and CBM should consider an incentive mechanism to encourage cadres to continue delivering services to meet targets. | WizEar and CBM | There was no budget to support incentives |
| 2. | Trained personnel are migrating for better wages abroad. To prevent a loss of services triggered by the high migration rates of trained ENT cadres, it is recommended that more cadres should be trained so that there is an existing pool to guard against high levels of diaspora migration. | WizEar and MoHCC | The project conducted refresher trainings on basic ear and hearing health at district and provincial hospitals to increase the pool of ENT cadres. |
| 3. | Some project milestones were being delayed because of later approvals by the MoHCC. It is recommended that WizEar should consider getting prior approvals for most milestones at project inception. If this is not possible, consider early submissions of letters seeking approval e.g 3 months ahead of time. | WizEar | WizEar was now applying for approval 4 months before date of field activities to give MOHCC adequate time to respond and approve. |
| 4. | It is recommended that WizEar should consider printing outreach materials in all local languages where the project is operating to enhance communication. | WizEar | WizEar printed materials in Shona, Ndebele, Tonga and English only. |
| 5. | Given the fact that ENT workers regularly interact with person who have hearing loss, it is recommended that ENT cadres should have at least minimum sign language training for basic communication | WizEar | ENT staff have been encouraged to conduct basic sign language sessions and apply it at work place. |
| 6. | The evaluation established that ENT clients often travel very long distances to access hearing aid batteries. The end up paying more money on transport than the amount that hearing aid batteries cost. It is recommended that WizEar should develop a strategy to keep batteries at locations closer to where hard-to-reach communities stay especially in District hospitals. | WizEar | WizEar has supplied batteries to Provincial and district hospitals to improve access by hard to reach areas. VHW assist in collection and delivery of batteries. The batteries are replenished during monitoring visits. |
| 7. | The evaluation established that it takes between 3 and 4 months for equipment to be taken to South Africa for calibration and be brought back. During that period, hospitals are not able to offer services. It is recommended that WizEar considers training a local person to be responsible for calibration services to ensure minimum service disruption associated with calibration and servicing of equipment. | WizEar and CBM | Delays of taking equipment to South Africa was mainly due to Covid restrictions and those delays have been overcome. However, training of local cadre has been halted by lack of finance to support procurement of calibration equipment. |
| 8. | It is recommended that WizEar should consider recruiting a monitoring and evaluation officer to improve data management. This individual would be responsible for, amongst other things collecting and managing data from all project sites and disaggregating it by gender, disability, age, and other variables as required. | WizEar | Lack of resources has delayed the recruitment of an M&E officer for data management. However, the duties are being done by Project Officer |
| 9. | The current macro-economic environment pauses many challenges for the P4014 project sustainability. It is recommended that WizEar and CBM develop a tangible sustainability plan for the project. | WizEar, CBM, MoHCC | Sustainability plan has been developed and in place. |
| 10. | The evaluation showed that there is still limited knowledge in the communities about available ENT services. It is recommended that WizEar should upscale its outreach efforts in improving community knowledge about available ENT services. Stakeholders were of the view that current campaigns were thought to be inadequate by ENT practitioners | WizEar | WizEar has upscaled outreaches to create awareness on available ENT services. The project has also engaged Star Fm and Zifm radio stations to boost awareness campaigns. |
| 12. | Some patients asked the hearing aids must not take long to be delivered after they had been assessed | WizEar | Limited financial resources on procurement of hearing aids remains an obstacle to early delivery of hearing aids to patients. |
| 13. | The current ENT cadres felt overwhelmed with work. They indicated that they were unable to go on leave due to work pressure. They were sometimes called back from leave. It is recommended that the number of trained cadres should be increased. | WizEar | More cadres continue to be trained in hospitals to reduce fatigue on staff. |

1. **Additional remarks**

[[Link to guidelines](https://bengo.engagement-global.de/leitfaden-teil-zwei-sachbericht-verwendungsnachweis.html#anker8)]

The P4014 project has made great impact on the Zimbabwe population. Future funding may be directed to Mashonaland East and Mashonaland West to improve the lives of vulnerable children in those areas. The project has brought ear and hearing health on the limelight as awareness campaigns have had a big impact on demand for services by the population.

1. **Statements on the indicators within Engagement Globals monitoring and evaluation system** [[Lin k to guidelines](https://bengo.engagement-global.de/leitfaden-teil-zwei-sachbericht-verwendungsnachweis.html#anker9)]
   1. **Self-assessment of objectives achieved** (EG indicator: ‘Level of objectives achieved in foreign projects’)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The extent to which the project objective was achieved was as follows **[please indicate with a cross]:** | **Complete** | **To a great extent** | **Partial** | **To a small extent** | **Not achieved** |
| **x** |  |  |  |  |

* 1. **Self assessment of sustainability** (EG indicator: ‘Number/proportion of projects that can convincingly demonstrate prerequisites for the sustainability of the project impacts’; see also point 5.1)

|  |  |  |  |
| --- | --- | --- | --- |
| **Structural**  (If applicable) | **Economic**  (If applicable) | **Social**  (If applicable) | **Environmental**  (If applicable) |
| Level 1 | **High sustainability:**  The contribution to the stated dimension of sustainability envisaged in the project application was fully achieved or even exceeded **[please indicate with a cross].** | **X** |  |  |  |
| Level 2 | **Average sustainability:**  The contribution to the stated dimension of sustainability envisaged in the project application was partially achieved **[please indicate with a cross].** |  |  | **X** |  |
| Level 3 | **Minimal sustainability:**  The contribution to the stated dimension of sustainability envisaged in the project application was not achieved, or achieved only at a basic level **[please indicate with a cross].** |  |  |  | **X** |