1. **PROJECT DETAILS**

Fill in or copy-paste from last report.

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| CBM-I Office | CBM, Country Office |
| Staff Name / Visitor(s) | Samuel Bekele (CBM,CO,Programme Officer ,and Workabeba Bekele (CBM,CO,Programme Operating Officer ) |
| Date of project monitoring visit | 03-04-10-2022 |
| Date of last project monitoring visit | 25-26.05.2022 |
| Project Number | 4257-MYP |
| Project Title | Strengthening Ear and Hearing Care Services in Ethiopia. |
| Location of the project | Ethiopia, Addis Ababa, Saint Paul Hospital, Millennium Medical College Hospital (SPHMMC). |
| Project duration | 01.01.22-31.12.2024. |
| Project budget | £1,140,595.80 |
| Project source of funding / donor | Free funds  Legally Contracted Designated Funding – LCDF (☐ includes free funds contribution). Please specify Back Donor name: |
| Name of Partner(s) | None |
| Type of Project Monitoring Visit | Onsite / Face-to-Face Project Monitoring Visit  Virtual / Remote Project Monitoring Visit (please mark in the box which medium has been used: phone/voice, video, photo camera) |

# **EXECUTIVE / MANAGEMENT SUMMARY OF KEY FINDINGS**

Monitoring &Evaluation team consisting a Finance and a programme staff from CBM,CO conducted the second annual monitoring visit calendar at SPHMMC, to review the progress of implementation of planned project activities. The project is devoted to ensure Strengthening of Ear and Hearing Care Services for needy populations in and outskirts of Addis Ababa, as well as capacitating a few selected government health facilities in the country. The monitoring exercise was done in line with the performance indicators expected to be reached in terms of planned target beneficiaries, stakeholders, scope, budget utilization, and timeframe in each specified result areas. Besides, procurement was highlighted as one of the primary project success factors.

The team, therefore, carried out a one and half day monitoring exercise through systematically collecting data and information by interviewing and discussing key performance indicators under each project result areas with the project relevant staff(programme Coordinator, and the Administration Assistant).

In addition, the monitoring visit was based on the following specific objectives as they are stipulated in the M&E Terms of Reference (ToR) which includes:

* To monitor the progress/status of current project planned activities if there can be any changes from last M&E visit report
* To discuss on the intended \and unintended results, lessons learnt, challenges encountered to develop recommendations on any gaps identified, and challenges encountered as we approach towards the end of the second biannual implementation-reporting period.
* To involve SPHMMC Management Committee in the discussion to know how the committee supports the CBM funded project

**Summary of the key findings in the programme activities**

The M&E reports findings include updates on its progress and achievements, activities undertaken, results, as well summary of as financial implementation of the project, and finally come up with action plans from agreed recommendations:

* Most of the activities that contribute to the four result areas have been undertaken as planned
* The hospital’s supplies particularly the hearing aid is out of stock, which has affected the quality of services ,and impairment of providing quality services ;
* Procurement of EHC supplies is already under process through the CO ,and it was long awaited to be delivered into the country
* The population based hearing problems prevalence survey has fallen behind schedule due to delayed procurement process
* Patients seeking surgical intervention are numerous ,and some of them has to wait for long queue for getting quality services
* A comprehensive accessibility audit was conducted by experts in the field ,and a copy of the document has been shared with PA team
* Activity 04.07 which denotes Sharing, developing and demonstrating the CBM concept of EHC comprehensive program, through interaction and coordination of health activities for EHC with community and education collaborators should be well thought and planned to be implemented . It was identified that the budget item is utilized for activities not agreed. It seems rather unexplained expenditure
* Erecting twenty billboard on Common EHC problems in major cities has been reduced to six billboard due to rise in the current cost ,and challenges in administrative issues
* ’Training guide’ and ’Training tool’ on ‘Management of Common ENT Problems’ has been drafted however, Basic EHC manual has already been developed;
* Monitoring and evaluation visit report to support selected health facilities in in North and South Wollo should be compiled and shared to the CO
* The partner has to work on system strengthening ,and service expansion in underserved areas through collaboration of partners through capacity building trainings, technical meetings, support in supplies and outreach campaigns,
* Washington group of short questions exercise should be practised to ensure collection of disaggregated data of patients coming to the ENT unit;
* The partner should request approval of re-allocation of budget from the CO before making changes/budget moves from one activity to another or change in implementation strategy e.g Overutilization of budget
* Inflated budget for conducting screening campaign was justified by the partner by availing detailed breakdown ,but it is not clear why there were assigned four paid facilitators for one training (Per dim payment for staffs participated on training

Facilitations in different ways (Admin payment),

* Utilization of most of the budget items indicate negative variance in reference to the transferred amount, which affects the implementation of agreed project planned activities as per the timeline;
* Budget utilization rate is healthy which accounts for 40.36% from the total transferred amount ,but still there is huge unutilized budget

amount to date;

* The partner should exhaust different strategies to execute some key activities rather than deciding to resort to another activity through reallocating the budget into less challenging activities this would rather lead to compromise the specific objectives of the project;
* Improvement has been made in writing and delivering quality periodic narrative reports, but timely submission of report still needs to be given due attention;
* Responsiveness in email communication has been in good shape

**Finance Section key findings**

* It is recommended that there is no signed attendance sheet while a campaign is organized, the signed attendance sheet should be attached to with payment document.
* It is recommended that whenever the program team sends a request for payment to the finance section there should be a base document showing the planned activity/work that has been done and documented under related files.
* It is recommended that while the payment has been done for the participant/person please use the participants name instead of naming their organization.
* It is recommended that wherever the payment has to be done make sure that all necessary documents have been attached to the request for payment. Under Position No. 01.09 PV 983 for the purchase of equipment has done the document attached is only the invoice that the supplier provided with a price. There is no receipt for the payment or if the payment has been done online there should be a minute or approved request letter.
* It is recommended that the finance and program team has to work jointly. It helps to reduce the unnecessary back-and-forth of sending reports. It is also important for the submission of quality and comprehensive reports.
* It is recommended that proper recording and alignment with the budget line should be in place while posting expenditures.
* It is recommended that the partner should be able to reason out for underspending and overspending (Column Z), Re-utilization of balance at the project (Column U), Expenditure forecast (Column S) and, on the list of expenditure(LoE) comment section (column F)

1. **ACTION PLAN**

SUMMARY OF KEY FINDINGS, including responsible persons and by when the actions are to be done. If reporting is available, also include recommended and agreed actions from ANNEX document Section C.

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| **Actions**  (Recommended and agreed) | **Responsible**  (Name, position, entity e.g CBM-I, Project, Partner or External stakeholder) | **Timeframe for action**  (Deadline) |
| **Program Section** | | |
| Procurement is already under process through the CO ,and it was long awaited to be delivered into the country | CBM,CO | Until the end of December 2022 |
| The population based hearing problems prevalence behind schedule due to delayed procurement process | CBM,CO | Until the end of December 2022 |
| The partner should exhaust different strategies to execute some key activities rather than deciding to resort to another activity through re-allocating the budget into less challenging activities if so this would otherwise compromise the specific objectives of the project; | SPHMMC | As soon as possible |
| Activity with potion no 04.07:- to Share, develop and demonstrate the CBM concept of EHC comprehensive program, through interaction and coordination of health activities for EHC with community and education collaborators should be well thought and planned to be implemented . It was identified that the budget item is utilized for activities not agreed. It seems rather unexplained expenditure. It has to be corrected. | SPHMMC | As soon as possible |
| The partner has to work on system strengthening ,and service expansion in underserved areas through collaboration of partners through capacity building trainings, technical meetings, support in supplies and outreach campaigns | SPHMMC | Until the end of the project beginning from November 2022 |
| Washington set of group of short questions exercise should be practised to ensure collection of disaggregated data of services | SPHMMC in collaboration with CBM,CO | Until beginning of January 2023 |
| Allegedly Inflated budget for conducting screening campaign was justified by the partner by availing detailed breakdown ,but it is not clear why there were assigned four facilitators for one training (Per dium payment for staffs participated on training facilitations in different ways (Admin payment) must be explained in email, | SPHMMC | As soon as possible |
| Utilization of most of the budget items indicate negative variance, which affects the implementation of agreed project planned activities | SPHMMC and CBM,CO | As soon as possible |
| **Finance Section** | | |
| There is no signed attendance sheet while a campaign is organized, the signed attendance sheet should be attached to every payment document. | SPHMMC, finance head | As soon as possible |
| Whenever the program team sends a request for payment to the finance section there should be a base document showing the planned activity/work that has been done and documented under related files | SPHMMC, finance head | As soon as possible |
| While the payment has been done for the participant/person please use the participants name instead of naming their organization. | SPHMMC, finance head | As soon as possible |
| Wherever the payment has to be done make sure that all necessary documents have been attached to the request for payment. Under Position No. 01.09 PV 983 for the purchase of equipment has done the document attached is only the invoice that the supplier provided with a price. There is no receipt for the payment or if the payment has been done online, there should be a minute or approved request letter. | SPHMMC, finance head | As soon as possible |
| The finance and program team has to work jointly. It helps to reduce the unnecessary back-and-forth of sending reports. It is also important for the submission of quality and comprehensive reports | SPHMMC, finance head and the programme Coordinator | Since beginning of November 2022 |
| The partner should be able to reason out for underspending and overspending (Column Z), Re-utilization of balance at the project (Column U), Expenditure forecast (Column S) and, on the list of expenditure(LoE) comment section (column F) | SPHMMC, The assistant admin and the programme Coordinator | As soon as possible |

1. **ANNEX**

Refer to [this separate Annex document](https://cbm365.sharepoint.com/:w:/r/sites/ProgMgmt/_layouts/15/Doc.aspx?sourcedoc=%7B51713D5D-CA0B-435A-B4DE-5F3147848CCE%7D&file=Project%20Monitoring%20Visit%20Reporting%20English%20Annex.docx&action=default&mobileredirect=true&DefaultItemOpen=1) that contains the following;

1. **INSTRUCTIONS** for general project monitoring visit reporting and terms of reference.
2. **TERMS OF REFERENCE** for the project monitoring visit.



1. **OPTIONAL TOPICS / AREAS OF FOCUS** suggested for consideration on a case-by-case basis by the CBM-I Office staff conducting the visit.

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