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 Dawit Alemayehu (CBM,CO) Programme Operating Officer |
| Date of project monitoring visit | 25-26.05.2022 |
| Date of last project monitoring visit | 27-28.04.2021 |
| 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 | £1140595.80 |
| 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) |

# **SUMMARY OF KEY FINDINGS**

An M&E team from CBM,CO consisting Finance and programme staff conducted a regular annual monitoring visit at SPHMMC, which is one of the prominent Public hospitals and medical colleges in the country. The monitoring was done to monitor one of the medical departments in the Hospital or the Ear and Nose and Throat (ENT) department. The project is devoted to providing quality Ear and Hearing Care services for populations in Addis Ababa, outskirts of Addis Ababa and selected facilities from other parts of the country. Hence, the visit’s objective was to track the progress of the project (P4257) against the set plan for the reporting quarters by identifying outputs, and outcomes, challenges encountered, suggesting possible remedies. Besides, we discussed some outstanding issues like delay of procurement.

We carried out the two days monitoring sessions through systematically interviewing and discussing with the project holders about the key performance indicators under each project result areas.

The specific objectives of the monitoring visit as stipulated in the Terms of Reference (ToR) are the following:

* To monitor the progress/status of current project planned activities during quarter one reporting period against the expected targets to reach in the project log frame, and the actual rate of related budget expenditure ,
* To discuss on the intended \and unintended results, lessons learnt, challenges encountered, develop recommendations on any gaps identified, and challenges encountered as we approach towards the biannual implementation-reporting period.
* To involve SPHMMC Management Committee in the discussion to know how the committee supports CBM funded project

**Summary of key findings**

The project is organised into five result areas where each area is expressed with its corresponding performance indicators. Accordingly, under each result area, we identified and highlighted the following key findings as bulleted below:

**Result 1: High quality EHC services is provided to the target population nationally**

* Quality EHC Service provision in the base hospital ENT department is being provided for the targeted populations who come to the department through referral from different corners of the country
* The major ear and hearing care problems treated in the base hospital and outreach campaigns include otitis media
* It was learnt that the criteria for selecting collaborating targeted health facilities from other parts of the country is based on the fact that they are high volume health centres, and their institutional capacity are relatively developed for ear care services by providing support for equipment like Otoscope, and trained personnel
* Outreach campaign are held at GTM –Butajira fairly on monthly bases by the ENT surgeon and Consultant Dr. Uta which is a CBM CO staff and based at SPHMMC. The monthly surgical campaign has not been done regularly on monthly basis due to some inconvenience
* In one outreach trip, five members of a campaign team travelled to selected sites, and reached up to 120 people with access to EHC services. Local facilitators are used to mobilize the people to seek services , but not always
* Strengthening Adama, Dessie, and Minilik Hospitals are the focus areas for the next reporting periods
* They did clinical screening during the 1st quarter at St. Paul’s hospital and Butajira Medical Rehabilitation Services Center at GTM. Hence, a total of 4,388 patients were screened in the above-mentioned two health facilities during the reporting quarter. At SPHMMC, we screened 4,347 patients (2,372 males and 1,975 females), similarly we screened 36 patients (16 females, 12 males, 3 girls, 5 boys) at Butajira GTM
* A total of 129 patients (64 males and 65 females) have undergone the required surgical procedure. The major ear conditions that led them to micro-ear surgeries were chronic suppurative otitis media ou of which the majority of the ear surgeries were tympanoplasty.
* Mismatch between demand and supply is created because of mobilization activity. Many patients come in need of surgery, which is beyond the capacity of the team to provide the required services, particularly surgical intervention. Therefore, surgical outreach is planned to be conducted during next outreach campaign to address the backlog.
* In Q.1 reporting quarter, 1,135 (females=592) patients got access to EHC services both at the base hospital and outreach campaigns. While in outreach campaigns alone, 223 people screened followed by surgery procedure for 129(females=65) patients were achieved. They also provided assistive hearing aids for 19(females=10) patients. The target reached are good progress towards achieving the annual plan indicated in the project log frame
* The population based prevalence survey on hearing impairment nationally is being implemented, but with some minor issues like insurance coverage issue for the consultant team during travel to different parts of the country ,and the approaching. However, the Research directorate from SPHMMC has given to this assignment clearance.
* There is a problem of delay in procurement from the Country Office for EHC intervention work which is part of the survey process

**Result 2: Capacity Building system will be established by providing trainings for EHC Health Personnel**

* No capacity building training for ENT professionals except attending to the annual ENT conference at Dubi was given during this period. Planned training courses include online pediatrics audiology, basic audiology, management of common ENT diseases, and basic EHC.
* Two Senior ENT surgeons were sent to UAE, Dubai to attend a 3 days conference by covering their full travel, accommodation and other related expenses. The travellers reported that the conference helped them to network with different professionals that came from different parts of the world, and shared experiences with these professionals about new developments in the field of EHC, and future prospects.

**Result 3: Health education and promotion system on EHC strengthened**

* They produced and distributed IEC/BCC materials through posters to the Health facilities. The posters are prepared in Amharic. The posters describe main causes of hearing problems and the prevention methods to avoid hearing problems. In addition to this, they organized health education and awareness-raising activities for around 446 persons during the outreach campaigns
* Promoting public awareness in respect of prevention of hearing loss through education is integrated in the outreach campaign services.
* No regular organised health education programme in EHC is given to OPD and in patients in the patient waiting area at the base hospital
* This year’s World Hearing Day (WHD) was celebrated on third of March 2022 by organizing a symposium where different invited stakeholders attended. Among key representatives who participated in the conference includes people from MoH , Association of Persons with Disabilities, EHC professionals and government media.
* A WHO Guideline on Ear and Hearing Care was translated in Amharic and Oromiffa to be printed and distributed to collaborating health facilities in the outskirts of Addis Ababa such as government hospitals in Ficthe , Debretsegie, Muketurie, Sendafa ,Legetafo and one NGO facility at GTM Butajira.

**Result 4: EHC mainstreamed through a partnership with the FMoH-Ethiopia**

* EHC Helped SPHMMC to hold a consultative meeting on how to strengthen the quality of the college’s specialty and subspecialty programs
* The College held a consultative meeting on the quality of postgraduate education particularly focusing on ENT-postgraduate training. Thus, they have supported by availing the budgeted amount in the same result area
* Effort is under way by the hospital’s Academic and Research Vice Provost to liaise with relevant personnel in the FMoH to resume the technical Working group meetings
* The budget line with position number 04.07, even if it is designated for a specific activity, it is rather a loaded activity, which is not clearly described to understand it. Besides, the budget amount for number has been used for different project related activities, which is not clear enough.

**Result 5: Efficient and effective program management is achieved**

* Managerial support, salary top-ups, and related admin expenses were effected duly in each month to help facilitate the implementation of planned activities in the 1st quarter. Additionally, Procurement of office materials was conducted for the Project for the ENT department.

1. **ACTION PLAN**

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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) |
| * Capacity building of health professionals, CBR and health extension workers should be strengthened * Planned capacity building training courses should be provided to the targets with adequate follow-up action plan to ensure achievement of the objectives of each training | * SPHMMC ENT department | Until end of quarter 3 reporting period |
| * Internal monitoring system is not as strong as it has to be. No specific person is designated for information and data collection. Data is collected from patient registration card only * Project team should be able to develop an additional data collection tools to capture information and data according to CBM’s Standard indicators * The number of beneficiaries reached at base hospital and outreach areas should be measured against the log frame | * SPHMMC ENT department | Since mid -June 2022 |
| * The budget line with position number 04.07, even if it is designated for a specific activity, it is rather a loaded activity, which is not clearly described to understand it. Besides, the budget amount for number has been used for different project related activities, which is not clear enough. | SPHMMC ENT department,and CBM,CO | As soon as possible |
| * Surgical outreach campaign service at GTM-Butajira and other target areas should be conducted on monthly basis as planned | * SPHMMC ENT department & GTM,and other collaborating partners | * Since beginning of June 2022 |
| * System strengthening of collaborating partners’ health facilities should be given due emphasis | * SPHMMC ENT department | * Since the beginning of Q.3 period |
| * The population based prevalence survey on hearing impairment nationally should have a detailed action plan with functional timeframe | * SPHMMC ENT department | * As soon as possible |
| * There is a problem of delay in procurement from the Country Office for EHC intervention work which is part of the survey process, and timely availing of procurement is very essential | * CBM,CO | * Until end of August 2022 |
| * No regular organised health education programme in EHC is given to OPD and in patients in the patient waiting area at the base hospital * The awareness raising education on ENT for patients in the waiting area can be integrated with education for other non-communicable medical diseases | * SPHMMC ENT department | * From Month of June on wards |
| * Mainstreaming EHC through a partnership with the FMoH-Ethiopia should be reinforced even though previous effort has brought no concrete development | * SPHMMC ENT department, and CBM,CO | * Until beginning of Q.3 implementation period |
| * Safeguarding of children and adults at risk procedures & response of incidents | * SPHMMC ENT department | * Until end of Q.3 implementation period |
| * Delayed accessibility audit of the ENT department can be given the momentum | * SPHMMC ENT department & CBM,CO | * Until end of Q.3 implementation period |

1. **ANNEX**

Refer to [this separate Annex document](https://cbm365.sharepoint.com/:w:/r/teams/Work-GrpProgrammeSupportTeam/_layouts/15/Doc.aspx?sourcedoc=%7BE2F0CF91-29B6-4DD8-8B8C-8906D7CCAFBC%7D&file=Annex%20to%20the%20Project%20Monitoring%20Visit%20Reporting%20(PMVR)%20Template.docx&action=default&mobileredirect=true) 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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