1. **PROJECT DETAILS**

Fill in or copy-paste from last report.

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| CBM-I Office | CBM Ethiopia 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 | 15-16.08.2023 |
| 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, |
| Project duration | 01.01.22-31.12.2024 |
| Project budget | €1,084,248.40 |
| 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) | Saint Paul Hospital, Millennium Medical College (SPHMMC) |
| 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) |

1. **Summary of the key findings**

Relevant M&E team staff from CBM CO finance and programme section conducted the annual monitoring visit at SPHMMC, which is one of the prominent government tertiary hospitals in the capital. SPHMMC is one of CBM’s strategic partners which is implementing a multiyear project on Ear and Hearing care services in the country starting from January 2022. The project implementing areas include Addis Ababa, the outskirts of Addis Ababa or Oromia special Zones, Butajira in SNNP Region, and a few selected areas in the northern part of the country. The M&E visit is a continuation of the previous management function. Hence, the visit’s objective is to assess if progress is made in achiev­ing expected results, to spot bottlenecks in implementation and to highlight whether there are any unintended effects (positive or negative) from the project planned activities. Hence, it has identified outcomes, challenges encountered, risk materialised, to make a few suggested recommendations for learning and improvement. Besides, some outstanding issues like delay of fund transfer for Q.2 and changes from findings of the last M&E exercise was discussed.

The team held two days participatory monitoring sessions through systematically interviewing and discussing with the relevant project programme and finance staff on the results of key performance indicators under each project result areas. The project is organised into five result areas where each result is expressed with its own corresponding performance indicators.

They include :Result 1: High quality EHC services is provided to the target population nationally, Result 2: Capacity Building system will be established by providing trainings for EHC Health Personnel, Result 3: Health education and promotion system on EHC strengthened, result 4: EHC mainstreamed through a partnership with the FMoH- Ethiopia, and Result 5: Efficient and effective program management is achieved.

Accordingly, under each result area, we identified and highlighted the following key findings:

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

During the last six months, the project staff were engaged in the National Population Based Hearing Survey, and most of the ENT department staff and residents participated in the survey. Hence, the project did not implement most of the planned activities in this result areas due to limited staff involvement and time constraint.

Activity 01.03. The report that affirms plan to screen 1,000 patients was overachieved due to a successful campaign plan could not be verified by the M&E team

The chain of actors in the internal monitoring system does not seem to be well coordinated. Periodic collection and synthesis of information from the ENT department in an objective, unbiased manner for compiling periodic reporting needs to be re-visited and strengthened. The actual data reported and the source data in the ENT department are conflicting.

In the second quarter, Dr.Uta, the ENT surgeon and consultant seconded at St. Paul HMMC screened 150 cleft/palate patients and conducted surgery for 64 of patients at CURE children’s hospital. She also trained 6 ENT residents through resident attachment. In addition to this, surgery is implemented at Garabet Tehadiso Mahber (GTM) Hospital, Butajira, surgeries for XX patients with impairments. Nevertheless, the team cannot verify if clinical screening and diagnosis of persons with ear conditions was conducted as a campaign at GTM Butajira as it is explained in the semi-annual narrative report,

Act. 01.04. It was not possible to verify that clinical screening and diagnosis of 161 patients (18 boys, 38, girls 42 males and 63 females) persons with ear conditions for possible ear surgery and other ENT related problems is conducted at GTM hospital. Hence, financial documents verified that 64 technical and non-technical staff have participated in this ‘campaign’.

Act. 01.05. The project managed to fit 74 hearing aids on 62 patients (16 hearing aids on 11 boys, 13 hearing aids on 9 girls, 22 hearing aids on 22 males and 23 hearing aids on20 females) who were qualified for device prescription

However, management of the use of assistive devices in stock (registering, tracking, and controlling inventory) need to be re-visited and well strengthened

Act. 01.09. Even if the population passed national survey mission team encountered different physical and non-physical challenges during data collection, the work of the consultancy is well in progress, and towards its completion. Confirmation of the results is expected in the near future, in August 8/2023. Hence, the result would be expected to serve as main data source to generate Ear and Hearing care -related problems in the country

If the survey covered only 30% of Amhara region enumeration areas and 16% of Oromia region which combined holds the largest territory of the country, if so, this may compromise the objective of the survey to be ‘National’.

The project pre-financed 4.6 million birr from its internal source without prior notification and approval from CBM CO

The project needs to request re-allocation of budget before implementation whenever it wishes to re-plan or wants to make changes

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

Activity 02.05. This basic PEHC training is conducted for 3 days at Embileta Hotel, Addis Ababa for healthcare professionals who come from different Health Centers from Addis Ababa starting from June 07 - 09, 2023. The participants are from the survey enumeration areas

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

Act. 03.03. IEC/BCC materials on Ear and Hearing Care were produced and distributed during National population-based survey, however it did not give information to how many people and which region they are distributed

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

Activities planned for this reporting period was not carried out due to time constraint

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

Managerial support, salary top-ups, and related admin expenses were paid 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.

Risk materialised:

Some of the major risks that have been materialized during the implementation period that include the following: low performance due to time constraint and staff unavailability, operational changes, time crunch, shortage of procurement, high cost due to inflation

Challenges:

Quarter 2 fund transfer from CBM is delayed to implement the remaining project planned activities (Q.3 &Q.4)

1. **ACTION PLAN**

**a) Progress of Action Plan progress status of last M&E recommendations**

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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) | Progress update |
| * 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 | It is on progress |
| * Internal monitoring /data management and reporting system should be strengthened since there has been assigned no specific focal person for information and data collection, storage, analysis, and reporting. Data is collected from patient registration card only * Project team should be able to develop an additional data collection tool 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 | No action has been taken yet |
| The budget line with position number **04.07**, even if it is designated for a specific activity is rather a loaded activity, which lacks clarity. Besides, the budget amount for this position number has been used for different project related activities with no justification. | SPHMMC ENT department, and CBM, CO | As soon as possible | The project has not yet considered revision of this budget for approval |
| Surgical outreach campaign service at GTM-Butajira and other target areas should be conducted on monthly/quarterly basis as planned | SPHMMC ENT department & GTM,and other collaborating partners | Since beginning of June 2022 | Dr.Uta could not make it due to her busy schedule at SPHMMC |
| System strengthening of targeted health facilities in Addis Ababa and out of Addis should be given due emphasis | SPHMMC ENT department | Since the beginning of Q.3 period | Training was given, and it is on process |
| The population-based prevalence survey activity plan on ear and hearing problems nationally should have a detailed action plan, indicative budget and functional timeframe | SPHMMC ENT department | As soon as possible | Internally a separate action plan was set, and implemented relatively as per the plan, this was reported |
| Delay of procurement of EHC equipment and supplies to start to conduct the national Population based EHC prevalence survey | CBM, CO | Until end of August 2022 | The last procurement reached to SPHMMC in May 2023 |
| No regular organised health education programme in EHC is given at OPD and in patient departments or in the patient waiting area  The awareness raising education on EHC for patients at the waiting area in the ENT department should be integrated with other sensitization education sessions | SPHMMC ENT department | From Month of June on wards | 20 minutes health education is given to patients every morning at the waiting area is given |
| Mainstreaming EHC through a partnership with the FMoH-Ethiopia should be reinforced even though previous effort has brought no tangible development | SPHMMC ENT department, and CBM, CO | Until beginning of Q.3 implementation period | No effort has so far been made in this regard because of time constraint because of the survey activities |
| Provide refresher training for staff on Safeguarding of children and adults at risk procedures & incident management | SPHMMC ENT department | Until end of Q.3 implementation period | One-time refresher training by the partner focal person was given to stakeholders working in collaboration with SPHMMC |
| Delayed accessibility audit of the ENT department should be given the momentum towards its implementation | SPHMMC ENT department & CBM, CO | Until end of Q.3 implementation period | Accessibility audit has been conducted and the result shred with M&E Team |

**b). Action points for August 2023 M&E visit**

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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) | Progress update |
| Design an accelerated plan for setting into action the unaccomplished project planned activities, and share it with CBM CO for follow up and support | The project Management team | As soon as possible |  |
| Use CBM Standard Indicators, including the most relevant ones. This can be done best by looking at the Data Collection tool for Jan-June 2023 which is available for the project | The project Management team | During Q.3 narrative reporting |  |
| Disability data disaggregation for people reached with different EHC services, and training participants should be well documented and reported | The project Management team and the ENT department | During the next quarterly narrative reporting |  |
| Budget Pre-financing of planned project activities is not allowed by CBM, and should be given due consideration by the partner | The project Management team | Beginning from Q.4 implementation period |  |
| Campaign activity to be implemented inside the base hospital should be pre-planned to aggressively address patients who are in the long waiting list | SPHMMC ENT department | Beginning from Q.4 implementation period |  |
| The outcome of the population-based survey on prevalence of EHC problems is a milestone achievement for the partner and CBM should be finalized before the end of December 2023 | SPHMMC in collaboration with CBM CO | Until end of November 2023 |  |

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;

**INSTRUCTIONS fo**r general project monitoring visit reporting and terms of reference.

**TERMS OF REFERENCE** for the pproject monitoring visit.



**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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