1. **PROJECT DETAILS**

Fill in or copy-paste from last report.

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| CBM-I Office | CBM, CO, Ethiopia |
| Staff Name / Visitor(s) | Samuel Bekele, Programme Officer, Programme |
| Date of project monitoring visit | 02-04 & 09.10.23 |
| Date of last project monitoring visit | 11-12.04.2022 |
| Project Number | 4081 |
| Project Title | Grarbet Tehadiso Maheber Comprehensive medical and Rehabilitation Programme in SNNPR |
| Location of the project | Ethiopia, Butajira, SNNPR, Butajira town |
| Project duration | 01.01.2021-31.12.2023 |
| Project budget | €543,699.00 |
| 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) | Gerarbet Tahadeso Maheber (GTM) |
| 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**

**Monitoring Visit Overview:**

The purpose of this Monitoring visit is to enable the team to identify and mitigate issues that may impact the project scope, quality, timeline, or budget of the project - P4081-MYP in line with the specific objectives of the project. Hence, systematic gathering of key performance data and information on program and finance areas was done for analysis and recommendations to optimize its success. The project implementation data and facts under analysis are related to GTM’s Comprehensive Medical & rehabilitation services at Butajira. The project is at its final year of the implementation period. The project’s general objective is to improve the quality of the lives of persons with disabilities and those at risk of disability through the provision of comprehensive preventive, curative, and rehabilitative services in central rural Ethiopia between January 2021 to December 2023. The project’s specific objective is to improve the efficiency and effectiveness of Eye Care, ENT, Epilepsy, and Physical Rehabilitation Services addressing persons with disabilities and at risk of disability in seven districts of the SNNP Region targeting a total population of more than 1,133,697 in Gurague and Silitie Zones. The objective is further crystallized into six result areas.

Whereas, the main purpose of the Project monitoring visit is to support the M&E plan of CBM Ethiopia Country Office by carrying out the annual monitoring and evaluation visit at GTM Butajira and GRARBET Batu eye clinic & Optical Workshop for 2023. The specific objectives of the visit are:

* to assess project progress from last M&E recommendations
* to monitor the progress/status of current project activities carried out by the Project (P4081-MYP) against the expected targets, and budget utilization rate,
* to develop recommendations on the gaps identified, and challenges encountered as we come towards the end of this MYP
* To discuss the project exit plan and set together future directions for 2024 and onwards
* To discuss any other issues that may arise from the partner

This year’s project monitoring visit exercise started primarily from the updated development on the last monitoring visit agreed recommendations which were shared with the partner followed by the current monitoring outcome. Hence, the status of the progress of the findings for both visits is summarized in the consecutive tables below.

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| **Actions**  (Recommended and agreed for 2022) | **Responsible**  (Name, position, entity e.g CBM-I, Project, Partner or External stakeholder) | **Timeframe for action**  (Deadline) | **Progress to date** |
| Programme | | |  |
| Administration costs appeared intertwined with activity budget lines, leading to confusion and potential misinterpretation. The perception that a significant portion of the budget was allocated to salary payments rather than program activities suggests the need to segregate the budget for salary top-up from that designated for program activities. | GTM project management Committee | As soon as possible | Project plan was initially designed in such a way that they are embedded. |
| Some budget expenditures seemed unrealistic, with activity lines showing an exact match to the budget allotted for the activities. The partner is urged to present evidence from financial support documents. The GTM project management team is actively working on rectifying this issue. | GTM project management team | As soon as possible | On progress to rectify |
| Emphasis should be placed on ensuring data efficiency and quality. This involves capturing data during and after activity implementation, addressing beneficiaries' gender, age group, and disability status. The GTM project management team-initiated data collection practices from July 2022, including daily raw data collection, registration card checks, and monthly reporting. Training on data collection, storage, analysis, and reporting is in progress. | GTM project management team | Beginning from July 2022 | Raw data collection on daily basis from base hospital or from the field. Checking registration card, and data cleaning. It is reported monthly to the head office. Qualitative data capturing is equally important. Also Plan training on data collection, storage, analysis and reporting. WGSSQs practice has already started |
| GTM and its Management Committee are advised to consult the project log frame regularly to oversee the planned target against actual achievement, supporting effective project accomplishment. As of the end of Q. 3 or September 30, 2022, achievement has surpassed the target plan, with 30,852 people addressed against the expected 25,000. | GTM’s Management Committee | Until end of Q. 3 period or September 30,2022 | Achievement is well beyond the Target plan or baseline. 30,852 people were addressed until the beginning of Q.3. It was supposed to be 25,000. The number will decline as rainy season approaches in June, July and August |
| Any changes in the project, such as budget reallocation activities, should be communicated among the project management team and the project team. The GTM’s Management Committee has initiated orientation sessions with staff regarding changes in the LV result area. | GTM’s Management Committee | As soon as possible | The concerned staff has been oriented with changes in the LV result area |
| Regular consultation and checkup of patients must be strengthened, with the Eye Health Unit team following up physically on a weekly or monthly basis starting after July 1st, 2022. | The Eye Health Unit team | After July 1st 2022 | It is being followed up physically either weekly or monthly |
| An action item to erect a billboard for the promotion of LV services in front of the LV center was scheduled to be completed at the beginning of July 2022 but remains outstanding | GTM-Butajira | At the beginning of July 2022 | Not done! |
| **Finance** | | |  |
| The GTM Management acknowledges the need for revision in the Finance Manual, HR Manual, and Procurement Manual, which were last printed in 2017. The revision is targeted for completion by the end of Quarter Four. | GTM Management | end of Quarter Four |  |
| Currently, GTM finance staff is not trained on the CBM PPR reporting template and other guidelines. We recommend that CBM, in communication with GTM management, organizes training sessions for GTM finance staff on PPR reporting and other relevant CBM guidelines. | CBM & GTM | End of Third Quarter |  |
| Presently, there is no separate sheet on each financial document displaying CBM's funded project contribution. We recommend that GTM includes a separate sheet illustrating CBM's contribution on each financial document related to CBM-funded projects. | GTM finance staffs | Immediately after M&E visit |  |
| It has been observed that some project activities' planned budget expense is utilized for salary payments. We recommend that GTM justifies each activity's planned budget, specifying the type of expenditure charged for, by formally requesting a letter from CBM and obtaining approval from CBM country office. | GTM Management | End of Quarter Three |  |
| Staff Performance Evaluation should be conducted regularly, and the records should be filed in each staff's file. This ensures ongoing assessment and documentation of staff performance | GTM HR staffs | End of Quarter three |  |

**Current Findings:**

1. **Inclusive Eye Health Services:**
   * Adequate staffing for planned activities, including Ophthalmic Nurse=3, Optometrist=4, Ophthalmologist=2, Cataract surgeon=1, Integrated Eye care workers=2, Clinical Nurses=3.
   * Most activities implemented as per budget and schedule; an average of 120 patients visit the center daily.
   * Common eye health problems treated include trachoma, cataract, glaucoma, Refractive error, and LV.
   * Health education provided by an ophthalmic nurse and HO for 15 mins in the waiting area.
   * Free TT surgeries conducted daily at the base hospital, with patients paying ETB 50 for registration card.
   * Weekly operations for ETB 2,500 or free; private clinic costs can be up to ETB 20,000.
   * Eye glasses provision with frames ranging from ETB 290.00 to ETB 1,100 by Eslor foundation.
   * Emphasis on qualitative and quantitative data collection; plans for staff training.

**1.1. LV Services:**

* + Monthly LV case follow-up for 3 patients, two of them school children.
  + Support to 50 schools, screening for new cases during school visits.
  + Newly admitted patients=25; 5 willing to use assistive LV device; provided with non-optical devices for rehabilitation.
  + LV devices provided to 5 patients.
  + Dr. Karin, LV global advisor, planned for training in Ethiopia in November 2023.

1. **ENT Services:**
   * ENT department at Butajira provides EHC services like infection treatment, foreign body removal & audiometry function.
   * Daily average of 60 to 70 patients; well-known by rural communities.
   * Dr. Uta conducts minor and major surgery quarterly; waiting list of over 2,500 people.
2. **Orthopaedics:**
   * Surgery for 35 patients in two quarters; non-surgery services for screening post-polio and other disabilities.
   * Club foot manipulation (ponseti) for 238 people; shared theatre with ENT and orthopaedic surgery.
3. **Epilepsy:**
   * 2,919 patients examined by psychiatric nurse in two quarters.
   * Equal proportion of female and male patients; causes include head trauma and birth problems.
   * Electroencephalogram graph secured from CBM in 2023.
   * Referrals during drug shortage; follow-up reached 4,420 for 3 quarters.
4. **CBM Compliance:**
   * **Safeguarding of Children and Adults at Risk:**
     + Safeguarding committee exists; no refresher training; no incidents reported.
     + Safeguarding focal person (Dagim) left GTM.
   * **Reporting and Communication:**
     + Good budget utilization.
     + Successful progress in timely delivery of narrative, statistics, and finance reporting.
     + Responsive GTM staff to CBM communications.
     + Good collaboration with government stakeholders.
     + Recently delivered eye health and ENT equipment functional, some need calibration.
     + Active and progressing procurement management including software.
5. **Major Challenges:**
   * Low patient flow; difficulty in obtaining TT surgeries due to cultural and religious reasons.
   * ORBIS overlap in intervention area with incentives causing challenges.
   * Tribal conflict hindering outreach implementation.
   * Need for project end evaluation with relevant stakeholders, budget reallocation, and result dissemination.
6. **Future Directions 2024 & Beyond:**
   * Project end evaluation and outcome dissemination by stakeholders without a budget for evaluation.
   * Consider requesting a small amount of funding from CBM at the end of November as a bridge fund.
   * Explore funding from Trachoma project through budget re-designation.
   * Plan a new proposal with CBM staff support for institutional funding.
   * Look for another funder for selling the recently designed EHC proposal rejected by global fund Canada
7. **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) |
| Programme | | |
| Target setting for some activities needs to be realistic | Consider previous years actual performance to use it as a basis for future planning and current target plan revision | Until end of December 31st 2023 |
| The LV therapist should be well conversant of the MYP in general and the 4th result area in particular | Arrange him an orientation session | As soon as possible |
| Project end evaluation is important for learning and accountability | The MYP should be evaluated internally by participating relevant key stakeholder | Uuntil 2nd week of January 2024 |
| Solicit funding by writing a new proposal to continue provision of comprehensive medical services | Write a grant proposal on EHC for 2024 | In January 2024 |
| Make software installation and calibration of the eye health equipment to make functional | Make functional the visual field analyzer | Until end of November 31st 2023 |
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| **Finance** | | |
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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 pproject monitoring visit.
3. **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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