



## FINAL REPORT

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### FINAL EVALUATION OF THE PROJECT “UP SCALING CLINICAL SPECIALIST OUTREACH PROGRAM THROUGH CONTINUING CAPACITY BUILDING AND ENHANCING GENDER ISSUES, IN ETHIOPIA”

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## AKNOWLEDGMENTS

This report is the product of a Terminal Evaluation of the second phase of Project “CLINICAL OUTREACH PROJECT IMPLEMENTED ACROSS THE COUNTRY, ETHIOPIA” FUNDED THROUGH MADRID REGIONAL GOVERNMENT. The external evaluation has been commissioned by AMREF ET. The evaluation was carried in May 2013.

The authors are grateful to all those people who took time from their busy schedule to interact with the evaluation team, provided information and answered pertinent questions that laid the groundwork for this report.

We would also like to convey thanks to all stakeholders: Referral Hospital representatives, Volunteer Specialists and Health professional society chairpersons for their effort and encouragement, their input in the process of evaluation and the valuable information provided. Special thanks to the members of the CSOP Project Staff for their interest in the outcomes of the evaluation as well as expressed consent with the recommendations.

Our sincere gratitude goes to AMREF ET for making available funds for this evaluation as well as technical and organizational support provided throughout the evaluation process.

We are hopeful that the recommendations of this evaluation will help AMREF ET, the Ministry of Health and the Donors' community to further enhance national capacity.

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## ABBREVIATIONS

AMREF ET	African Medical and Research Foundation Ethiopia
CSOP	Clinical Specialist Outreach Program
EDHS	Ethiopia Demographic and Health Survey
EGOT	Ethiopian Society of Orthopedics
ESOG	Ethiopia Society of Gynecologists and Obstetrics
FDRE	Federal Democratic Republic of Ethiopia
FUAT	Follow-Up after Training
GP	General Practitioner
HSDP IV	Health Sector Development Program IV
MOH	Ministry of Health
NGO	Non-Governmental Organization
SSE	Surgical Society of Ethiopia
VVF	Vesico Vaginal Fistula

## EXECUTIVE SUMMARY

### Country Situation and Project Overview

Ethiopia has poor health status relative to other low-income countries. Poverty, low income, low education, inadequate access to clean water and sanitation facilities and poor access to health services have contributed to the high burden of ill-health in the country. Average life expectancy at birth is low at 48. Maternal mortality ratio is 871/100,000 live births. Infant mortality rate is 97/1000 while children under-five mortality is 140/1000. Untreated fistula prevalence, according to one national study, was about 1.5 per 1000. However, the overall health service coverage in Ethiopia is estimated at 72%. There are only 146 hospitals for a total population of 80 million. The ratio is 1 for 688,748 people. With only 1421 physicians in the country, the ratio is 1 for 56000 people. When it comes to the specialists, 75% of them are concentrated in major urban centers while rural areas are deprived of their services. Poor referral facilities for laboring mothers, unable to afford for health care, poor quality of maternal health services, very high rate of obstetric complications, prolonged labor, obstructed labor, Intra Uterine Fetal Death and still births, obstetric fistula, sepsis both in laboring mothers and post partum mothers, infertility secondary to obstetric complications, serious morbidity, disability and death are common among rural women. Some of the major problems the health service suffers from are lack of adequate trained human resources, infrastructure and proper management. This is also more pronounced in the field of Surgery. As a result, significant proportions of surgical patients of rural hospitals have to travel to the central hospital to get a service. A preliminary assessment conducted in Black Lion hospital showed that currently there are over 900 orthopedics and 1500 general surgery cases waiting for elective surgery and 40% of them were referred from other facilities.

In response to this chronic gap in health service delivery, the clinical specialist outreach program (CSOP) was initiated in Ethiopia in 2006. The program sought to reduce existing skills and knowledge gap in public hospitals and to facilitate specialist services and skill transfer thereby decreasing unnecessary referrals. For this, AMREF established a mobile specialist team framework to build the capacity of health professionals at regional levels so that they would contribute towards efforts striving for sustainable quality health services at public hospitals which serve the rural population. The project

was initially implemented for two years in just 10 hospitals and then extended for another three years expanding it to fourteen hospitals with funding from “Generalitat Valencia” and “Madrid Regional Government” respectively through AMREF Spain.

### **General Objective**

The objective of the project was to improved access to specialized health services and strengthened women and civil society organizations. More specifically, it aimed to strengthen the capacities of health professionals and specialized health services (reconstructive surgery and gynecology) with marked focus on obstetric fistula and support Civil Society through the strengthening of the Surgical Society of Ethiopia and Women organizations.

### **Purpose of the Evaluation**

The purpose of the present evaluation is to assess successes, shortcomings and replication of this model, as well as to analyze its potential to inform and influence decision makers in policy development for the implementation of similar approaches. The evaluation findings and recommendations will be used to inform the donors; organizations and governments and thereby to review and evaluate their partnership and support strategies. In addition, the report will help AMREF ET to adjust the strategy and maximize the impact and improve the design of other similar projects.

### **Scope and Objective of the Evaluation**

The evaluation focused on assessing the Up scaling Clinical Specialist Outreach Project’s current and potential contribution to the improvement of the specialized health services. Its objective was to make an overall independent assessment of the project performance, paying particularly attention to the outcomes of the project actions against its stated targets measuring its indicators. It was also to identify key lessons and to propose practical recommendations for follow-up and future similar actions. Specifically, it aimed to review the relevance of the project and its approaches in the context of the development need and potential of the intervention areas; verify the efficiency and effectiveness of the result achieved and trace the changes observed in the lives of the target beneficiaries; critically examine the continuing validity of the assumptions on which the project’s likely impact was based; analyze Sustainability of

the project initiatives from the point of view of local stakeholders including target beneficiaries participation, institutional arrangements, compatibility of project objectives and target community need etc.

### **Evaluation Methodology**

The Up scaling Clinical Specialist Outreach program project evaluation followed established OECD DAC evaluation criteria. These were relevancy, effectiveness, efficiency, sustainability, project assumptions, and lessons learned.

### **Evaluation Design**

To translate the questions for the evaluation and the contextual issues, the Evaluation Framework was developed by the evaluation team structuring the issues and questions as indicators that can be measured or assessed during the evaluation. Apart from the Evaluation Framework the Project Results Framework (RF) (Annex XX) was used which demonstrates how project activities eventually results in achieving its objectives.

### **Methodology**

The evaluation methodology comprised a mix of site visits and observation, face-to-face semi structured interviews, desk-based research and review of existing reports, documents and secondary data.

### **Summary of Findings and Conclusions**

The interventions efforts were evaluated using five criteria: relevance, effectiveness, efficiency, impact, and sustainability. As such, the findings and conclusions of the evaluation indicate the following points.

### **Relevance**

The following points reflect the relevance of the AMREFET-CSOP Projects:

- The commitment to provide specialized health services to rural communities and satisfying the huge demand in that line (reflecting the demand-driven approach of CSOP Projects).

- Closing the skill and capacity gaps in regional and zonal hospitals through on the job and off the job training programmes.
- Positively influencing attitudes and orientations of the beneficiary community through the services provided by the concerned staff.

In general, the results of this evaluation clearly indicated the relevance of the intervention efforts in view of such perspectives as their importance in addressing the problems at hand, designing project objectives suitable to the existing socio-economic contexts, and properly identifying the internal & external factors affecting project success.

### Effectiveness

In order to assess the effectiveness of the AMREFET-CSOP Projects, the evaluation considered various points including the project's achievement in reaching and satisfying the expected number of beneficiaries, providing services of the right quality, bringing concrete improvements on the target beneficiaries, and positively contributing towards project goals.

As such the findings and conclusions of the evaluation indicate that:

- The projects have contributed a lot to the effectiveness of quality of care through the on-the-job training conducted such as the trainings and lectures conducted in the topics of Infection Prevention and control, which played a major role in reducing complications hence avoiding delay of patients early discharge.
- The on-the-job training and lectures conducted by the specialists were the most effective in delivering knowledge and transfer of skills without taking out the staff time from their daily routine works.
- The advocacy of AMREF has contributed to the buy-in of its strategy of providing surgical specialized services through the clinical specialist outreach program by the MOH and other partners.
- The projects have been useful to provide information to facilitate a better understanding of the dimension and epidemiology of surgical problems in the country.

## Efficiency

By considering relevant indicators, the evaluation tried to assess the efficiency the AMREFET-CSOP Projects in achieving the targeted outputs. In this regard, variables pertaining the projects' performance (against the established performance indicators), the number of training, seminars, etc. covered, its cost-benefit balance, its track record in providing information regarding difficulties (and solutions applied) in running the project were applied.

The evaluation results show that the project performed at an acceptable level of efficiency. In more specific terms,

- The on the job training provided to the critical mass of health professionals has helped in the efficient utilization of human resources with basic skills. This reduced cost of travel and referral to patients while at the same time it helped in expanding the CSOP outreach efforts.
- Training materials and guidelines adopted by AMREF have been retained for future use, reducing redundancy of expenditures.
- The undertaking of maintenance of Medical equipment by mobilizing technologists to various localities and provision of training to local technicians has helped rural hospitals avoid recurring costs and thereby build cost-efficiency.
- The practice of enabling patients to access the specialized care in local hospitals through the CSOP has helped them reduce their direct & indirect costs.
- The availability of equipment & provision of maintenance by AMREF and its partners also increased efficiency by reducing procurement costs of new equipment.

But, some gaps are also observed in this aspect. The following point has to be considered in this aspect.

- Lack of follow up (on the job) training from specialists to local health providers has limited skill transfer adversely affecting the project in meeting the efficiency criteria.

## Impact

The project's impacts were evaluated by primarily focusing on factors such as the improvements gained on facilities & resources management, improvements on quality of patient care services, and improvements on patient waiting time.

The following findings & conclusions indicate the positive impacts of the AMREFET-CSOP Project.

- By building collaboration with primary care practitioners, providing medical equipment/supplies and services, the 'Multi-Faceted Outreach' nature of the project has helped strengthen the health system.
- More specifically, communication between GPs and specialists improved patients' experiences and better access, except it was achieved at higher costs.
- By installing mechanisms for prior patient selection and triage consultation, the total time spent by both specialists and patients for the services was shortened.
- Continuity of services in other wise in adequately supplied rural health facilities was ensured through the provision of medical supplies and services through the project's outreach programs.
- The project also contributed in balancing the inequities of access to specialized health services among local communities.

## Sustainability

The sustainability aspect of the evaluation addressed the existence and scope of AMREF'S Sustainability strategy. Furthermore, the outlasting nature of project's effects, the project's ability to provide its services after the Madrid Regional Government's funds are expended, and the mix and depth of cost recovery mechanisms designed by AMREF regarding the project were the focus points of this evaluation.

In this regard, the evaluation brought mixed results. The summary of indicators of such conclusion is represented in the following points.

- The project's effects were found long lasting at individual level-general surgeons, nurses, health officers-through equipping skills and knowledge that they can apply in the long run and at various situations. The important experience that can be drawn here is that the project built confidence in health

professionals, its implementation was participatory, and increased community awareness and interest to use its specialized services through selecting and training volunteers of good reputation.

- On the other hand, the project shows gaps in building long term effects at the institutional level. The severe shortage of necessary medical equipment and the resurgence of back log of at referral hospitals after the phasing out of the outreach program are indicators of this gap regarding the sustainability of the projects at institutional level.
- The existence of effective cost recovery mechanisms and over all sustainability strategy at the level of AMREF are not also observed in the findings of the evaluation.

## Recommendations

Looking holistically at the surgical services in Ethiopia and its needs which are consistent with the mandate of the MOH, and reflecting the lessons learnt through implementation of the CSOP project, the evaluation team arrived at major recommendations for AMREF support as it embarks on its second phase of the project:

### Recommendation 1

***Continue support of GOE Health sector:** In the health sector, AMREF is pioneer and a leading agency in the Clinical Specialized Outreach program (CSOP) in Ethiopia. This confirms its legitimacy and the capacity to continue the work in surgical services area. For the next phase of the CSOP project, AMREF needs to carefully chose the critical niche and craft its activities in a way to balance available funding with the efficiency and effectiveness of the program in mind.*

### Recommendation 2

***Enhance advocacy:** the new challenges identified, in the section below, will require promotion of greater linkage and partnership through strengthening of AMREF country office (CO) technical capacity in the health policy advice. When selecting final set of interventions for the new project phase, attention has to be paid to CO capacity. Moreover*

*supporting research and analysis of the CSOP performance will be instrumental for an effective advocacy. **Building on “what’s already working” will help to influence the government policy decisions.***

### **Recommendation 3**

***Enhance monitoring function:** Enhance the project M&E system with the aim to integrate, synergize and link the achievements of individual outputs within and in between outcomes and for the project as a whole. End-line targets for outcomes and outputs have to be defined at the design stage as well as gender related performance indicator measurement needs to be included in the results framework.*

### **Recommendation 4**

***Attention to risk identification and planning mitigation measures:** Identification of potential risks and respective mitigation measures need to be defined and incorporated in the new project design.*

### **Recommendation 5**

***Capitalize on the essence of “volunteerism” for project implementation:** Positive experience of the project mobilization arrangements applied using volunteerism requires further extension in the future through expanded coverage and advocacy efforts.*

### **Recommendation 6**

***Gender mainstreaming in project design and implementation:** consider increasing attention to gender equity/equality goals in design and implementation of project activities by (a) conducting gender-relevant research, background analysis or assessments, consultation with male and female clients as part of the design process; (b) ensure gender-equitable participation in different aspects of the project activities; (c) develop sex-disaggregated data for indicators and targets. Greater attention needs to be paid to gender issues, including gender statistics, gender specific advocacy and education.*