

## ANNEXES:

### Annex 1: List of Analysis Result Tables

#### Annex 1.1: Number of Health Professional who have got on-the-job training by Outreach Sites

Se N o	Outreach program Host organization/Ho spital	No of professionals trained									Tot No of Professio nals Trained per Health Facility
		Special ist	Nur se	Inter ns & Stude nt	GP/H O	Gener al Surge on	Anesthet ists	Paramed ics	Radiograp hers	Reside nt	
1	Adama Hospital	20	57	15	22	3					117
2	Ayder Hospital	7	9	6	3		7				32
3	Arba-Minch Hospital	18	14	19	81	3		1	3		139
4	St. Mary Axum Hospital	3	15	7	13						38
5	Durami	2	49		30						81
6	Debre-Tabor Hospital	1	28							2	31
7	Debre-Markos Hospital	4	18		53			3			78
8	Gonder Hospital			50			10				60
9	Hagere Mariam Hospital	1									1
10	Hosina Hospital	2	18	2	1						23
11	Hawasa Hospital	3	2	12							17
12	Shashemene Hospital	4	6	20	9						39
13	Mekelle Hospital	1	41	19	11						72
14	Metu Karl Hospital	5	45	2	9	2	6				69
15	Nekemt Hospital	7	48	24	20		2			1	102
16	Yirgalem Hospital		14			10					24
17	AA Orthopedics Dep't	20	70	20						10	120
18	BLH	31								1	32
	TOTAL TRAINEES	129	434	196	252	18	25	4	3	14	1075

## Annex 1.2 Distribution of volunteer specialists mobilized by their specialty per Hospital

S e N o	Outreach program Host organization/ Hospital	Number of Times Volunteer Specialists were involved in outreach program by their specialty								Total Number of Visits per Hospital	
		Plastic & Reconstructive Surgery	Urology Surgeon	Ob-GyN Fistula Surgeon	Orthopedic Surgeon	Gen. Surgeon	Ophthalmology	Radiologist	Anesthesiologist		Internal Medicine
1	Adama Hospital	4	3								7
2	Ayder Hospital	1	1			1			1		4
3	Arba-Minch Hospital			1	5	2		3		2	13
4	St. Mary Axum Hospital					3					3
5	Durami Hospital			3		4			1	1	9
6	Debre-Tabor Hospital		2	2		6					10
7	Debre-Markos Hospital	3				2					5
8	Gonder Hospital								1		1
9	Hagere Mariam Hospital	1									1
10	Hosina Hospital	2					1				3
11	Hawasa Hospital		1			1					2
12	Shashemene Hospital	1			1	1		2			5
13	Mekelle Hospital				3	3					6
14	Metu Karl Hospital	3	3		1	1			1		9
15	Nekemt Hospital	1	1	6		2			1		11
16	Yirgalem Hospital								1		1
Total Number of Outreach by Type of Specialty		16	11	12	10	26	1	5	6	3	90

## **Annex 2: List of Document for Desk Review**

1. Up Scaling Clinical Outreach Program Project proposal
2. Clinical Specialist Outreach Project Baseline Assessment Report March 2009
3. Project Periodical Reports
  - 3.1 Clinical Specialist Outreach Program Project Annual Report Feb, 2009 – Jan, 2010
  - 3.2 Clinical Specialist Outreach Program Project Annual Report Feb, 2010 – Jan, 2011
  - 3.3 Clinical Specialist Outreach Program Project Annual Report Feb, 2011 to Jan, 2012
  - 3.4 Clinical Specialist Outreach Program Project 3 months No Cost Extension Period Report Apr, 2012 – Jun, 2012
4. Training Manuals
5. Workshop Proceedings/Report
6. Outreach Program Field Reports
7. Training Reports
8. FDRE, MOH, Health Sector Development Program IV (HSDP IV) of 2010/11 – 2014/15.
9. Demographic and Health survey of Ethiopia, 2000
10. The *DAC Principles for the Evaluation of Development Assistance*, OECD (1991)  
<http://www.oecd.org/document/22>

### Annex 3. List of People Met

Se No.	Full Name	Educational Information	Name of Hospital/Institution/ Professional Society/ Organization	Position/ Title
1	Dr. Samson Eshetu	Gen. Surgeon	Adama Hospital and Medical College	Hospital Staff
2	Dr. Abebe Alemayoh	Gen. Surgeon	Adama Hospital and Medical College	Department Head
3	Dr. Mekonnen Eshete	P&R Surgeon	Yekatit 12 Teaching Hospital	Cleft Palate Management Program Head
4	Dr. Wubalem Zewde	Orthopedic and Pediatric Surgeon	AAU/Black Lion Hospital	Program coordinator and Department Head
5	Dr. Eskinder Kebede	Ob-Gy specialist, Fistula Surgeon	AAU/Black Lion Hospital, GYN/OBS	AAU/GYN/OBS Department Head
6	Dr. Nebyu Siyum	Gen. Surgeon, Cardiovascular Specialist	Surgical Society of Ethiopia (SSE)	SSE Secretary
7	Dr. Nebyu Siyum	Gen. Surgeon, Cardiovascular Specialist	AAU/Black Lion Hospital	AAU/Surgical Department Staff
8	Sr. Abeba Mekonen	Nurse	AMREF ET/ Clinical Outreach Program	Project Coordinator
9	Acham		AMREF ET/ Clinical Outreach Program	Project Officer

## Annex 4. Evaluation Tools

### Annex 4.1: Evaluation Framework

Criterion	Questions	Indicators	Source of Data	Methods
<b>Relevance</b>				
R1	Is the project's design adequate to address the problem(s) at hand & to realize the objective?	Proportion of target hospitals addressed, Proportion of patients provided with specialized health service, Proportion of health professionals trained	Documents, Key Informants - Health Professionals & Health facility Managers	Desk Review, Semi-structured Interview
R2	What internal and external factors have influenced the ability of beneficiary groups and (AMREF) to meet projected target?	Internal and/or external factors identified influencing the project positively Internal and/or external factors identified influencing the project Negatively	Key Informants - AMREF ET Staff	Semi-structured Interview
R3	Were the project objectives and design relevant given the political, economic and financial context?	Political, economic and financial feasibility of the project	Key Informants - Health Professionals & Health facility Managers	Semi-structured Interview
R4	What policy environment and the economic and political conditions have had an impact on the sector during the program implementation period.	Extent of Project's coherence with Health sector policy and strategy of the country	Key Informants - Health Professionals & Health facility Managers AMREF ET Staff	Semi-structured Interview
<b>Effectiveness</b>				
EF1	Did the project reach the expected number of beneficiaries (individuals, local organizations, and local authorities)?	No of target hospitals addressed, No of patients provided with specialized health service, No of health professionals trained, No of professional societies supported	Documents	Desk Review
EF2	Are the beneficiaries satisfied with the quality and delivery services? If not, in what way did the service not meet with beneficiaries expectation and why?	Interviewed beneficiaries who perceive improvements in the quality and delivery of the specialized health service	Key Informants - Health Professionals & Health facility Managers	Semi-structured Interview

EF3	What concrete improvements and changes have taken place [among the target beneficiary group, etc...] as direct result of the program?	No of trained health professionals who perform operation correctly, No of hospitals who provide specialized health services which were not provided before the project, The trend of backlog in the patient waiting list,	Key Informants - Health Professionals & Health facility Managers	Semi-structured Interview
EF4	How has the project contributed the towards project goal?	Extent of overall achievement of project objectives Coherence of project activities → Outputs → Outcomes	Documents	Desk Review
EF5	To what extent has the project contributed the capacity of beneficiary group, and local government...?	Proportion of on-the-job trainees who correctly apply acquired skills	Key Informants - Health Professionals & Health facility Managers	Semi-structured Interview
EF6	How could the project's impact have been improved?	Comparison of project training costs with the training costs of partners	Key Informants - Health Professionals & Health facility Managers	Semi-structured Interview
<b>Efficiency</b>				
EFF1	What has been the (AMREF) performance with respect to their projected performance indicators and agreed responsibilities with respect to project implementation?	No of target hospitals addressed, No of patients provided with specialized health service, No of health professionals trained	Documents	Desk Review
EFF2	Did the program achieve the targeted number of training project, seminars, dissemination workshops, etc.?	No of trainings organized, No of workshops held, No of seminars organized	Documents	Desk Review
EFF3	Provide a cost/benefit analysis of the delivery of such services and the efficiency with which (AMREF) provided them?	Comparison of project service delivery costs with the service delivery costs of partners	Documents	Desk Review
EFF4	Provide information on the difficulties faced by the (AMREF) and action taken to overcome them (administrative, operational, financial, political or macroeconomic, etc.)	Interviewed project staff, hospital management and volunteer specialists list difficulties encountered and solutions devised during project implementation	Key Informants - AMREF ET Staff	Semi-structured Interview
<b>Impact</b>				

	Whether or not the project brought some improvement also in the management of health facility resources?	Interviewed hospital medical directors and managers who perceive improvement in case management and referral system in the hospital	Key Informants - Health Professionals & Health facility Managers	Semi-structured Interview
	Whether or not the quality of care improved in your hospital/organization	Interviewed beneficiaries who perceive improvements in the quality and delivery of the specialized health service	Key Informants - Health Professionals & Health facility Managers	Semi-structured Interview
	Accessibility of the specialized health service	Proportion of number of patients waiting time (after registered in the waiting list) has reduced as compared with the situation before this project	Documents	Desk Review
<b>Sustainability</b>				
S1	Will the project's effects remain over time?	No of patients who have got specialized health service after the project phased out	Key Informants - Health Professionals & Health facility Managers	Semi-structured Interview
S2	Will the project's activities/services continue to be provided after the AECID funds have completely been expended?	No of patients who have got specialized health service after the project phased out	Key Informants - Health Professionals & Health facility Managers Observation of records in Health Facilities	Semi-structured Interview
S3	What cost-recovery mechanisms has the (AMREF) established to ensure the sustainability of the project?	Availability of cost-recovery system instituted in the target hospitals	Key Informants - Health Professionals & Health facility Managers AMREF ET Staff	Semi-structured Interview
S4	Did the (AMREF) devise a sustainability strategy/plan?	Evidence demonstrating National ownership (legislation, policies, strategy, implementation plan, state budget allocations for clinical outreach programs activities)	Key Informants - Health Professionals & Health facility Managers AMREF ET Staff Documents	Semi-structured Interview, Desk Review

## **Annex 4.2 Semi-Structured Interview Questionnaire Guide**

### **Annex 4.2.1 Semi-Structured Interview KII Guides for Health Professionals at Hospitals, Volunteer Specialists and EGOC and SSE Representatives**

**Final Evaluation of the project entitled *“Up scaling Clinical Specialist Outreach program through continuing capacity building and enhancing gender issues, in Ethiopia”***

#### **Key Informant Interview**

**Final Script - May 2, 2013**

My name is \_\_\_\_\_ and I am a consultant in Praxis Consulting PLC. Our consultancy firm has entered into a contract agreement with AMREF ET to provide a consultancy service i.e., To conduct a Final Evaluation of the project entitled *“Up scaling Clinical Specialist Outreach program through continuing capacity building and enhancing gender issues, in Ethiopia”* ended on June 2012. At present our firm has established an evaluation team and started the data collection process. I am one of the evaluation team members and I came here to conduct an interview with you.

I am grateful for your time and willingness to participate in the interview. I anticipate the interview will last about 45 minutes, and appreciate any information you can provide. You have been strategically selected because we and AMREF ET believe you would offer us a valuable insight and knowledge about the project. This interview is important for the success of this end line evaluation of the project, and it will serve to augment the overall assessment of the project performance and the outcomes of the project. Your answers are completely confidential.

I understand that you work in the \_\_\_\_\_. Please consider this health facility/institution/organization when answering the interview questions.



#### A. Relevance

- Does the clinical outreach service training approach fit the local context and take into account the country's needs?  
Why?
- Central to this program, is the training available with specific training packages, protocols and guidelines?
- Why health providers working at hospital level needed to be exposed to the specific program for improving the health care delivery in Ethiopia?
- Before attending/conducting the training, did you feel the need to upgrade your knowledge and skills?
- Since applying the acquired skills, is there any noticeable improvement in the health status of the patients/community who attends your health facilities? Why did you say this?
- List/explain about the importance/benefits of project interventions made
- How did the support of medical equipment technology contributed to the work of your institution?
- From the support provided in the Clinical surgical outreach program, what was the noticeable relevance to beneficiaries of your institution? How do you rate it?

#### B. Effectiveness

- Do you believe that the project interventions fully/effectively/ benefited the target groups, explain why and how?
- Was the project activities implemented as per their schedule, if there were delays, what was the major reason?
- Does the training component provide the knowledge and skills needed for health providers to adopt and apply appropriate medical/surgical practices? Why?
- In your daily practice, which are the fields where you/ trainees feel more confident now (after having been exposed to training)? Why?
- What concrete improvements and changes have taken place [among the target beneficiary group, etc...] as direct result of the program?
- Considering the surgical care delivery at hospital level, which services have more chances to improve in the short run as a result of training and monitoring activities? Why?
- Considering the surgical care delivery at hospital level, which services have less chance to improve in the short run as a result of training and monitoring activities? Why?
- Is the monitoring system (Follow up Post Training) able to provide trained health providers support to apply acquired skills? Why do you say this?
- Did the acquired knowledge and skills affect (could be both positively and negatively) your self confidence and the value of your daily work? How? Please give examples.
- Was the clinical surgical outreach program effective to your day to day work? How?
- How could the project's impact have been improved?
- Do you think that the project is likely to achieve its intended outcomes and result? If so how?

### C. Efficiency

- Was the resource utilization cost effective, explain why and what were the major challenges?
  - Does the training component utilize local Training of trainers (TOT) at all hospitals where the training was conducted? What was the relevance of this?
  - Are the targeting and selection criteria for trainers and trainees guided adequately? Why?
  - Was peer to peer training conducted at local level after trainings were held?
  - Was the support in medical equipment and maintenance services provided helpful? Why?
  - Does Follow-Up after Training (FUAT) take place to support the proper application of knowledge and skills into the surgical/medical practice for health providers who underwent the training courses?
  - Were the week-end campaign efficiently conducted? Why?
  - How efficient was the On-the job training conducted in the hospitals? Why?
  - Do you think that the environment in which the training was delivered was adequate? Why (for both yes and no)?

### D. Sustainability

- Are you willing to continue your activity to provide the services when the support of the program ends? If not please specify why?
- What is needed, if any, to keep the capacity building process when the project support ends?
- What mechanism is in place to sustain the maintenance of the equipment in your institution after the support from AMREF ends?
- Are you receiving any incentive/reward or did you expect to be awarded for delivering quality services? Please describe.
- At the work place, are there some conditions that facilitate/prevent you to correctly practice your skills? (i.e. non-confident in skills despite training, shortage or lack of basic equipment/amenities, drugs, time constraints, referral etc.) Please describe.
- What are the main problems you face in getting a high quality health care service for your beneficiaries?
- Are you willing to continue using the acquired knowledge and skills on a regular basis? Why (for both yes and no)?
- Will the project's effects remain over time?
- Do the specialized health services continue to be provided after the AECID funds have completely been expended?
- What cost-recovery mechanisms has the project established to ensure the sustainability of the project?
- Did the (AMREF) devise a sustainability strategy/plan?

### E. Impact

- The project focuses on improving the quality of medical/surgical services, in doing so, has the project brought some improvement also in the management of health facility resources? Why do you say so?

- In the hospital where you work, has the quality of care improved? Why do you say so?

F. General

- Could give as Strengths of the program
- Could give as weakness of the program

**ONLY FOR SSE REPRESENTATIVES**

- Number of new members of SSE
- What kind of support have you received from AMREF in support with the program?
- How and in what areas does SSE partner with AMREF?
- Number of meetings held with civil society and agreements made
- No. Of new participants in surgical campaign
- Number of meetings held with civil society and agreements made

Thank you very much for your time. Your responses are very important to this assessment process. We have found that often individuals we interview have additional comments they'd like to make after we end our interview. If in the next few days, you feel there is additional information you'd like to share with me, here's my phone number if you'd like to give me a call, +251-922-09-98-98 and, again, my name is Belete Assefa (MD, MPH).

**Annex 4.2.2 Semi-Structured Interview KII Guides for AMREF ET Project Staff**

- Difficulties faced by the project during implementation
- What policy environment was there during the program implementation period that helped to effectively produce the proposed results of the project.
- What internal and external factors have influenced the ability of beneficiary groups and (AMREF) to meet projected target?
- Provide information on the difficulties faced by the (AMREF) and action taken to overcome them (administrative, operational, financial, political or macroeconomic, etc.)
- Did the (AMREF) devise a sustainability strategy/plan?
- What cost-recovery mechanisms has the (AMREF) established to ensure the sustainability of the project?
- Could give as Strengths of the program
- Could give as weakness of the program

## Annex 5: Results Framework

Objectives/Results	Indicator	Means of Verification	Target	Status	Comment
<b>SO.1. Strengthen the capacities of health professionals and specialized health services (reconstructive surgery and gynecology) with marked focus on obstetric fistula</b>	Minimum of 1800 Major surgeries conducted	Hospital registries, AMREF ET Project Annual Reports, Outreach Program Field Reports	1800	2477	Met
	Conduct 6000 consultations regarding reconstructive surgeries	Hospital registries, AMREF ET Project Annual Reports, Outreach Program Field Reports	6000	6459	Met
	800 health professionals carrying out on job training	Hospital registries, AMREF ET Project Annual Reports, Outreach Program Field Reports	800	1075	Met
	SO1.R1. Operational capacity assessment carried out in selected hospitals	30 hospitals assessed	Assessment reports	30	24
14 hospitals receive support to apply the necessary changes detected in the assessment study.		Meeting minutes	14	14	Met
14 hospitals work to improve the centers according to the assessment report		Final evaluation report	14	14	Met
SO1.R2. Increased capacity of staff in targeted hospitals to carry out specialists tasks	Health professionals, specialists, nurses, scrub nurses, medical equipment technicians are trained to assist surgery	Training program, Training manuals, List of participants in training and surgery	800	1075	Met
SO1.R3. Contribute to the elimination of obstetric fistula through capacity building (gynecology)	VVF surgery training plan elaborated	Training program, IEC copies			
	Specialists trained to carry out VVF surgery	List of participants in workshops and surgeries, Photos of campaigns for VVF prevention and IEC copies	18	10	Partially Met
	VVF prevention campaign conducted	List of participants in workshops and surgeries, Hospital registries, Final evaluation report	1		
	Final evaluation to determine the new cases treated in each hospital	List of participants in workshops and surgeries, Hospital registries, Final evaluation report			
<b>SO.2. Support Civil Society through the strengthening of the Surgical Society of Ethiopia and Women organizations</b>	Number of new members of SSE	Register of project events, Copy of Acts			
	Number of meetings held with civil society and agreements made			8	
SO2.R1. Strengthened Surgical camping and outreach activities of the Surgical Society of Ethiopia	No. Surgical campaigns held	Photographs, Program for surgical camps, Attendance lists		6	
	No. Of participants in surgical campaigns	Photographs, Program for surgical camps, Attendance lists			
	Meeting & Conference with specialists held.	Photographs, Program for surgical camps, Attendance lists	5&5	8	Partially Met
	No. Of patients that undergo surgery	Photographs, Program for surgical camps, Attendance lists		523	

SO2.R2. Strengthened Women organizations with regards to Obstetric Fistula prevention and treatment	No. Of women organizations collaborating in the campaign against VVF	List of women organizations and signed collaboration agreements, Photographs, List of participants to VVF workshop & syllabus of workshop			
	Workshop held to sensitize on VVF at national level	List of women organizations and signed collaboration agreements, Photographs, List of participants to VVF workshop & syllabus of workshop	1	1	Met
	Sensitization material elaborated.	List of women organizations and signed collaboration agreements, Photographs, List of participants to VVF workshop & syllabus of workshop	1		
	Workshop for women organizations on VVF	Photographs, List of participants to VVF workshop & syllabus of workshop, Copy of sensitization material	2	2	Met
	Workshop for women in general on VVF	Photographs, List of participants to VVF workshop & syllabus of workshop, Copy of sensitization material	2	2	Met
	Sensitization material distributed	Photographs, List of participants to VVF workshop & syllabus of workshop, Copy of sensitization material	2	3	Met
OE2.R3. Strengthened social networks to fight against harmful practices against women through operational research	At least 2 preparation meetings held for operational research	Lists of participants	2	1	Partially Met
	Operational research held	Operational research report	2	1	Partially Met

## **Annex 6: Terms of Reference**

### **TERMS OF REFERENCE FOR SHORT-TERM CONSULTANCY SERVICE TO CONDUCT TERMINAL EVALUATION FOR “CLINICAL OUTREACH PROJECT IMPLEMENTED ACROSS THE COUNTRY, ETHIOPIA” FUNDED THROUGH MADRID REGIONAL GOVERNMENT.**

#### **I. INTRODUCTION**

The African Medical and Research Foundation (AMREF) is an international non-for-profit, non-governmental organization that was founded in 1957 in East Africa, seeking to provoke health care improvements of significance important in Africa. Headquartered in Nairobi, Kenya, AMREF has country offices in Ethiopia, Kenya, Tanzania, Uganda and South Africa and Southern Sudan. AMREF has several activities in other countries like Senegal, Somalia and others.

AMREF strongly believes that there is an acute gap between vulnerable communities and the rest of the health system. To close the gap, AMREF’s strategy is designed to create a broader-based culture of health promotion, prevention and care in Africa Health area.

For its 2007-2017 strategy period, AMREF chosen to act in a holistic and integrated way and hence focused on three interrelated thematic areas. (1) Partnership with Community for Better Health, (2) Building Capacity for Strengthened Communities and Health System Responsiveness and (3) Health Systems Research for Policy and Practice.

Although AMREF has been formally registered in Ethiopia in 1998, a full-fledged country program was started in 2002. Since then, the country program has grown from one project in Addis Ababa to over 20 projects in four regions (Addis Ababa, Afar, Oromiya and Southern Nation, Nationalities and People Region). AMREF in Ethiopia (AMREF ET) is working in health development with the motto of providing better health for the people of Ethiopia.

#### **II. PROJECT BACKGROUND**

In Ethiopia there are about 122 hospitals and the ratio of 1 hospital is for about 688,748 people. The situation is worsened by the inequitable distribution of the physicians in urban and rural areas. There are only 1,421 physicians (1:56,000). Among these 605 are

specialists (all level) of which only 106 surgeons, 77 gynecologists and 20 orthopedists working in government hospitals. (Health and health related indicators 2009/10). Almost 75% of them are concentrated in major urban centers especially in Addis Ababa while the rural people are deprived of the minimum specialist services they need. This indicated that there is a vast gap between the Ethiopian Health System and the Community. One of the major problems, which the services suffer from, is lack of adequate trained human resources, infrastructure and proper management. This is also more pronounced in the field of Surgery.

As a result of this and related factors significant proportions of surgical patients of rural hospitals have no choice than travel to the central hospital to get a service. This is evidenced by the very huge number of patients in the waiting list in hospital records and backlogs on each of the cases in Addis Ababa hospitals. 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.

In response to this acute gap in health service delivery, the clinical specialist outreach program was initiated in Ethiopia in 2006. This program seeks to reduce existing skills and knowledge gap in public hospitals and to facilitate specialist services and skill transfer thereby decreasing unnecessary referrals. The most important approach AMREF used to establish a mobile specialist team framework to building the capacity of health professionals at regional levels so that they will 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 ten (10) hospitals; it was then extended for other three years due to increased demand, by expanding to fourteen (14) hospitals with funding from “Generalitat Valencia” and “Madrid Regional Government” respectively through AMREF Spain.

### **III. OVERALL OBJECTIVE OF THE PROJECT**

Goal: The overall goal of the project is to improve access to specialized health services and strengthened women and civil society organizations.

#### **3.1 Specific Objective**

- Improved access to specialized health services and strengthened women and civil society organizations.

### **3.2 Outcome Indicators of the Project**

**Outcome1. Strengthen the capacities of health professionals and specialized health services (reconstructive surgery and gynecology) with marked focus on obstetric fistula.**

**Indicators:**

- Number of Major surgeries conducted out of 1800 Major surgeries.
- Number of conduct consultations out of 6000 reconstructive surgeries.
- Number of health professionals carrying out on job training out of 782 health professionals.

**Outcome2. Operational capacity assessment carried out in selected hospitals**

**Indicators:**

- Number of hospitals assessed out of 30 hospitals.
- Number of hospitals receives support out of XX hospitals to apply the necessary changes detected in the assessment study.
- Number of hospitals out of XX hospitals work to improve the centers according to the assessment report
- % achieved of the project to establish effective and sustainable specialist health care services in XX selected hospitals all over the country.

**Outcome3. Increased capacity of staff in targeted hospitals to carry out specialists tasks**

**Indicators:**

- Number of health professionals, specialists, nurses, scrub nurses and medical equipment technicians are trained to assist surgery out of 782 health professionals.

**Outcome4. Contribute to the elimination of obstetric fistula through capacity building (gynecology)**

**Indicators:**

- Number of specialists trained to carry out VVF surgery out of 18 specialists.
- Number of VVF prevention campaign conducted.
- Final evaluation to determine the new cases treated in each hospital.



## **Outcome5. Strengthened surgical camping and outreach activities of the Surgical Society of Ethiopia**

### **Indicators:**

- Number of Surgical campaigns held
- Number of new participants in surgical campaigns
- Number of minimum of meeting and conference with specialists held per year
- Number of patients that undergo surgery

## **Outcome6. Strengthened Women organizations with regards to Obstetric Fistula prevention and treatment**

### **Indicators:**

- Number of women organizations collaborating in the campaign against VVF
- % achieved strengthened social networks to fight against harmful practices against women through operational research

## **Outcome7. Increased evidence generated for future replication**

### **Indicators:**

- Number of operational researches and best practice documents produced.
- Number of dissemination/review workshops conducted

## **IV. THE TERMINAL EVALUATION**

### **4.1 OVERALL OBJECTIVE OF THE END LINE ASSESSMENT**

The overall objective of the end line assessment is to make an overall independent assessment of the project performance, paying particularly attention to the outcomes of the project actions with reference to the indicators.

The assessment will be done on one hospital, i.e. Black Lion Hospital and by reviewing project progress reports and other relevant documents.

Specifically, the assessment will have the following specific objectives:

Review the relevance of the project and its approaches in the context of the development need and potential of the intervention areas;

- Is the project's design adequate to address the problem(s) at hand & to realize the objective?
- What internal and external factors have influenced the ability of beneficiary groups and (AMREF) to meet projected target?
- Were the project objectives and design relevant given the political, economic and financial context?
- The consultant should present a brief overview of the policy environment and the economic and political conditions have had an impact on the [sector] during the program implementation period.

Verify the efficiency and effectiveness of the result achieved and trace the changes observed in the lives of the target beneficiaries, as a result;

Effectiveness:

- Did the project reach the expected number of beneficiaries (individuals, local organizations, and local authorities)?
- Are the beneficiaries satisfied with the quality and delivery services? If not, in what way did the service not meet with beneficiaries expectation and why?
- What concrete improvements and changes have taken place [among the target beneficiary group, etc...] as direct result of the program?
- How has the project contributed the towards project goal?
- To what extent has the project contributed the capacity of beneficiary group, and local government...?
- How could the project's impact have been improved?

Efficiency:

- What has been the (AMREF) performance with respect to their projected performance indicators and agreed responsibilities with respect to project implementation?
- Did the program achieve the targeted number of training project, seminars, dissemination workshops, etc.?
- Provide a cost/benefit analysis of the delivery of such services and the efficiency with which (AMREF) provided them?
- Provide information on the difficulties faced by the (AMREF) and action taken to overcome them (administrative, operational, financial, political or macroeconomic, etc.)

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

- The report should assess the level of the project's sustainability.
- Will the project's effects remain over time?
- Will the project's activities/services continue to be provided after the AECID funds have completely been expended?
- What cost-recovery mechanisms has the (AMREF) established to ensure the sustainability of the project?

## **V. SPECIFIC TASKS TO BE DONE BY THE CONSULTANTS**

- Meet AMREF Head office and Project staff at the beginning and at the end of the field work.
- Review project document (proposal, log frame, implementation plan, reports etc)
- Develop evaluation protocol that clearly defines the methodologies for sampling, data collection, entry, cleaning, compilation, analysis of data and report writing. AMREF ET delegation will approve proposed methodologies, procedures and instruments.
- Develop appropriate data collection tools that includes quantitative and qualitative data collection and compilation formats. The data collection tools will be developed in English and AMREF ET will review them and approve their use. If data collectors are not speakers of the local language, translators will be employed during data collection.
- Recruit, train, supervise and manage data collectors and supervisors.
- Organize and implement the survey.
- Give debriefing to key stakeholders and partners at the field.
- Compile both the secondary and primary data collected.
- Analysis of the findings using appropriate software.
- Develop a draft evaluation report and submit to AMREF ET and the donor for feed back

- Submit a final report by incorporating all comments given by AMREF ET and the donor
- Make a final debriefing at field level and Addis level to the AMREF ET team, the donor and other partners/stakeholders involved in the project. At Addis Ababa level, partners and donors implementing similar activities will be invited to attend the final debriefing.

## **VI. EVALUATION METHODOLOGY**

The evaluation has to employ both quantitative and qualitative methods. The quantitative data are to be collected from one hospital and secondary sources such as records in hospital facilities, statistical reports and periodical report of the project. Using flexible or semi-structured data collection tools, qualitative information has to be collected through focus group discussions, in-depth or key informant interviews and observation. Stakeholders such as Federal Ministry Health, referral hospitals, Surgical society, Anesthetist society, Orthopedics society, Teaching Universities, Health professionals including specialists, doctors, anesthetist, biomedical technician, health officer, nurse, key informants of hospital managers and/or focal person and the like will be targeted as sources of qualitative information.

## **VII. MINIMUM CRITERIA FOR SUBMISSION OF PROPOSAL BID**

The potential consultancy firm or team is required to meet the following minimum requirements in order to qualify for the submission of its proposal.

- Previous experience in similar tasks or consultancies; applicants for bid must have experience in health related projects/programs monitoring, evaluation, impact assessment and data collection methods, preferably in a nomadic community setup.
- The evaluation team will consist of health related professional, sociologist or economist and statistician with a minimum of Second Degree (MPH, MA or MSc) in the relevant focus area.
- Attachment of all supportive documents with the technical and financial proposal is required.
- Knowledge of the project area and knowledge of the local language will be considered a plus.
- The consultant should be a registered firm and whose license has been renewed for the current Ethiopian fiscal year.

## VIII. DELIVERABLES

- A detailed inception report/Protocol
- Draft and Final Data Collection Tools
- Draft Report
- Final Report
- Power point presentation

## IX. ASSIGNMENT DURATION (TIME FRAME)

The consultancy firm or team should follow the overall time frame of 2 weeks starting from signing of the agreement.

The consultant will update AMREF ET on the progress of the work regularly.

Based on recommendation and comments, the consultant shall work out the second draft and will make a power point presentation to AMREF ET on the findings of the assessment within a week.

The final report document shall be prepared and submitted after the feedback from AMREF ET was given immediately. The final reports shall be written following the outline indicated below:

- **Title page**
- **Executive summary**
- **Introduction-** Description of the evaluation, overall study process, the study team and methodologies applied.
- **Project description**
- **Findings and Discussions**
- **Operational lessons learnt, Conclusion and Recommendations**
- **Reference**
- **Annex**

## X. SUBMISSION OF A BID

- (a) **Cover letter:** - Signed one page cover letter containing, the name, mailing, address, telephone number and brief relevant information of the applicant.
- (b) **Detail Technical Proposal;-** The technical proposal shall provide a description of the consultant including an outline of the consultants recent experience on similar undertaking and detail plan for accomplishing the tasks described in the specific task **section (IV)**.

- (c) **Detailed Financial Proposal:** - The financial proposal should list itemized details of costs associated with the assessment. All proposed costs should be expressed in Ethiopian Birr and this proposal should be submitted being attached with the technical proposal.
- (d) **Reference:** - A list of three former or current clients for whom similar work has been done together with their addresses and telephone number.
- (e) **Annexes-** Any documents such as curriculum vitae or other information which the applicants feel, Professional trade patent will assist proposal review team in evaluating proposal may be attached as annexes.

## XI. LOGISTICS

AMREF Ethiopia **will not** provide office space, computer, copying, printing and telephone services but will provide vehicle, driver and project assistant for the fieldwork and facilities for presentation to be made. Thus, an applicant is advised to include all those costs that AMREF ET will not cover within prices to be quoted by his/her firm.

## XII. REPORTING REQUIREMENTS

- Inception report containing a detailed work plan for the entire duration of the consultancy service will be submitted following signing of the agreement;
- Weekly progress report should be made by the consultant to the AMREF ET M&E Department;
- Draft protocol (including data collection tools);
- Final protocol (including data collection tools);
- Final report; and
- Summary/extract report for debriefing/PPT presentation.

## XIII. OTHERS

- The consultant will work closely with AMREF ET and liaise with AMREF ET M&E Department in particular. The M&E Department will provide relevant project documents to the consultant for his/her review. The cost for data collectors will be covered by the consultant.
- All relevant documents should be submitted to AMREF ET upon completion of tasks both in hard and soft versions.

- The consultant should **not** share any of the baseline survey results to any third party.

## **PAYMENT**

The payment for the consultancy work shall be made in two phases according to the following schedule.

- The first payment of 30% advance of the total agreed contractual amount will be made immediately after the signing of the contract agreement.
- The second payment of 70% of the total agreed contractual amount shall be made effective to the consultant upon the approval and acceptance of the final evaluation report.

## **Annex 7: Summary of Evaluation Team Member's Expertise**

### *Lead Evaluator*

Belete Assefa, MD, MPH- has over 15 years of experience working in developing countries. His main areas of professional expertise are in health programs planning, management and monitoring.

His area of expertise includes: Health program management, provision of policy advice to Ministry of Health, design, management, monitoring and evaluation of health systems at regional and district level and rural health facilities.

During his professional career, he has been engaged in situational analysis, development of guidelines and protocols and standard operation guidelines, developing human resource capacity building: curriculum development and teaching, development of manuals and guidelines extensive experience in: Health strategic development, health service strengthening, Maternal Health and Emergency Obstetric care, HIV/AIDS and Tuberculosis programs, Emergency preparedness and response.

Belete has worked with international NGOs in Africa (Nigeria, Zambia, Liberia, Malawi and Ethiopia) in South East Asia in Myanmar.

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### *Co- Evaluators*

**EPHREM ASSEFA ABERA:** He obtained his B.A. degree in Economics from Mekelle University, M.Sc. degree in Economics (Under Resource and Environmental Economics) from Addis Ababa University) and Health Economics short term courses from African Economic and Research Consortium (AERC), Nairobi, Kenya. He has served in different positions in various government offices and NGOs for more than ten years. His latest working experience was serving OSSA-Tigray as a regional program head, a position which helped him excel at designing, coordinating, and leading advocacy teams of internal staff, volunteers, and other stakeholders. His experience of leading surveys (base line, progress, impact assessment) has also been apparently extended. At this time, Ato Ephrem is a full time consultant with competency license from the Ethiopian Management Institute to advise and consult on areas including economics, statistics, and management. During the last many years he has consulted a number of governmental, business and non-governmental organizations. Some of his recent



assignments which are directly related with the consultancy service on base line surveys include KAP Baseline Survey on Family Planning & Reproductive Health in Tigray Region (PATHFINDER INTERNATIONAL-Ethiopia, 2005), Evaluation of the BPR implementation and Strategic Counseling (Tigray Region Bureau of Capacity Building, 2008-2009), Impact Assessment Survey on Water & Sanitary Hygiene Programmes (German Agro-Action, 2012-2013), Baseline Survey (OSSA-Tigray, 2013), data entry template designing and data entry service (AMREF-Ethiopia, 2011 and 2012).

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**Mulugeta Zegeye Abate**, holds **BSc** in Public Health from Hawassa University, **MPH** from Gondar University. Mulugeta has an extensive experience both at government health office and health facility and NGOs in various positions. Health office Head Gidan Health Office, during this period he was responsible for planning, implementation, controlling & evaluation of training programs for health workers & health extension workers, strongly involved in outreach programs/field visits, and conducting planned Review meeting & Compare Cluster health facilities and appraise with the best performance. As training and planning officer at woreda health office he was responsible for advising the VCT manager in design of Community based care and support programs, track sources of referrals and trends in outcomes of patients started on ART, and evaluate effectiveness of the VCT program and recommend changes in goals, objectives, & intervention strategies. As Women and Their Children's Nutrition Health Project Coordinator in Plan International Ethiopia (an international NGO), he has acquired ample experience in the areas of developing annual implementation plans in collaboration with counterparts and partners at zonal level, organizing, coordinating and facilitating training and follow up for staff of zonal health departments, woreda health offices or health centers, providing technical support to and contribute to annual woreda based planning, provide support to the organization and facilitation of review meetings at zonal or woreda level, supporting zonal health departments and woreda health offices in the use of HMIS for review and reporting on performance, assisting zonal health departments and woreda health offices in conducting supportive supervision, and conducting follow up activities to woredas, health facilities, and communities where required for program monitoring.

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