



STRENGTHENING OF THE NETWORK AND IMPROVEMENT OF THE QUALITY OF REPRODUCTIVE HEALTH SERVICES IN BALE ZONE (OROMIA, ETHIOPIA)

FINAL EVALUATION REPORT
AUGUST 2017



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LIST OF ABBREVIATIONS

BEmONC	Basic Emergency Obstetric Newborn Care
HC	Health Centre
HEW	Health Extension Worker
HW	Health Worker
HP	Health Post
IPLS	Integrated Pharmaceuticals Logistics System
MOH	Ministry of Health
PHCU	Primary Health Care Unit
WDA	Women's Development Army

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Thank you for the opportunity to partner with you, and to gain a further insight into the work of Comitato Collaborazione Medica.

We wish you every good wish for the future.

Yours sincerely,
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EXECUTIVE SUMMARY

Context

The project under evaluation '*Strengthening of the Network and Improvement of the Quality of Reproductive Health Services in Bale Zone (Oromia, Ethiopia)*' started implementation in May 2014. It focused on training health workers to provide maternal health services at Health Facility and household level; supporting Regional and Zonal Health authorities in fostering cultural change of attitude towards maternal health among women and within communities; supporting community networks of health workers and women to promote an on-going interaction among health actors and to identify actions leading to an increased access to the health care services, and training authorities and health workers to ensure the provision of quality services; coordinate the activities of community networks and promote the sharing of outcomes and best practices.

This project which is the subject of this evaluation is co-funded by the Italian Agency for Development Cooperation and other donors (i.e. CEI, Tavola Valdese etc) for a total of €1,290,871. It has a 3 year implementation period and is scheduled to end in August 2017 (due to an extension from the original end date of 30th April 2017). The project aims at fostering and continuing the provision of technical, managerial and financial support to the Health Authorities of Bale Zone in the Oromia Region of the Federal Democratic Republic of Ethiopia.

The **goal** of the project is to contribute to increase the access, utilization and quality of health care for mothers and new-borns. The **general objective** is to contribute to the improvement of maternal health in the Bale Zone.

The **specific objective** is to increase the access to preventive and curative maternal services through the involvement of networks of women and Health Extension Workers and through the provision of quality primary services.

The specific objective aimed to be achieved through four Expected Results:

- Health Workers trained and able to provide maternal health services at Health Facility and household level
- Supporting Regional and Zonal Health authorities in fostering cultural change of attitude towards maternal health fostered among women and within communities
- Community networks of health workers and women able to promote an on-going interaction among health actors and to identify actions leading to an increased access to the health care services
- Authorities and health workers trained and able to ensure the provision of quality services, coordinate the activities of community networks and promote the sharing of outcomes and best practices

Evaluation Objectives

The objectives of the evaluation were:

1. Evaluate the relevance of the action, compared to the project objective and to the assessed needs,
2. Evaluate the efficiency in the utilisation of the resources availed by the donor,
3. Evaluate the effectiveness of the action carried out,
4. Evaluate the impact of the project in the catchment area,
5. Evaluate the sustainability of the project

The evaluation addressed specific questions on relevance, efficiency of implementation, effectiveness, efficiency, impact and sustainability.

Methodology

Out of the Box used a consultative and participative approach to carry out this evaluation. The approach included a mix of methods to collect secondary and primary data. Primary data was collected through Key Informant Interviews with project stakeholders and Focus Group Discussions with beneficiaries and stakeholders. Secondary data was collected through a desk review of CCM project documents, reports, policies and guidelines as well as relevant country strategies and policies from the Ethiopian Government and CCM Country Office. Out of the Box visited project sites in Harena Buluq and Meda Welabu woredas as well as the CCM National Office in Addis Ababa and its Regional office in Bale.

Summary of Findings

Based on the findings of the evaluation overall the project has achieved its desired goals and objectives. The average achievement of the project objective against its target was 111%, and average achievement of project expected results against target were 125% with all expected reaching above 100% achievement except expected result three which reached an 86% achievement against target.

The key findings under each of the areas of review are summarised below:

Relevance

Focusing on improving Maternal Health is very relevant in the Bale Zone of Oromia region as well as nationally and internationally. The project goal aligns with **Millennium Development Goals** 4 and 5; **Sustainable Development Goals** (SDGs) 3 and 5. The project's goal and objectives also align with the **Ethiopian Government's plans**¹ and with **CCM strategies**. The project activities contributed directly to the achievement of the project expected results, and hence the project goal.

Efficiency of Implementation

The total project budget for the project was €1,290,871.68 and at the time of evaluation 90.47% of the budget had been spent with one month left to the end of the project. A broad analysis of the budget indicates the efficient use of the budget resources with reference to the achievement of the project activities.

Effectiveness

Overall the project activities reached 3 Health Centres and 9 Health Posts in Harena Buluq woreda and 6 Health Centres and 19 Health Posts in Meda Welabu woreda. Community Networks were established across the 28 Health Posts involved in the project. There is an increase in women attending 4 ANC clinics in both woredas. This result surpassed the targets set of 21%. There is a 22% increase in skilled birth delivery in both woredas overall from 45% to 55%. However the initial target was 65%. There was an improvement of 4% overall in the access of Women and Children to Family Planning services at Health facilities level.

The project focused on both curative health through working with Health Workers, and Health Extension Workers (HEWS) and preventative health through working with the Women's Development Army (WDA), Mother's Conference, Religious and Kebele leadership. The project maintained a level of flexibility throughout which enabled it to adapt to its changing environment.

¹ Health Sector Transformation Plan 2015/16 - 2019/20

Impact

The overall impact of the activities undertaken is to achieve an improvement in the access to and quality of preventive and curative maternal services in the project woredas. Impacts were highlighted by beneficiaries throughout the evaluation. Midwives reported increased confidence and ability due to stronger skills learnt from BEmONC training. Women understand the importance of ANC, PNC and family planning and are now using maternal waiting homes to ensure safe deliveries. Health Workers reported how they can support their communities better through their increase in skills, knowledge and confidence. Community dialogue methodologies enabled community members to discuss issues and solutions to these issues.

Sustainability

The beneficiaries displayed a high level of buy in and engagement in the project which is conducive to the long term sustainability of the benefits. The project is fully embedded in the local structures. The health offices at woreda level and zonal level were engaged in the implementation of the project at all stages, and its capacity has been strengthened as a result. At health facility level the project was implemented by CCM in partnership with health workers and management. The relationship between health centres, health posts and health officials was strengthened throughout the project. At community level the project was implemented using existing structures including the Women's Development Army (WDA) 1 to 5 and 1 to 25 structures; women's conferences and kebele leadership structures.

Based on the findings of this evaluation, the capacity of health workers improved. These benefits will be sustained if the HEWs and HWs remain in the project areas. In addition the capacity of the community structures has been significantly strengthened enabling them to be more effective in creating awareness on maternal and reproductive health.

A key factor that will influence the sustainability of the project is the alignment to government strategies and plans. This ensures commitment even beyond the life of the project. There is a strong willingness from the government side to continue working on improving maternal health in this region; however limited resources will determine the activities possible.

Recommendations

- **Human Resources within CCM** – Consider implementing a database of potential staff in CCM to alleviate the pressure caused by staff turnover.
- **Turnover of Staff** trained by CCM at facility level was a challenge during the project. Consider the implementation of a “contract of commitment” when staff complete training.
- **Train the Trainers at zonal level** – Consider supporting the training of BEmONC trainers at zonal level. This would contribute to the availability of BEmONC trainings for all health staff throughout the zone.
- **Health Systems Strengthening Approach (HSS)** – This project focused on some of the building blocks of the HSS – Health workforce; Medical products & technologies; Service Delivery and Information and Research. Explore the possibility of working on the leadership and governance area in future projects.
- Consider innovative ways of **strengthening sustainability** in future projects:
 - Incorporate an income generation activity/economic empowerment activities to boost sustainability of project achievements.
 - Build into the project capacity building in fund development and proposal writing for government partners in particular to ensure that over and above the strategic support from partners, there is increased possibility to sustain activities even after the end of the project
 - Look into ways of partnering with other NGOs working in the same thematic areas and geographical locations to share resources or increase impact and cover more ground

BACKGROUND

Ethiopia identified maternal and child health as one of the priority public health areas requiring improvement in health care service quality and with potential to make a great impact on health outcomes². The Ethiopian National Health Care Strategy 2016-2020 outlines that within the Maternal and Child health the priority issues were identified as reduction in maternal and neonatal mortality.

According to the World Bank (2015)³ 1 in every 24 Ethiopian children died before their first birthday, and 1 in every 16 children die before their fifth. This compares with 1 in every 345 Italian children who died before their first birthday, and 1 in every 286 children who died before their fifth. The maternal mortality ratio in Ethiopia was 676 per 100,000 live births, a statistic that had not significantly improved from five years prior⁴.

In Bale Region, Oromia zone, only 20% of deliveries are assisted by qualified personnel⁵. Factors that contributed to the maternal health challenges in the Bale Region include socio-cultural traditions, dependency on men, logistical issues and costs especially by the poorest and most vulnerable groups.

Comitato Collaborazione Medica (CCM) has been working in the Bale Zone since 2005, and during this time it has worked closely with the health authorities on the improvement of maternal health including the provision of essential and emergency obstetric services in various health centres and hospitals.

The project under evaluation *'Strengthening of the Network and Improvement of the Quality of Reproductive Health Services in Bale Zone (Oromia, Ethiopia)'* is a follow-on project of the Comitato Collaborazione Medica *'Strengthening of Maternal and Child Health Services in Bale Zone, Oromia Region (Ethiopia)'* which was implemented in 2012/2013. During this project 16 Health Centres and 2 Hospitals were supported in training of staff and developing their capacities in the provision of quality maternal and neonatal services; and equipping the facilities with basic supplies and equipment to support maternal and neonatal services.

The project *'Strengthening of the Network and Improvement of the Quality of Reproductive Health Services in Bale Zone (Oromia, Ethiopia)'* started implementation in May 2014, and is funded by the Italian Agency for Development Cooperation for a total of €1,290,871. It has a 3 year implementation period and is scheduled to end in August 2017. The project aims at fostering and continuing the provision of technical, managerial and financial support to the Health Authorities of Bale Zone in the Oromia Region of the Federal Democratic Republic of Ethiopia.

The **goal** of the project is to contribute to increase the access, utilization and quality of health care for mothers and new-borns.

The **general objective** is to contribute to the improvement of maternal health in the Bale Zone.

The **specific objective** is to increase the access to preventive and curative maternal services through the involvement of networks of women and Health Extension Workers and through the provision of quality primary services.

² Ethiopian National Health Care Quality Strategy 2016-2020

³ <http://data.worldbank.org>

⁴ Ethiopian Demographic and Health Survey, 2011

⁵ Original Project Document

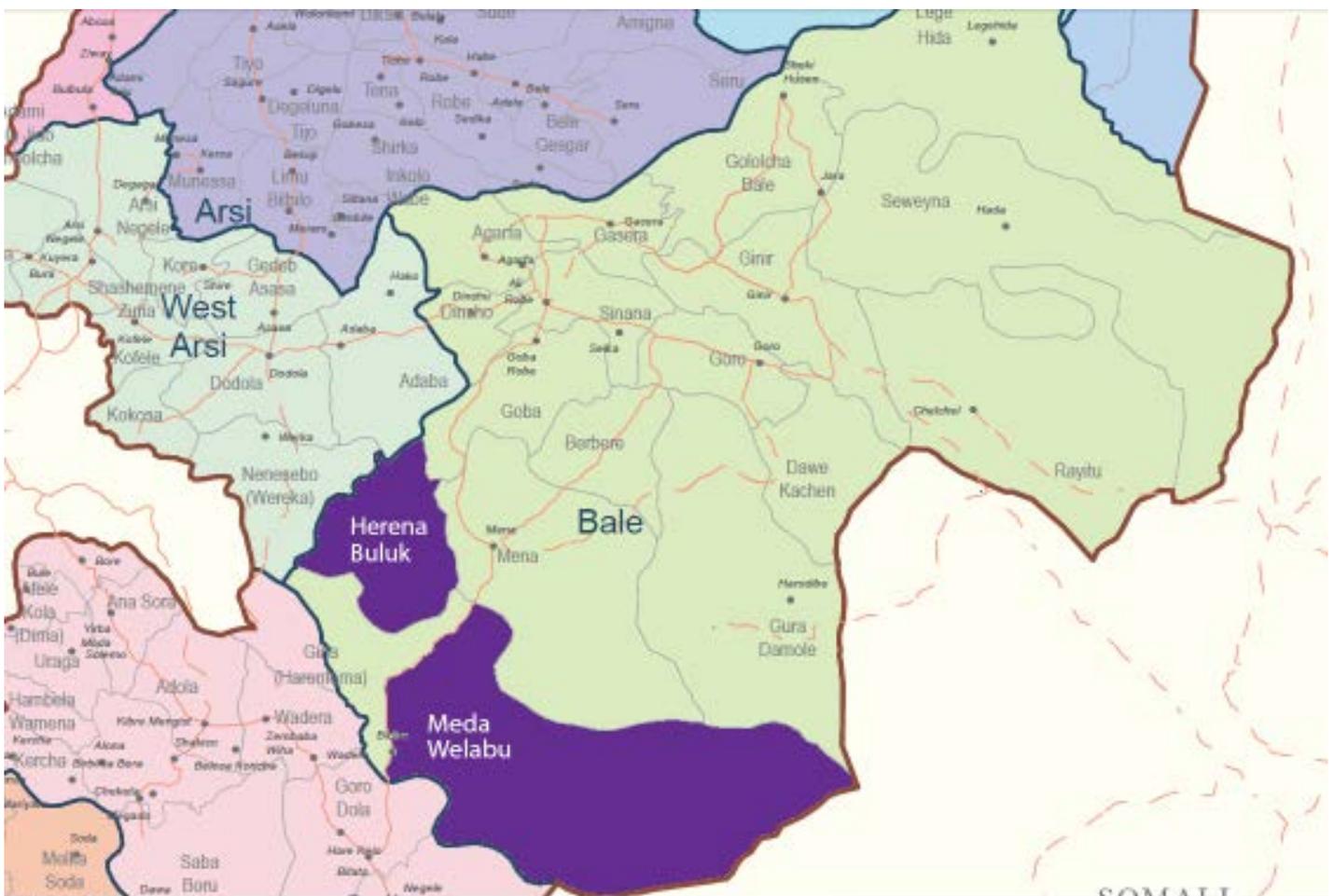
The specific objective aimed to be achieved through four Expected Results:

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- Supporting Regional and Zonal Health authorities in fostering cultural change of attitude towards maternal health fostered among women and within communities
- Community networks of health workers and women able to promote an on-going interaction among health actors and to identify actions leading to an increased access to the health care services
- Authorities and health workers trained and able to ensure the provision of quality services, coordinate the activities of community networks and promote the sharing of outcomes and best practices

The project implementation strategy entailed:

- Strengthening the prevention and care system at primary level, improving the quality of services in the health facilities and in the community;
- Increasing women's trust in the health system and in the health workers, involving women's groups (WDA) in the promotion of maternal health;
- Identifying sustainable strategies to increase the access to services, by creating community health networks formed by women and health workers;
- Reinforcing the capacities of local health authorities by increasing their participation to the supervision of primary services and to the community coordination.

This map of the Oromia Region and Bale zone indicating the Woredas covered by the project. (Highlighted in purple):



RATIONALE: SCOPE AND PURPOSE OF THE EVALUATION

As outlined in the Terms of Reference, the end of project evaluation reviewed and assessed the results achieved by the project during the period of implementation, as well as its impact and sustainability. The evaluation also sought to draw the lessons learnt from the project which will be used to inform implementation of ongoing similar projects and design future projects.

The objectives of the evaluation were:

1. Evaluate the relevance of the action, compared to the project objective and to the assessed needs,
2. Evaluate the efficiency in the utilisation of the resources availed by the donor,
3. Evaluate the effectiveness of the action carried out,
4. Evaluate the impact of the project in the catchment area,
5. Evaluate the sustainability of the project

The evaluation addressed a number of specific questions outlined in the Terms of Reference (Appendix 1). The evaluation commenced on 20th July 2017 and included a field visit to the 2 Woredas in Bale, Oromia Region, Ethiopia from Sunday 31st July until Monday 7th August 2017.

The evaluator visited project sites in Harena Buluq and Meda Welabu woredas as well as the CCM National Office in Addis Ababa and its Regional office in Bale.

The **evaluation audience** includes CCM, government Partners and the Italian Agency for Development Cooperation and beneficiaries.

METHODOLOGY

Out of the Box used a consultative and participative approach to carry out this evaluation. The approach included a mix of methods to collect secondary and primary data. Primary data was collected through Key Informant Interviews with project stakeholders and Focus Group Discussions with beneficiaries and stakeholders. Secondary data was collected through a desk review of CCM project documents, reports, policies and guidelines as well as relevant country strategies and policies from the Ethiopian Government and CCM Country Office. A list of these documents is included in Appendix 2

Document Review

CCM provided several key policy and project documents for review by the consultant. In advance of the Field Visit and Key Informant Interviews, all documents received were read and analysed. They gave Out of the Box the necessary background information needed for the evaluation, as well as feeding into the questionnaire design. The Ethiopian background documents gave Out of the Box the insight into the context in which the project was set, as well as the strategic approaches of the Ethiopian Government. The project information provided both before and during the evaluation enabled the evaluator to firstly ask any appropriate questions during the evaluation, and also to triangulate the data gathered during the evaluation. The list of documents is provided in Appendix 2.

Key Informant Interviews

Out of the Box carried out face to face semi-structured interviews with a total of 25 key stakeholders of the project. The purpose of these interviews was to collect information from people who had first-hand knowledge about the project, and were able to give feedback on their experiences throughout the project. Questionnaires developed at the inception of the evaluation were used as a guide to the interviews with room to expand on some of the questions with follow-up questions to probe deeper into the participants' feedback. The questionnaires used during the evaluation are provided in Appendix 6.

Face to face interviews were carried out with stakeholders at National, Zonal, Woreda and Kebele levels. The key informants were selected by CCM and included CCM's staff members, government officials in the Health Ministry (Zonal Department Level, and Woreda Head Office Level); health workers and beneficiaries. The list of interviews is outlined in Appendix 4. CCM provided interpreters primarily from within their team to support Out of the Box in the interviews whenever necessary.

Focus Groups with key beneficiaries and other stakeholders

Focus Groups were utilised to facilitate the collection of more information about the project results – particularly parts where the impact was not clear based on the results of the review of quantitative data. The Focus Group method was particularly useful for exploring people's knowledge and experiences particularly at the community level and was used to examine not only what people think but how they think and why they think that way.

Four Focus Group Discussions were carried out with stakeholders at the Woreda and Kebele levels and included key project beneficiaries. In total 26 people including 8 women and 10 men were involved in the discussions. The list is provided in Appendix 5.

The questions asked were drawn from the focus group discussion list provided in Appendix 6 and were tailored to the nature of the focus group, and depending on the responses received by the interviewer, other follow up questions were asked. The group selection was done by CCM but the staff did not participate in the discussions. The focus group discussions took 45 minutes to 1 hour each.

Observations - Field Visits

Out of the Box visited selected project sites in Harena Buluq and Meda Welabu to collect first-hand information, and meet project stakeholders. The Health Centres visited were Maraba, Serbi Galo and Angetu (Harena Buluq woreda) and Ware (Meda Welabu woreda). Health Posts visited included Sieimal; Anole (Harena Buluq woreda); Ware and Abba Sirbir (Meda Welabu woreda). The sites were selected by CCM. The Health Extension Workers in the Health Posts and Health Workers in the Health Centres were interviewed and observations made by the evaluator. The details of each visit are included in Appendix 3.

Quantitative Data

The Monitoring framework and tracking sheets were received from CCM.

Data Analysis

Quantitative data was analysed primarily using the Monitoring and Evaluation Framework. The percentage achievements of each of the specific objective and expected results of the project were calculated using the difference between the project against its target and the cumulative achievement at the end of the project, and a traffic light system was then used to highlight these achievements (Light Green indicating achievement; Dark Green indicating over achievement, Orange indicating almost achieved and Red indicating not achieved).

Qualitative data was analysed throughout the evaluation, as well as a final analysis at the end of the evaluation. Throughout the primary data collection process key evaluation questions were answered using several sub-questions and a number of sources (Focus Groups, Interviews, Desk Review etc.). The evaluator gathered their answers, reviewed and labelled key themes emerging from them. At the end of each day in country, the evaluator reviewed her findings from that day's stakeholder engagement. Key themes and patterns emerging were identified. The process was iterative, and the analysis each evening shaped the next day's data collection, and enabled the evaluator to delve deeper into particular areas where necessary. At the end of the evaluation, using the evaluation matrix as a foundation, the information collected throughout the

evaluation (qualitative and quantitative) was collated and inserted into the matrix. This enabled the triangulation of results from all sources. Further labelling of key themes and patterns was done by the evaluator before the findings were agreed. The evaluation matrix is included in Appendix 7.

Ethical Considerations

Throughout the evaluation process the evaluators recognised the requirement for confidentiality and risks of disclosure. Each interview/focus group was preceded by introductions and permission was sought to carry out the interview or discussion. Written permission was received from participants of all focus groups. The introduction included a full briefing on the purpose of the evaluation, and the voluntary nature of participation was outlined to all participants. Permission was sought to audio-record the interviews at the beginning of each interview, and an explanation was given to participants on the purposes of the recording – accuracy only and they wouldn't be shared outside Out of the Box. The recordings will be destroyed by Out of the box once the final report has been accepted by CCM. The complaints process was also outlined to all participants before the focus group or interview began. During the evaluation no complaints were made to the evaluator.

LIMITATIONS

A few limitations were identified and taken into consideration during the evaluation process.

- 1. Accessibility** – As advised by CCM, certain health facilities were difficult to access by vehicle and therefore beneficiaries in these locations could not be included in the sample group. The project sites visited were largely selected based on the amount of time required to reach the site. In order to include as large a sample as possible, communities in very distant locations were not considered.
- 2. Interpretation** – During focus group discussions, and interviews interpretation (rather than direct translation) was necessary. This had an impact on the time required for interviews and discussions and may have introduced some bias and in some cases summarisation in the interpretation of statements and sentiments. Every effort was made to ensure accuracy with questions asked in varied formats to confirm responses.
- 3. Selection of participants** – Some of the evaluation sites and participants were selected by CCM Staff following discussion with Out of the Box. This selection method may have introduced bias into the evaluation, as Out of the Box had little control over which members of the communities were interviewed or included in the Focus Groups.
- 4. Respondent Bias** – Key Informant Interviewees and Focus Group participants may have to an extent responded based on what they perceived was the right thing to say, rather than based on facts and their true opinion – for example several expressed their wish to have the project continue, and so may have responded accordingly, and not always factually. Out of the Box tried to mitigate this by seeking the same information through a number of different questions and follow up questions to verify the responses.
- 5. Less representation during Friday prayers** – Majority of the community members are Muslim, and therefore engage in Friday prayers. This meant that on Friday afternoon no visits to health centres, health posts or beneficiary engagement was possible.
- 6. Other competing activities** – During the evaluation a national trachoma campaign was underway which involved all health workers and woreda officials. This meant that in some cases health staff were not available for interview.

EVALUATION FINDINGS

In line with the Terms of Reference, this section examines the project objectives under relevance, effectiveness, efficiency, sustainability and impact. The findings are based on an analysis and triangulation of data from all sources against the key questions asked in the Terms of Reference (See Appendix 1).

“Their presence in that area placed a catalyst effect to the community, to facilities, to administrators, even to us”

Zonal Health Office

Relevance

Focusing on strengthening of the network and improvement of the quality of reproductive health services in Bale Zone of Oromia region is very relevant. Nationally the maternal mortality ratio in Ethiopia was 676 per 100,000 live births when this project began. Communities in this region faced many challenges including lack of access to quality health services and low health seeking behavior. In 2014, only 20% of deliveries are assisted by qualified personnel. Factors that contributed to the maternal health challenges in this region included socio-cultural traditions, dependency on men, logistical issues and costs especially by the poorest and most vulnerable groups.

National, International Level

This project goal aligns with the Millennium Development Goals 4 and 5 (in year 1 and 2), and Sustainable Development Goals (SDGs) 3 and 5 in year 3 and 4. SDG 3 aims to ensure healthy lives and promote well-being for all at all ages. SDG 5 aims to achieve gender equality and to empower all women and girls.

The Ethiopian Government’s Health Sector Transformation Plan 2015/16 - 2019/20 outlines the government’s priorities in health including reproductive, maternal, newborn, child, adolescent health and nutrition. The Ethiopian Government’s National Reproductive Health Strategy 2006-2015 identifies six priority areas including fertility and family planning and maternal and newborn health. This project aligns with both these Government Strategies.

Responses from government officials at woreda and zonal level interviewed highlighted the synergies between the project and the government strategies and plans. The officials interviewed outlined how the delivery of the government’s plans were strengthened by CCM in terms of increased capacity, funding, access to Woredas and described an excellent working relationship with the CCM team.

“The government strategy is already there, CCM are supporting it”
Government Health Official

Government Health Official interviewed.

Project Level

The project focused on 4 strategies to achieve its objective, and developed activities clearly linked to each of these strategies. The project activities contributed directly to the achievement of the project strategies, and the project goal. There is a clear relationship between the project activities, outcomes, objectives and the project goal. During the implementation period of the project there were no other donors present in the target woredas working on reproductive health services. CCM worked in partnership with the government across the project woredas throughout the

project timeframe. The results achieved by the project are as a direct result of the activities implemented by this partnership. There is no evidence to suggest that other factors impacted the project results, therefore this also suggests a causal relationship between activities, outcomes, objectives and the project goal.

CCM has a deep understanding of the local context, given its location in the Bale Zone for over 10 years. It applied this knowledge to the original needs analysis for this project. All stakeholders interviewed agreed that the objectives of the project were appropriate given the health needs of the Bale region, and the Government Strategy of Ethiopia. Women described how women died in child birth before the project, and how they didn't understand the importance of skilled delivery.

"Previously women ran away from health services, it was a shame to come for deliver or for immunization, now community has stronger awareness"
WDA Leader.

Objectives remain relevant to this region and the overall goals of the health strategy in Ethiopia. The reduction of maternal, neonatal and child morbidity & mortality is one of the indicators that the Ethiopian Government is using to measure the success of its first strategic pillar - Excellence in health service delivery. The zonal and woreda health offices confirmed this.

There is a lot of evidence outlining what is required for a reduction in maternal and child mortality. In its publication⁷ WHO outlines *"Effective prevention and management of conditions in late pregnancy, childbirth and the early newborn period are likely to reduce the numbers of maternal deaths, antepartum and intrapartum-related stillbirths and early neonatal deaths significantly. Therefore, improvement of the quality of preventive and curative care during this critical period could have the greatest impact on maternal, foetal and newborn survival."*

The components of emergency obstetric and newborn care (EmONC) were originally developed by WHO, UNICEF and UNFPA and are well documented⁸. These components are described as "signal functions" and include interventions that must be available to all women at the time of birth in order to address the common causes of maternal and newborn mortality.

"Before the training, I had no confidence on my daily job; After BEmONC I have full confidence"

Midwife, Health Centre

The provision of quality primary services was improved during this project through the project activities:

- BEmONC Training for Midwives and Health Workers
- Equipping facilities with the equipment and resources needed to implement the seven signal functions of BEmONC.
- Integrated Pharmaceuticals Logistics System (IPLS) training and implementation across Health Centres and Health Posts
- Regular support and supervision visits to Health Centres and Health Posts by CCM and the woreda health officials.

⁷ Standards for improving quality of maternal and newborn care in health facilities. WHO, 2016

⁸ Guidelines for In-Service Training in Basic and Comprehensive Emergency Obstetric and Newborn Care Prepared by: Blami Dao ; 2012; Jhpiego

It is also well documented that an increase in contraceptive use reduces maternal mortality. *“Increasing contraceptive use in developing countries has cut the number of maternal deaths by 40% over the past 20 years, merely by reducing the number of unintended pregnancies.”*⁹ The goal, general objective and specific objective of this project clearly include the requirements needed to contribute to the improvement of maternal health in the Bale Zone.

A number of key health messages were transmitted throughout the project through mediums including mother’s conferences, WDA’s, community dialogue and community networks. The messages included the importance of delivering in a health centre; nutrition and feeding for children under 5; the importance of immunisation for children under 5 years; sexual and reproductive health and the benefits of family planning. The increase in knowledge and understanding as a result of multiple project results contributed to the overall goal of the project.

Community Level

The involvement of the stakeholders at all stages of the project design and implementation ensured that the activities were relevant to the needs of the beneficiaries. Community members were part of the baseline study for the project (*based on final evaluation of the previous project*), and their needs were fed into project design.

“Previously women hid from the conference. I am proud of the conference now. Our husbands are also asking us about the next conference – they are interested.”

Woman, Community Focus Group

These needs included perceived high rates of mothers dying during childbirth; families had many children with little spacing between them; children were not immunised; health posts were not used and health facilities did not have sufficient equipment and qualified staff. Maternal Waiting Homes (MWH) existed in health facilities but were poorly equipped and not used by the community. These needs were highlighted by the community members, and health workers interviewed, and validate how involved the community was in the project, and how relevant the activities were.

The beneficiaries interviewed all agreed that the project was very relevant to their needs, and continued to be relevant. The beneficiaries all recognised the achievements of the project.

⁹ The Lancet, Vol 380 July 14 2012

Efficiency of Implementation

Resources and budgets

The total project budget for the project was €1,290,871.68 and at the time of evaluation 90.47% of the budget had been spent with one month left to the end of the project. A broad analysis of the budget indicates the efficient use of the budget resources with reference to the achievement of the project activities.

There are many examples throughout the project which demonstrate how resources and budget were used efficiently and value for money principles applied. These include:

- CCM carried out a stock take at facility level across the woreda level in advance of equipping health facilities with equipment and resources. Following the stock take excess equipment was moved between facilities before any purchasing of new equipment was done.
- The same process of stock control applied to drug supplies where drug stock taking was done at facility and woreda level, and drugs traded between health facilities to reduce the overstocking in facilities, and also to ensure the most efficient use of the drugs given their expiry date.
- CCM Field Offices were set up in each project woreda which contributed to efficiencies in transport, time and resources.
- The project followed the CCM procurement system, a procurement committee was in place at zonal level which ensured value for money when purchasing project items.

During the project evaluation no reports of delays in procurement were given to the evaluator. Other challenges delayed activities (e.g. insecurity), but no delays were due to the procurement process. The achievement of project results was due to a number of factors which are outlined previously including the relationship with government; expertise of CCM staff; alignment of the project objective with government strategy; supportive supervision visits etc.

Transparency and Accountability

Resources were managed in a transparent and accountable way throughout the project.

At the **community level**, a number of examples of transparency and accountability were highlighted. Due to the location of the field offices, the CCM staff were living in the community, and were part of it. The women's conference meeting calendar shared at the beginning of the year, and visible in each Health Post. At the beginning of the project, there were community meetings at each Health Post to discuss the purpose of CCM and the project. Women and men attended. Everyone was informed and openly discussed the project. The community appointed a women's representative to come once a year to a review meeting with CCM, Woreda etc. – feedback and sharing. At the start of the project, CCM traveled from kebele to kebele explaining the community dialogue concept to the community, and asking if they wanted to be involved. CCM considered the community meetings as the essence of the project – community inputs and feedback were hugely important to the direction and implementation of the project. During the women's celebration certificates were awarded to women for participation, as well as feedback and discussions on the way forward.

At the **partner level** transparency and accountability were very clear throughout the project. At the woreda Level each CCM team had a very close relationship with the woreda officials, and daily meetings took place. Monthly meetings were held with the woreda officials to gather data from woreda, and these meetings allowed time for updates and feedback. Once a year a workshop was held in Goba for the woreda officers and the Health Centre Directors. This was an update on the project (given by CCM staff), and discussions/feedback. At zonal level quarterly updates given to zonal office, and the zonal office officials attended annual meeting in Goba Zonal office.

At **organisational level** accountability and transparency were implemented through the monthly team meetings at zonal level. Field staff and zonal staff attended, updates were given and discussed, and plans for the next month were made. Discussions included activities, finance and any other issues that arose during the month.

At donor level, CCM provided annual reports and accounts to the donor. CCM has ongoing communications with the donor throughout the project, and the donor visited Bale in May/June 2017.

Project structure

The project structure included the Project Coordinator, Assistant Coordinator and support staff located at the Zonal office in Goba. A Field office was located in each woreda which included a Supportive Supervision and Mentoring Officer, a Community Network Officer and support staff for each team.

Overall the project was coordinated efficiently and effectively; strong relationships were developed throughout the projects; communication was transparent; and capacity development of all project stakeholders was integrated into project activities.

Project Adaptability

Throughout the project changes occurred in its internal and external environment. The project through its leadership and flexibility adapted to these changes and enabled project results to be achieved. For example during periods of insecurity the field offices were closed, and activities were stopped.

Project Monitoring

The project was monitored using its object verifiable indicators (OVI) on a monthly basis. Each task was tracked by the Project Coordinator using a tracking spreadsheet on a monthly basis. This in turn fed into the OVI monitoring sheet. Staff reported on a monthly basis to the Project Coordinator – during the monthly meetings in Bale, staff reported the activities completed, challenges that arose etc. Together the team viewed their progress, and worked together to plan the next month's activities in each of the project woredas.

This work plan and an objective verifiable indicators (OVI) form are shared by the Project Coordinator with the CCM Country Representative on a monthly basis and with CCM HQ level (Desk Officer) on a quarterly basis. The Work Plan is also the basis for the preparation of the monthly fund request.

Quarterly reports were also shared with the zonal office, and annual meetings were attended by woreda officials, WDA representatives etc.

Monthly supervision of health facilities, and development of action plans with health facility staff enabled regular monitoring at health facility level.

Effectiveness

Overall the project activities reached 3 Health Centres and 9 Health Posts in Harena Buluq woreda and 6 Health Centres and 19 Health Posts in Meda Welabu woreda. Community Networks were established across the 28 Health Posts involved in the project.

Achievement of project objectives:

The project has achieved a high level of success across each of its expected results. This is outlined below, with more detail included in the Monitoring Framework Analysis in Appendix 8.

Specific Objective: To increase the access to preventive and curative maternal services through the involvement of networks of women and Health Extension Workers and through the provision of quality primary services.

Based on the evidence gathered, on average this objective was 111% achieved against its target.

Indicator	Baseline	Cumulative Result	Target	% Achievement
Increasing the level of ANC4 by 10%	19%	54%	29%	186%
Increasing the level of skilled delivery from the current 45% to 65%	45.0%	55%	65.0%	85% ¹⁰
Improve referral of complicated pregnancies from the Health Posts to the Health Centres by 10%	N/A	N/A	N/A	N/A ¹¹
Improve the access of Women and Children to Family Planning services at Health facilities level by 10%	10.0%	14%	20.0%	70%
Improve the access of Women to Post Natal services from 51% to 65%	44.0%	67%	65.0%	103%

- There is an increase in women attending 4 ANC clinics in both woredas. This result surpassed the targets set of 21%. Based on woreda-specific data¹² results are similar in both woredas – 57% in Harena Buluq (HB) and 53% in Meda Welabu (MW).
- There is an increase in skilled birth delivery in both woredas overall. However the overall target has not been reached (85% achievement against target). Based on woreda-specific data ¹³ the skilled birth deliveries in HB are 69% (106% achievement against target) whereas in MW they are 48% (74% achievement against target).
- There was an improvement of 4% overall in the access of Women and Children to Family Planning services at Health facilities level. However this was well below the targeted increase of 10%. Again, delving into woreda-specific data, MW only achieved a 1% increase whereas HB almost reached the project target by achieving a 9% increase.
- There was an increase in women attending PNC in both woredas. Overall 95% of the target was achieved. Woreda-specific data were not available for this indicator.
- Overall there are notable differences between the project achievements in HB and MW woredas. Based on analysis of the feedback received, there are a number of possible factors contributing to achievement of results in each woreda:
 - **Topography and Accessibility** – HB has a smaller area than MW, and so easier to reach

¹⁰ This target was set by the Regional Health Bureau without taking into account woreda specific data; perhaps over ambitious

¹¹ Baseline data was not reliable during the Health Facility Assessment therefore the analysis of progress on this indicator is not possible.

¹² Monitoring and Evaluation Mission Report – 21st – 25th July 2017

¹³ Monitoring and Evaluation Mission Report – 21st – 25th July 2017

the population in the woreda. Both woredas have inaccessible areas which prevented a 100% coverage of the health facilities in either woreda.

- **Staff Turnover** – The turn-over of CCM staff impacted performance in MW in particular. The continuity of health facility supportive supervision visits as well as community network activities were impacted. Each health facility in HB received on average 15 supportive supervision visits during the project whereas in MW the number was 8. In HB, the average monthly community meetings supported and supervised reached 14; whereas in WB the number reached was 6.
- **Insecurity** – In 2016 there were local clashes in MW, and country turmoil that led to the declaration of a State of Emergency from October 9th 2016 to date. This prevented some community gatherings and the change of staff at woreda and health facility level. It also led to closing the Field Office in MW for 2-3 months, and so activities were not possible during this time.
- **AWD Outbreak** – all project stakeholders focused on the outbreak, and so engagement with project activities decreased during this time.
- CCM located its Field Offices in each woreda during the project which enabled the project teams to build relationships locally, and enabled easier access to project areas. Both Field Offices had their own transport which also eased the challenge of reaching all health facilities and communities.
- The project in MW reached more health facilities than HB (25 in MW, 12 in HB), and so this would also contribute to the difference in results as project staff were stretched further day to day. Perhaps concentrating on fewer health facilities enabled the project team to have a deeper engagement and therefore achieve stronger results.
- Overall the project activities were practiced on good principles and ethically. A number of principles were applied including accountability and transparency; partnership; strengthening existing systems; strong monitoring and communication; efficiency and gender equality

Expected Result 1: Health Workers trained and able to provide maternal health services at Health Facility and household level

Based on the evidence gathered, on average this expected result was 153% achieved against its target.

Indicator	Baseline	Cumulative Result	Target	% Achievement of target
78 Health Workers (2 each HF) trained & able to provide maternal health services at Health Facilities & household level.	0	200	78	256%
90% of trained HW certified (=70 HW)	0	132	70	189%
351 supporting/supervision visits implemented at HF level (9 visits/HF)	0	393	351	112%
90% of the HF (= 35) visited during the supporting/supervision visits scored sufficiently	0	0	35	N/A ¹⁴
19,845 pregnant women attend ANC	0	17,253	19,845	87%

"I have different knowledge and also am supporting the community"
HEW, HP

¹⁴ The assessment will be carried out on July 2017, jointly with the ZHO and the WoHO.

Indicator	Baseline	Cumulative Result	Target	% Achievement of target
6,615 skilled deliveries in the HF	0	7,856	6,615	119%

Project activities under this objective include supporting health facilities to provide quality of care through the training of Health Workers (BEmONC, IPLS), and Supportive supervision visits which included on-the-job training for Health Workers. These activities contributed to the capacity development of health workers and as a result an increase in their ability to provide maternal health services at health posts and household level.

Activities were monitored through supervision visits with the government, as well as monthly and annual review meetings. The results achieved under each of these activities are outlined in the Monitoring Framework in Appendix 8. Health workers outlined how the BEmONC training gave them the skills, confidence and ability to serve the mothers in their community. One midwife described how in the past she referred deliveries to the nearby hospital, now she can deal with most cases in her own health facility. This is also linked to Expected Result 4 where materials and equipment were supplied to health facilities to ensure they had the resources necessary to implement the learning from the BEmONC training (7 signal functions).

“Many changes, staff skills changed by many directions”
PHCU, HC

Expected Result 2: Supporting Regional and Zonal Health authorities in fostering cultural change of attitude towards maternal health fostered among women and within communities.

Based on the evidence gathered, on average this expected result was 117% achieved against its target.

Indicator	Baseline	Cumulative Result	Target	% Achievement of target
300 women trained on maternal health to become models for change	0	189	300	63%
90% of trainees (=270 women) certified as able to be model for change and ready to operate	0	187	270	69%
1 design project for IEC materials and 30 copies (1 for each WDA group) produced	0	1	1	100%
288 community dialogues implemented to foster the discussion among women and men in the promotion of maternal health.	0	296	288	103%
1200 women involved in the community activities	0	3,933	1,200	328%
150 Workshops with religious, political and village/clan/cultural leaders to gain political/religious support to the cultural change process (5 per HP)	0	84	150	56%
1 educational message spread through the media (ex. radio).	0	1	1	100%

¹⁵ The target was too ambitious (CCM feedback) and required the organisation of more workshops of smaller groups. At the time of the implementation, CCM realised that it was more convenient to have bigger groups and less frequent workshops. The highest possible number of influential leaders were involved, ensuring the engagement of both male and female leaders.

Project activities under this expected result included the training of community women to become models for change; the implementation of community dialogues across project woredas; involving women in community activities such as mother's conferences and workshops with religious, political and village/clan/cultural leaders to gain political/religious support to the cultural change processes.

"This organisation made us active even to know ourselves. We want this organisation in our village, our community"

WDA Member

Women interviewed described how their lives had changed because of the project. They are more knowledgeable, they share their challenges and discuss solutions with members of their community, and overall they are empowered. The women interviewed showed great leadership ability as they described teaching what they had learnt to members of their wider communities. Men interviewed also confirmed how their community now had greater knowledge, the health overall has improved, and some of them even accompany their wife to the health facility for ANC and delivery.

"Men's ideas are now different; some now come with their wife to ANC and delivery"

Midwife, HC

Expected Result 3: Community networks of health workers and women able to promote an on-going interaction among health actors and to identify actions leading to an increased access to the health care services.

Based on the evidence gathered, on average this expected result was 86% achieved against its target.

Indicator	Baseline	Cumulative Result	Target	% Achievement of target
30 community networks created, formed by Health Workers and women belonging to the community for each HP supported by the project.	0	28	30	93%
95% of community networks (=28) ready to operate and functioning	0	28	28	100%
720 monthly meetings of the community networks implemented (30 community networks for 24 months) in order to discuss difficulties and obstacles hindering the access to care and to identify interventions to overcome such barriers	0	272	720	38%
1 Operational research to analyse approaches and strategies of the community networks conducted and shared with stakeholders.	0	1	1	100%
Support emergency transport	0	1	1	100%

Project activities under this expected result included the formation and supervision of community networks; operational research to analyse the functioning of these community networks and supporting emergency transport to strengthen the referral system.

*"This organisation made us active even to know ourselves.
We want this organisation in our village, our community"*

WDA Member

Community networks were established across the 28 health posts included in the project. CCM involved many community actors including WDA, HEW, TBAs, local authorities and community leaders in the community network. The dialogues enabled the discussion of community challenges, and the identification of solutions (community-led) to address these challenges and enable an improvement of maternal health in the community. One example given during the focus groups was the development of traditional ambulances by community members which enabled the transfer of pregnant women to the main road where they reached the woreda ambulance.

The target of 720 community network meetings during the project was over-ambitious, and didn't take account of the time needed to setup and explain the network concept in advance of network meetings. The amount of network meetings in Meda Welabu woreda was less than expected and was impacted by the CCM staff turn-over in this woreda.

*"Before the Maternal Waiting Home wasn't
functional, now it is functional"*

Midwife, HC

CCM did not implement a new structure to facilitate the community network, but leveraged the existing community structures (Mother's Conference, WDA, Religious and Kebele leadership) to increase the awareness of maternal health issues in the community, which in turn increased the support of pregnant women. Midwives and HEWs attended the women's conferences to create awareness, and also to provide services (ANC, FP). The presence of the midwife also strengthened the connection between the health facility, health post and the community. The midwife also provided on-the-job training to the HEW during the conferences.

Women described how they now use the Maternal Waiting Home attached to the nearest health facility to overcome challenges of distance and transport. Mother's conferences supported all pregnant women in their community to use the Maternal Waiting Home, and some groups started savings schemes to provide food for the pregnant mother in the home, while others used the savings to give a gift to the mother on returning home after delivery.

Women highlighted Women Celebration Days during the focus groups and interviews. These were celebrations organised when women completed the first cycle of 12 Women's Conferences each with its own topic. Women displayed their certificates with pride during the evaluation. The celebration was used as an opportunity to increase awareness across the communities, and to promote delivery in health facilities, and the use of maternal waiting homes.

Due to the challenges highlighted earlier (topography, staff turnover, insecurity) monthly meetings of community networks were not always attended by CCM. However some community members reported that the meetings continued without CCM which contributes to the sustainability of the programme.

Expected Result 4: Authorities and health workers trained and able to ensure the provision of quality services, coordinate the activities of community networks and promote the sharing of outcomes and best practices

Based on the evidence gathered, on average this expected result was 148% achieved against its target. (Two final activities to be completed in August 2017 – see Monitoring Framework in Appendix 8)

Indicator	Baseline	Cumulative Result	Target	% Achievement of target
20 health workers and health authorities trained on coordination and supervision skills	0	80	20	400%
3 workshops (1 per year) held at the zonal level to share results and discuss issues concerning the activities of the health community networks	0	3	3	100% ¹⁶
1 publication exploring the project outcomes at regional level	0	1	1	100% ¹⁷
3 rounds of supplies and maintenance implemented	0	3	3	100%
8 quarterly monitoring visits of the target HF by the health authorities (for those in need)	0	3	8	38%

Project activities under this expected result included the training of health workers and health authorities on coordination and supervision skills; coordinating drugs supplies, and equipment across health facilities (Expired Drugs Committee established at health facility level in both woredas), and monitoring visits to health facilities by health authorities.

The involvement of health authorities in supervision visits will contribute to the sustainability of the project – checklists and action plans are in place for future use. The management of supplies and maintenance throughout the project was remarkable. Initially an assessment was done of all health facilities to determine what equipment was in each facility; followed by an exchange among facilities of different equipment, before any new equipment was purchased. This also contributed to the efficiency of the project.

“CCM strengthened the referral linkage in our woreda”
Woreda Health Office

The supervision used was joint supportive supervision which was initially supposed to include officials from the Zonal Health Office who were not always available, hence the achievement of 38% of the target. However joint supervision took place regularly with the woreda health office staff.

Expired Drugs Committees were established at health facility level to enable the disposal of expired drugs. Health workers were trained in IPLS which enabled the more efficient management of drugs across health facilities.

Challenges to reaching the monitoring target included the security situation outlined earlier, staff turnover at a woreda level and the limited planning of activities across zonal and woreda levels – for example meetings called at the last minute; activities changed at the last minute etc.

¹⁶A third workshop is planned for August 2017 leading to 100% achievement

¹⁷ Booklet due to be finished by end of August 2017, leading to 100% achievement

Impact

CCM has worked in the Bale Zone for more than 10 years, and based on feedback from beneficiaries and partners their presence and achievements are well recognized.

The overall impact of the activities undertaken is to achieve an improvement in the access to and quality of preventive and curative maternal services in the project workers. As highlighted in the effectiveness section above, skilled birth delivery increased to 51%; ANC 4 increased to 50%, PNC increased to 62% and the provision of family planning increased to 13%. Overall these indicators show that the project achieved positive impacts across the project woredas. A number of factors contributed to this achievement. These were highlighted during the evaluation and include:

- **CCM principles and ways of work.** CCM implements activities based on a number of principles including accountability and transparency; partnership; strengthening existing systems; strong monitoring and communication; efficiency and gender equality.
- CCM worked in **partnership** with the government and its activities aligned with existing government structures including the WDA, Women's Conference, Kebele leadership etc. The project also availed of opportunities to increase awareness of maternal health in churches, mosques etc.
- The community **dialogue methodologies** used by CCM throughout the community network activities were very effective, and enable community-led solutions to emerge from the discussions

"In our Kebele because of our awareness we now prepare traditional ambulance to carry women to the main road to meet the ambulance"
Man, Community Focus Group

- The **supportive supervision** activities reinforced the knowledge and learning of health workers. All health workers spoke positively of the regular visits, and the motivation and encouragement these provided as well as on the job training. CCM staff engaged hands on at facility level for example cleaning days in health facilities.
- CCM's **strong working relationships** with the woreda offices, and the health staff were very obvious during the evaluation, and contributed to a good working environment.
- CCM has a **deep understanding of the context** in which it operates, and maternal health issues. It leveraged this understanding and knowledge throughout the project.
- The **technical expertise** of CCM staff contributed to the overall impact for example community network methodologies; supervision etc.
- CCM implementation of **efficient ways of work** (outlined earlier) contributed to a deeper impact in the project areas. Resources were used wisely and effectively, and lessons were learnt by all stakeholders into how to make the most efficient use of all resources.
- The project focused on both **curative and preventative health** which strengthened its achievements. Increasing demand for maternal health services (based on increased community knowledge and awareness) needs to be fulfilled by a quality health service (trained and effective staff, adequate resources etc.) in order to achieve results.
- The project **involved religious leaders** when discussing culturally sensitive issues for example family planning. Religious leaders spoke at women's conferences on the issues relating to family planning.
- The project **deepened and strengthened relationships** between the health centres (through the mid wife) and the health post; between the health post and the community (through the HEW) and between the woreda officials and the health facilities (through supervision). This enabled stakeholders to work together to achieve a greater impact, and a continuum of care

for beneficiaries.

- **Women Celebration Days** and the awarding of certificates to participants in women's conferences motivated women to continue raising awareness and working with other community members to improve maternal health. Beneficiaries showed the evaluator their certificate with pride!

"I want to say that everything has changed after CCM"
WDA Leader

Evidence of impact

Beneficiaries described the impact of the project as follows:

- High impact; deep and long lasting (sustainable)
- Midwives reported increased confidence and ability due to stronger skills learnt from BEmONC training.
- Women delivering in health facilities. Women reported how delivering at home is now a taboo.
- Women are now using the maternal waiting home in their health facility to prepare for delivery.
- Women understand the importance of ANC, PNC and family planning.
- Health Workers reported how they can support their communities better through increase in skills, knowledge and confidence
- Mother's conferences enable women to discuss issues relevant to them, and to learn from other women.
- Community dialogue methodologies enabled community members to discuss issues and solutions to these issues.
- Women reported being supported by their husbands in family planning, delivery, ANC, PNC
- Increase in numbers using all health facilities
- Beneficiaries said their health had improved and they had more knowledge on health issues due to the project.
- Families were using family planning and so there was more spacing of children.

*As a midwife I am more confident, have more skills now.
 In the past I referred all cases, now I can deliver babies"*
Midwife, HC

"CCM opened our eyes as a community"
Man, Community Leader Focus Group

*"Thank you CCM. It shows ourselves and it shows us the
 light about ourselves"*
WDA Member

Indicators and Evidence gathered

Throughout the project CCM had a monitoring framework (Appendix 8) in place which included objectively verifiable indicators (OVI), targets and this was used to track progress. Data (ANC, PNC, deliveries and family planning) was gathered on a monthly basis from health facilities. This framework was reviewed at the monthly CCM staff meetings.

Stories of change were told by beneficiaries throughout the evaluation, for example a woman described how during her first pregnancy she hid her pain from the community and the mid wife, and delivered at home but the baby died. She has since increased her knowledge on maternal health through the mother's conference, and is now four months pregnant and attending ANC in her local health post. In the past she said she believed that one only went to the health facilities if one was sick, not for checkups.

Midwives interviewed outlined how confident they are now in maternal care due to BEmONC training and ongoing supportive supervision by CCM and the woreda health officials. Many described how their health facilities had some maternal health resources and equipment in place, but no staff member knew how to use them!

Threats to impact

A number of threats arose during the project which were dealt with by the project team.

- **Insecurity** – This is outlined in more detail in the effectiveness section. The project adapted through closing field offices and stopping activities during this time.
- **Communications** – Often the network is down, and so communication is difficult between the zonal office, and the field offices and within the project woredas. The project adapted through using letters to communicate between zonal/field office level and using local transport to take the letters to the field. Robust planning was also in place to ensure activities went ahead despite network issues.
- **Topography** – This is outlined in more detail in the effectiveness section. Some rivers were impassable in summer rain season (particularly in MW woreda).
- **Water shortage in health facilities** – Health staff reported the challenges of lack of water in health facilities. Where possible CCM supported the installing of water tanks in these facilities to alleviate the challenge.
- **Woreda Transport** – Woreda officials have insufficient transport to enable them to support health facilities appropriately. The project adapted through coordinating all health facility visits with the woreda offices.
- **Staff Turnover at health facility level** – Throughout the project staff moved from the project woredas to other locations. Currently there is no way to “tie in” staff who are trained by CCM. The skills will be transferred with them to another health facility. The project adapted by training more than one staff in each health facility, and on the job training.
- **Acute Watery Diarrhoea (AWD)** outbreak in project woredas during the project. Woreda and Health Facility staff focused on controlling the outbreak, and so could not attend as many supervision visits with CCM. CCM supported the control of the outbreak. Currently this outbreak is under control, but it remains to be seen whether it will re-emerge, hence the possible threat to impact.

CCM was adaptable and flexible throughout the project, and dealt with all threats as they arose. Some recommendations on staff turnover are included in the lesson learning and recommendations section.

Indirect positive and/or negative impacts

No negative impacts (direct or indirect) from the project were reported during the evaluation or concluded from the evaluation. A number of positive indirect impacts were highlighted. These are outlined below

- **Women's Empowerment**– Members of the WDA interviewed described how they were now knowledgeable, and wanted to continue to work for their community. Women described how before the project they did not have the opportunity to meet with other women and discuss issues and challenges. They described how culturally permission had to be sought from their husbands to attend any meetings. Now the mother's conference was seen as hugely beneficial by men and women in the community. The women spoke of going to other far away kebeles to teach women who the project may not have reached yet.
- **Community Empowerment** – Similar to the women empowerment community members spoke of how the community network enabled them to find community-led solutions to their challenges. This they said can solve many issues apart from maternal health and can strengthen our community.
- **Economic Empowerment** – many women's conferences have started savings schemes for coffee and also to support women delivering in health facilities by providing food while they are in maternal waiting homes, and presents after delivery.

"We are very far from the start; we have changed much"
WDA Member

Donor Coherence

CCM has regular communication with its donor, and this is largely the responsibility of the Desk Office. It is fully compliant with all donor requirements. This compliance did not have any impact on the project.

Progress of project interventions

The progress of project interventions towards its intended outputs is outlined in the effectiveness section with details in Appendix 8.

Sustainability

The beneficiaries displayed a high level of buy in and engagement in the project which is conducive to the long term sustainability of the benefits.

Likelihood of continuity after external support

The project is fully embedded in the local structures. At a government level this includes woreda and zonal structures. The health office at woreda level was engaged in the implementation of the project at all stages, and its capacity has been strengthened as a result. The health office at zonal level was engaged in the design and monitoring of the project throughout its lifetime. At health facility level the project was implemented by CCM in partnership with health workers and management (Mid Wives, Primary Health Care Unit Directors (PHCU), Pharmacological Staff and Health Extension Workers). The relationship between health centres, health posts and health officials was strengthened throughout the project. At community level the project was implemented using existing structures including the WDA 1 to 5 and 1 to 25 structures; women's conferences and kebele leadership structures.

“The outcome is not CCM, it is ours, CCM teach us, change our awareness; we will continue our activity and teach the next generation”
WDA Member

At **community level** the beneficiaries displayed a high level of buy in and engagement in the project which is conducive to the long term sustainability of the benefits. All beneficiaries outlined how they will continue the project after CCM exit. They will continue running mothers conferences sharing with other women, and continue to advocate for delivery in health facilities. Some women outlined how they will go to other kebeles that were not reached to educate women there.

“We know the strategy, have skills and experience, we will continue”
PHCU Director, Health Centre

At **health facility level** based on the findings of this evaluation, the capacity of health workers improved through trainings, means improved quality of care of mothers due to increased skills; greater confidence in their own ability; a greater understanding of benefits of improved skills; safe and clean delivery; improved PNC and ANC and stronger linkages with HEWs in health posts, and referral systems.

“CCM showed us one km, we made it a marathon”
Midwife, HC

The HEWs have also gained a greater understanding of the need to refer deliveries to Health Centres; greater connection with communities through WDA, Mother’s conference etc. and more confidence due to increased knowledge on key health issues. These benefits will be sustained if the HEWs and Health Workers remain in the project areas. Their knowledge and skills remain, and there is no indication that their practices will change. Midwives reported they will continue with the BEmONC 7 signal approach, and would also support the Mothers Conferences in the villages. PHCU Directors emphasized that the improved quality of care in their health centres will continue. HEWs outlined how they will continue to work with mother’s conferences, and WDA in their communities. If they are transferred and employed elsewhere, the skills are lost to the project community, but perhaps a benefit to their new community. A challenge to the sustainability will be the turnover of these staff, and the lack of resources available to train new staff. Concern was also expressed by all health workers around the continuation of supportive supervision, and the supply of essential drugs and resources to health facilities.

At **woreda and zonal levels** officials reported that the activities would be sustained as they were part of the government’s strategy. However concern was also expressed about the lack of resources to enable woreda officials to continue supportive supervision particularly in health facilities far from the woreda office.

Project phase out strategy

CCM has a phase out strategy in place – the details of which are outlined below:

- Discussions have been held at community level to date, and all beneficiaries are aware that the project is phasing out.
- Discussions will be held with the Ministry of Health to discuss the disposal of project assets.

Currently there is a difference between the charities regulator in Ethiopia and the donor's requirements re asset hand over. The donor requires that all project assets should be handed over to the implementing partners on project completion. This includes project vehicles which the charities regulator allows the implementing NGO to keep for as long as it is in the country.

- A final workshop will be held on the 23rd of August to evaluate all aspects of the project and to look at possible future plans. This workshop will be used as an opportunity to ask partners to commit themselves to maintain the improvements achieved through the project.
- The Regional Authorities will carry out their own evaluation at the end of August
- The financial aspects of the project will be audited by CCM in Turin
- The final report and accounts will be submitted to the Donor.
- Some project staff have been re-deployed within CCM, with ongoing discussions related to the remaining staff.

Obstacles hindering sustainability

A number of obstacles were highlighted during the evaluation. These include lack of resources (transport, funding) at the woreda level to continue project activities. The high turnover of staff at both a health facility level, and woreda office level will hinder sustainability. This was mitigated to some degree during the project by training more than one health worker in each health facility, but CCM had no influence on the transfer of woreda officials.

Institutional and Management Capacity

As outlined above, the project was embedded in local and institutional structures – at the community level, health facility level and government level. The project did not implement any activity which was not aligned with the government strategy and structure. The capacity of the project partners (government) was strengthened by the project through supervision, action planning, IPLS training etc. As outlined earlier the turnover of staff at woreda, zonal and health facility level is a challenge to sustainability.

A key factor that will influence the sustainability of the project is the alignment to government strategies and plans. The project is aligned with government goals and strategies. This ensures commitment even beyond the life of the project. There is a strong willingness from the government side to continue working on improving maternal health in this region; however limited resources will determine the activities possible.

New relationships were created and existing relationships were strengthened during project implementation. The link between the health post and the community through the HEW is much stronger. The HEW has been enabled to bring her skills and knowledge to the members of the community during mother's conferences and community dialogues. This relationship will continue after the project.

The link between the health centre and health post through the midwife is much stronger. This relationship brings knowledge and skills to the project – during mothers conferences the midwife can offer advice and services including ANC, PNC and family planning. This relationship will continue after the project (pending transport to the mother's conference).

Relationships between the woreda health officials and the health centres are stronger due to the supervision visits. These will continue, but the frequency of them depends on resources available.

Financial/Economic viability

Government budgets are available to implement its strategy and hence the results for improved maternal health. However these may not be sufficient to maintain all results (such as supervision, resources). Based on feedback these are not available except from potential NGOs. At the community level all mother and child health services are free at the health post and health centre

level. Health posts are located near communities so access is achievable by community members. Community members support women's transport to the health centre for delivery through "local ambulances". The maternity waiting home is supported by women's conferences through the provision of food and resources for women who are staying there.

EVALUATION CONCLUSIONS

Based on the findings of the evaluation overall the project has achieved its desired goals and objectives. The average achievement of the project objective against its target was 111%, and average achievement of project expected results against target were 125% with all expected reaching above 100% achievement except expected result three which reached an 86% achievement against target.

The project has also achieved success across the key areas of relevance, efficiency of implementation, effectiveness, efficiency, impact and sustainability.

The project was very relevant at the International, National and Community Level. The project objectives, and activities continue to be relevant in the Bale region. The project activities and outputs were consistent to achieving its overall goal. The causal relationship between activities, outcomes, objectives and the project goal is appropriate and relevant.

Based on the analysis of the monitoring and evaluation framework, triangulated with stakeholder feedback there is an increase in the access to preventive and curative maternal services in each of the project woredas. This was achieved through the creation and capacity development of community networks and mother's conferences in communities, and through the provision of quality primary services. This was validated by a 10% increase in the number of births attended by a skilled birth attendant; a 35% increase in women attended ANC; a 23% increase in PNC and a 100% increase in the proportion of health centres with availability of BEmONC.

Based on the analysis of the monitoring and evaluation framework, triangulated with stakeholder feedback the expected results of the project have been achieved.

Health workers were trained in BEmONC services, and are able to provide maternal health services at the health facility level. Through stronger relationships developed throughout the project between health centres, health posts, and the community, services including ANC and family planning as well as maternal health awareness have enabled maternal health services to be provided at the household level. There has been a cultural change of attitude towards maternal health within the project communities. The project strengthened the existing structures of the Women's Development Army (WDA), mother's conferences and worked with community leaders on raising maternal health awareness across communities. Community networks were developed around health posts which enabled communities to discuss challenges to maternal health, and develop community led-solutions. Health workers and health officials were trained on supervision and coordination of networks, and health services.

Community members have been enabled and empowered to advocate on issues of maternal health. Partnerships with government departments at Woreda and Zonal level have been strengthened, and the project strengthened the government's capacity to implement health programmes.

The project worked within existing government structures which enhanced its impact, and contributes to the sustainability of the project. Parallel systems were not put in place.

Unintended impacts of empowerment, increased self-esteem and confidence among direct beneficiaries contributed to the success of the project, and this has potential to spread wider and bring sustainable change. Integrating curative and preventative health produces stronger social

impacts and creates demand for the health services. The two sectors clearly overlap in the areas of health surveillance, health promotion and prevention of illness.

The project maintained a level of flexibility throughout enabled it to adapt to various challenges in its internal and external environment.

In terms of sustainability the feedback from all beneficiaries was that project activities would continue after the project ended. However there are concerns around the resources available at a facility and government level to enable supportive supervision, and the high staff turnover at facility level which leaves a gap in terms of BEmONC skills at the facility. At the community level, the activities are embedded in existing community structures, and community members will continue these after the project ends. Perhaps it is the community members who will support the health facility staff through ongoing engagement, and because now their expectations have changed – they expect a quality service to be delivered by the health facilities.

LESSONS LEARNT AND RECOMMENDATIONS

Lessons Learnt

A number of lessons were learnt throughout this project. These are outlined below.

- **Supportive Supervision** is essential following any training or capacity development programme. The supportive supervision of health facility staff after the BEmONC and IPLS training was key to the reinforcement of knowledge learnt, and also gave reassurance to the staff as they implemented their learnings in the health facility. The use of checklists and finding and agreed actions form focused the supervision for each health facility involved. It also strengthened the health staff's capacity in terms of action planning.
- **Efficiency** was mainstreamed throughout this project. Of particular note is the stock taking, and re-allocation of stock amongst health facilities before procurement of equipment took place. It ensured that the best use of resources was achieved, but also that the right message was delivered to health facility staff – efficiency is necessary across all organisations to enable the achievement of outcomes. The process of ongoing stock control of drugs and sharing drugs between centres also reduced costs, and the number of drugs going out of date.
- **The planning and monitoring system** used by the project was very effective. All stakeholders were clear on the process, and what their role was. It enabled efficient management of resources, and activities throughout the project despite the challenges encountered (for example poor communication network).
- The **alignment of the project implementing structure** with existing structures increased the efficiency, effectiveness and “buy-in” for the project. Community members understood the existing government structures, and culturally would follow these appropriately. It also prevented duplication of resources through setting up alternative structures.
- The **understanding of the local context and systems** also contributed to the success of this project. CCM have gained a lot of knowledge through working in the Bale Zone for over 10 years. This was leverage throughout the project during the needs assessment, activity design and implementation, and the day to day running of the project.
- **Turnover of key personnel** across the project was a big challenge. Recruitment processes take time, project activities are delayed, and as a result impact is reduced.

- **Locating Field Offices in the project woredas** was beneficial in a number of ways. It was very efficient in terms of resources. It created a trusted relationship between the community in the woreda and CCM, and also enabled CCM staff to understand the context and challenges of the community in which they were working.
- The **empowerment of women** as a result of this project was an unintended positive outcome. Women demonstrated their passion and commitment to improving maternal health across their community. Their leadership abilities were strengthened, and this will contribute to the ongoing improvement of maternal health across the project woredas. Perhaps this could be included in future project plans, and the involvement of women in project sustainability could be reviewed as a result.

Recommendations

- **Human Resources within CCM** – Consider implementing a database of potential staff in CCM to alleviate the pressure caused by staff turnover. As outlined earlier there was a high turnover of CCM staff throughout the project. It took a long time to recruit replacements which impacted project activities. An internal database within CCM that included potential staff who were contacted regularly (once a quarter or every 6 months) to check their availability would assist a Project Coordinator with recruitment.
- **Turnover of Staff** trained by CCM at facility level was also a challenge during the project. Consider the implementation of a “contract of commitment” when staff complete training. For example if there was a commitment given by staff to remain in the health facility for at least 2 years after training. This would enable the facility to benefit from the skills and knowledge learnt, and as a result achieve better outcomes.
- **Train the Trainers at zonal level** – Consider supporting the training of BEmONC trainers at zonal level. This would contribute to the availability of BEmONC trainings for all health staff throughout the zone.
- **Health Systems Strengthening Approach (HSS)** – This project focused on some of the building blocks of the HSS – Health workforce; Medical products & technologies; Service Delivery and Information and Research. Explore the possibility of working on the leadership and governance area in future projects. This would involve working with government officials at all levels – zonal, regional and woreda. The government has strategic policy frameworks in place, but often the oversight of them (supervision) needs strengthening. It also includes exploring partnerships across sectors in order to achieve a health goal.
- **Exit Strategy and Sustainability** – Consider innovative ways of strengthening sustainability in future projects:
 - Incorporate an income generation activity/economic empowerment activities to boost sustainability of project achievements.
 - Build into the project capacity building in fund development and proposal writing for government partners in particular to ensure that over and above the strategic support from partners, there is increased possibility to sustain activities even after the end of the project
 - Look into ways of partnering with other NGOs working in the same thematic areas and geographical locations to share resources or increase impact and cover more ground.

APPENDICES

- 1. Terms of reference,*
- 2. Documents reviewed*
- 3. Evaluation Schedule*
- 4. Key Informant Interviews*
- 5. Focus Groups*
- 6. Primary Data Collection Tools*
- 7. Evaluation Matrix*
- 8. Monitoring Framework Review*

APPENDIX 1 – TERMS OF REFERENCE

Consultancy Service for the final evaluation of the project

“Strengthening of the Network and Improvement of the Quality of Reproductive Health Services in Bale Zone (Oromia, Ethiopia)”

Comitato Collaborazione Medica (CCM)

Contract Title	Consultancy Service for the final evaluation of the project “Strengthening of the Network and Improvement of the Quality of Reproductive Health “(Services in Bale Zone (Oromia, Ethiopia
Reference	AID010135/CCM/ETH

Background information

CCM, Comitato Collaborazione Medica, is a non for profit nongovernmental organisation founded in 1968 in Turin, by a group of medical doctors from Piedmont Region in Italy.

Our key mission is to promote the right to health and ensure access to essential health care.

- We are a lay and independent organisation, guided by the values of solidarity, equity, non-discrimination and cultural respect
- We works through long term development projects, believing that health can be really promoted only with stable and durable interventions
- In case of natural disasters or epidemics in the areas where we work, we implements emergency interventions

In regards to Ethiopia, CCM is registered in the country since 1998. CCM projects in Ethiopia aims at contributing to the promotion of a good health and quality of life for the poor and vulnerable people in the most remote areas of the country.

CCM is currently implementing the project “Strengthening of the Network and Improvement of the Quality of Reproductive Health Services in Bale Zone (Oromia, Ethiopia)” started the 1st May 2014 and planned to be concluded the 31st August 2017.

The project is funded by the Italian Agency for Development Cooperation – AICS of Italian Ministry of Foreign Affairs and International Cooperation, CCM own funds and other donors.

The project aims at fostering and continuing the provision of technical, managerial and financial support to the Health Authorities of Bale Zone in the Oromia Region of the Federal Democratic Republic of Ethiopia, with the goal of contributing to increase the access, utilization and quality of health care for mothers and new-borns.

The general objective is to contribute to the improvement of maternal health in the Bale Zone.

The specific objective is to increase the access to preventive and curative maternal services through the involvement of networks of women and Health Extension Workers and through the provision of quality primary services.

In order to achieve the above-mentioned objectives by making women active in their search for preventive and curative services at health facilities, the project seeks to:

- strengthen the prevention and care system at primary level, improving the quality of services in the health facilities and in the community;
- increase women's trust in the health system and in the health workers, involving women's groups (WDA) in the promotion of maternal health;
- identify sustainable strategies to increase the access to services, by creating community health networks formed by women and health workers;
- reinforce the capacities of local health authorities by increasing their participation to the supervision of primary services and to the community coordination.
- The specific objective is meant to be achieved through four Expected Results (ER):

- ER 1) Health Workers trained and able to provide maternal health services at Health Facility and household level
- ER 2) Supporting Regional and Zonal Health authorities in fostering cultural change of attitude towards maternal health fostered among women and within communities
- ER 3) Community networks of health workers and women able to promote an on-going interaction among health actors and to identify actions leading to an increased access to the health care services
- ER 4) Authorities and health workers trained and able to ensure the provision of quality services, coordinate the activities of community networks and promote the sharing of outcomes and best practices

The expected results and the project objectives are planned to be achieved through several activities, including a preliminary needs assessment to ensure a proper planning of project activities; the training of health workers in maternal and child health and in the management of complicated pregnancies deliveries; the purchase of drugs and equipment; the creation of community networks involving Health Extension Workers, Women Development Army and supervisors; the implementation of awareness raising campaigns on MCH and the continuous capacity development of local stakeholders to ensure proper ownership of the project. The proposal, designed and developed in close collaboration with the local health authorities, is based on the results achieved during a previous project implemented in the same area, completed in August 2013, also financed by the Italian Ministry of Foreign Affairs and International Cooperation.

Suggested methodology

It is suggested that qualitative and quantitative techniques and internationally accepted scientific tools based on verifiable data and information collection are utilized. Through these data/information shall be both provided by the contracting authority upon his/her request and directly collected during the evaluation thanks to the collaboration with any responsible bureaus. The reliability of these sources can be subject to verification with any concerned entity, including the donor, local authorities, target health facilities, other stakeholders and service provider agencies. Also data from the existing HMIS adopted by the MOH, despite the shortcomings of the system, may give also an overview of the health services status in the area as baseline based on the logical frame work of the project document.

The evaluation techniques may include structured interviews, open-ended questionnaires, direct field observations, analysis and review of reference material and documents supplied by CCM in Bale, Addis Ababa and Torino (Italy). Secondary data sources may also be consulted when appropriate in the interest of final evaluation.

Other methodologies might be employed if considered necessary. Nevertheless, the final methodology designed by consultant should be discussed and agreed with CCM and, if needed, with the donor, before commencement of the evaluation.

In any case, the methodology should at least include:

- In-depth review of the project documents; progress technical, financial and activity reports including monitoring reports by the NGO, the Italian Development Cooperation etc.
- Field visits (direct observations) to project sites including focus group discussions and participatory assessment with the targeted beneficiaries, project staff, stakeholders, bureaus and local authorities, and collection of additional material through semi-structured interviews
- Briefing/debriefing meetings with all project stakeholders (the implementing NGO country office/the project team, local government partners at regional and district -"woreda"- levels, leaders of the respective beneficiary communities, other actors including NGOs, implementing similar actions in the intervention area)

Scope of the service

The service required is meant at producing the final evaluation of the project "Strengthening of the Network and Improvement of the Quality of Reproductive Health Services in Bale Zone (Oromia, Ethiopia)".

The objective of the evaluation is to fully review and assess the results achieved by the project during the period of implementation, as well as its impact and sustainability.

The external evaluation aims at getting a critical analysis on the project life cycle. It will therefore analyze and elaborate deeply on the strengths, weaknesses, opportunities, constraints and lessons learnt from the project, in order to:

- Evaluate the relevance of the action, compared to the project objective and to the assessed needs,
- Evaluate the efficiency in the utilization of the resources availed by the donor,
- Evaluate the effectiveness of the action carried out,
- Evaluate the impact of the project in the catchment area,
- Evaluate the sustainability of the project

Previous evaluation may be utilized subject to prior arrangement with CCM.

Your final evaluation should meet the following criteria:

Relevance and quality of design	
Level of relevance of the project	<p>Are the project overall and specific objectives consistent with, and supportive of Partner Government policies</p> <p>?How appropriate were the project objectives</p> <p>?Have the project activities been the best way to achieve the objectives</p> <p>?If not, which were the alternative options</p> <p>?Does the project still respond to the needs of the target groups</p> <p>?Have key stakeholders been involved in the design process</p>
Efficiency of implementation	
Availability/usage of means/inputs managed	<p>?How were the resources and budget used</p> <p>To what degree were inputs provided / available on time to implement activities from all parties involved</p> <p>?Were project resources managed in a transparent and accountable manner</p>
Parties' capacities in the project implementation	<p>?Have the parties been able to perform the responsibilities entrusted to it</p> <p>Details required: - How? Where? When? Which Strategies adopted? Interventions? Supervision? Monitoring & evaluation</p>
Effectiveness	
Project planned results achievement	<p>?Have the expected results been achieved</p> <p>?What is the quality of the results/services available</p> <p>?Have all planned target groups access to / using project results available</p> <p>To what extent has the project adapted to changing external conditions (risks and assumptions) in order to ensure benefits for the target groups</p> <p>If any unplanned negative effects on target groups occurred to what extent did the project management take appropriate measures</p> <p>?Were the activities carried out timely and effectively</p> <p>?Were the activities practiced on good principles and ethically</p>
Impact	
Direct impact prospects of the project at Overall Objectives level	<p>What was the overall impact of activities undertaken to target specific objectives highlighting the major contributory factors for positive and negative aspects</p> <p>?(What evidence is there that the project has had an impact and in which output(s)</p> <p>What indicators have been used and evidence gathered by the project team or other stakeholders to reach these conclusions (both quantitative and qualitative</p> <p>What were the threats? How have these been addressed? Could these have been addressed in a different way</p>
Project's indirect positive and/or negative impacts	<p>Have there been any unplanned positive impacts on the planned target groups or other non-targeted communities arising from the project? How did this affect the impact</p> <p>Do donor coherence, complementarity and coordination existed and had any indirect impact on the project</p> <p>What is the progress of the project interventions towards its intended outputs in the project logical framework</p>
Sustainability	
Target groups' level of ownership of the project	?How far the project is embedded in local structures
Prospective of continuity after the end of external support	?What is the likelihood that target groups will continue to make use of relevant results
Level of policy support provided Degree of interaction between project and policy level	<p>What is the perception of health counterparts in charge of phasing out of this project? What is their realistic opinion</p> <p>?What will happen to project activities when the project phases out</p> <p>?Are there any obstacles hindering project sustainability</p>

Project's contribution to institutional and management capacity	<p>How far is the project embedded in institutional structures that are likely to survive beyond the life of the project</p> <p>Are project partners being properly developed (technically, financially and managerially) for continuing to deliver the project's benefits/services</p> <p>Will adequate levels of suitable qualified HR be available to continue to deliver the project's stream of benefits</p> <p>Are there good relations with new or existing institutions and are there plans to continue with some or all of the project's activities</p>
Financial / economic viability	<p>If the services/results have to be supported institutionally, are funds likely to be made available? If so, by whom</p> <p>Are the services/results affordable for the target groups at the completion of project</p>

Expected Outputs

- Final consistent high quality evaluation report along with copy of tools used and an executive summary
- Soft copy of raw data
- Short report on the study approach, sampling technique, size and location and organization of field work
- All documents must be provided in soft copy

Users of the evaluation report

Main users of the evaluation will be:

- CCM and his counterparts
- Italian Agency for Development Cooperation – AICS

Timeframe

The evaluation shall be conducted and finalized before the 15th of August 2017 and the report must be submitted before 31st of August 2017.

The consultant has to planned to visit the project's areas between 1st August and 15th August 2017, for minimum 8 full days to be able to fulfill the activities planned.

Proposal submission

In response to these terms of reference, potential consultants are requested to submit a detailed technical and financial proposal outlining how they propose to address the evaluation objectives to the commissioning manager at CCM. The proposal should outline the following:

- Detailed evaluation methodology and approach
- Report outline and suggested content i.e. key section and areas under that sections that you envisage should be addressed by this evaluation
- Detailed Work plan
- The total budget for undertaking the work. Note that the budget must include all the logistic and support expenses (including possible per-diem). Please, note that the total amount on a budget for the consultant service is 6.000 €.
- On top of the 6.000€ for the consultant service, CCM will provide:
 - the transfer from Addis Abeba to Bale Zone by project vehicle
 - the transport in Bale Zone by project vehicle
 - accommodation in Bale Zone compounds
 - flight, insurance and visa
- Please, note CCM will provide the above facilitation for ONLY ONE consultant
- Consultants/firm should arrange their accommodation and local transports in Addis Abeba directly.
- CVs of evaluators, detailing qualifications and experience appropriate to the objectives above
- References of previous employers for similar work
- Portfolio of previous evaluations, preferable similar to the project presented

Required Qualifications/Expertise

The individual or team should have the following specific experiences and qualification

- In depth understanding of health system in developing countries, with a focus on maternal and neonatal issues
- At least 3-5 years of experience in development sector
- Consistent experience in conducting project evaluation for development and humanitarian projects (minimum 5 evaluations of NGOs projects, in Sub-Saharan countries)
- Experience in conducting qualitative and quantitative research
- Advanced degree in social sciences or MPH
- Excellent reporting and communication skills
- Capability to liaise among different relevant stakeholders at national and local level
- English mandatory (written and oral). Italian and Amharic will be considered as preferable requirement
- Working experience in Ethiopia and specifically Oromia Region is as preferable requirement

Evaluation criteria

The consultant proposal shall be evaluated against the following criteria

- a) Technical proposal
 - Adequacy and technical quality of the proposal for meeting TOR proposed scope and focus
 - Background and experience of the consultant firm and/or individuals
- b) Financial proposal
 - The total financial requirement of the consultant to carry out the task
 - Breakdown of the cost proposed activities as set forth in the TOR and the technical proposal of the consultant

Terms of payment

The consultants will receive remuneration under the following terms of payment, which will be based on the output of the work and not on the duration that it might take.

- 50 % of the total shall be paid upon signing of the contractual agreement
- 20% of total payment shall be paid upon submission of first draft report
- The remaining 30% shall be paid after CCM approval of the final report

Management structure

The Contracting Authority shall be represented by CCM project coordinator, also responsible for the provision of general technical support.

Information

Interested candidates should submit the all documents of point 7 to Mrs. Federica Morra, CCM HR Officer, e-mail: federica.morra@ccm-italia.org no later than Tuesday 11th July 2017 at 15.00 (CEST time zone).

Request for clarification can be submitted writing to the email address mentioned above.

APPENDIX 2 – DOCUMENTS REVIEWED

Ethiopian Information:

1. Ethiopian National Health Care Quality Strategy - Transforming the Quality of Health Care in Ethiopia - 2016 – 2020
2. MOH Health Sector Development Program IV 2010/11 – 2014/15
3. National Reproductive Health Strategy 2006-2015

CCM Information

4. CCM Strategic Plan 2015 – 2018
5. CCM Strategy Ethiopia 2014-2017
6. Smiles for African Mothers

Project Information

7. Bale Project Narrative 1st Sept 2014
8. Strengthening of Maternal and Child Health Services in Bale Zone, Oromia Region (Ethiopia) Final Evaluation Report 2013
9. Health Facility Assessment Report
10. Community Dialogue Booklet
11. Basic Skills of Community Facilitation
12. TOR Basic Facilitation Skills and Data Management for Health Extension Workers Training
13. IPLS Training Manual 2015
14. WDA Conferences, Community Network, Health Seeking Behaviours for Maternal Health. Applied Research in Harena Buluq and Meda Welabu (Bale Zone, Oromia Region)
15. Annual Project Report – Year 1
16. Annual Project Report – Year 2
17. Quarterly Report January – March, 2015
18. Quarterly Report April - June, 2015
19. Quarterly Report July - August, 2015
20. Quarterly Report September - November, 2015
21. Quarterly Report December 2015 – February 2016
22. Quarterly Report March - May 2016
23. Quarterly Report June - August 2016
24. Quarterly Report September - November 2016
25. Quarterly Report December 2016 – February 2017
26. Quarterly Report March - May 2017
27. Monthly Report for Project Monitoring – May 2016
28. Checklist for Health Centre
29. Checklist for Health Post
30. Findings and Agreed Action Plan Form

Project Monitoring and Evaluation

31. Logical Framework

32. Monitoring Tracker

33. OVI Monitoring Sheet

34. M&E Mission Report 2017

35. M&E Mission Report 2016

36. M&E Mission Report 2015

APPENDIX 3 - EVALUATION SCHEDULE

Date	Day	Location	Logistics	Details	Stakeholders	
30/07/2017	Sunday	Addis	Travel to Addis			
31/07/2017	Monday	Goba - CCM Guesthouse	Meeting with CCM Country Rep - Alessandro		Alessandro, CCM Country Representative	
			Travel to Bale, Overnight in CCM Guesthouse Goba			
01/08/2017	Tuesday	Angetu - CCM guesthouse	Travel Goba - Angetu		Bwham Adugna, Head Usman Hassen; Midwife; PHCN Director Teha Tujane Obse, PHCN Director Solomon Getahun, Supportive Supervision and Mentoring Officer for Harena Buluk Woreda	
			Stakeholder Engagement - Harena Buluq woreda	Woreda Health Office, Harena Buluq Woreda		
				Visit to Maraba Health Centre		
				Visit to Serbi Galo Health Centre		
02/08/2017	Wednesday		Stakeholder Engagement - Harena Buluq woreda	CCM Staff		
				Visit to Sieimal Health Post Focus Group - Sodu Welmel Kabele Visit to Anole Health Post Focus Group		
03/08/2017	Thursday	Bidire - CCM Guesthouse	Travel Angetu - Bidire	CCM Staff Visit to Angetu Health Centre Interview	Misra Jeslan, HEW 12 members (6 M, 6F) Asha Tafasa, Midwife, Angetu Health Centre 5 members (2M, 5F) Alemayeuu Bogzle; Community Network Officer for Harena Buluk Woreda Zinash Zewdie, Accelerated Midwife Kasim Gememo; PHCN Director	
			Stakeholder Engagement - Meda Walabu woreda	Meda Walabu Woreda Health Office		Amelework Tekiu Abay, Midwife, Dborso Health Centre Eshetu Zemen, Public Health Emergency Management Officer, Deputy Head
		Ware Health Centre			Ahmed Aciyi Yalcub, Midwife	
		Ware Health Post			Zara Taha, Health Extension Worker	
		Ware Health Centre			Adem Mama Ali, PHCU Director	
		Focus Group - Community Women			3 members	
		CCM Staff		Etabezahu Kiole; Supportive Supervision and Mentoring Officer for Mada Walabu Woreda		

04/08/2017	Friday		Stakeholder Engagement - Meda Walabu woreda	Abba Sirbr Health Post	Abdyaa Umera Baraii, Health Extension Worker Merdiya Hassen, Community Woman Focus Group (6 Women)
				CCM Staff	Yonas Teshome; Supportive Supervision and Mentoring Officer for Mada Walabu Woreda Desalegru Worku, Assistant Project Coordinator
05/08/2017	Saturday	Goba - CCM Guesthouse	Travel Bidire - Goba		
			Stakeholder Engagement - Goba	Zonal Health Office	Alemu Ayane, Zonal Health Office
				CCM Staff	Stefano Bolzonello, Project Coordinator
					Yusuf Kadir, General Assistant
					Giulia Lanzarini, Desk Officer
06/08/2017	Sunday		Review Meeting - Stefano, Desalegru and Giulia		
07/08/2017	Monday		Travel Goba - Addis		
			Flight Addis - Nairobi (19.30)		

APPENDIX 4 – KEY INFORMANT INTERVIEWS

	Stakeholder	Responsibility	Location
1	Alessandro Guarino	CCM Country Representative	Addis Ababa
2	Bwham Adugna	Head Woreda Health Department	Angetu, Harena Buluq Woreda
3	Usman Hassen	Midwife; PHCN Director	Maraba Health Centre
4	Teha Tujane Obse	PHCN Director	Serbi Galo Helath Centre
5	Solomon Getahun	Supportive Supervision and Mentoring Officer for Harena Buluk Woreda	Angetu, Harena Buluq Woreda
6	Misra Jeslan	Health Extension Worker	Sieimal Health Post
7	Asha Tafasa	Midwife, Angetu Health Centre	Anole Health Post
8	Alemayeeu Bogzle	Community Network Officer for Harena Buluk Woreda	Angetu, Harena Buluq Woreda
9	Zinash Zewdie	Midwife	Angetu Health Centre
10	Kasim Gememo	PHCN Director	Angetu Health Centre
11	Amelework Tekiu Abay	Midwife	Dborso Health Centre, Mada Walabu Woreda
12	Eshetu Zemen	Public Health Emergency Management Officer, Deputy Head	Med Welabu Woreda Health Office
13	Ahmed Aciyi Yalcub	Midwife	Ware Health Centre
14	Zara Taha	Health Extension Worker	Ware Health Post
15	Adem Mama Ali	PNCU Director	Ware Health Centre
16	Etabezahu Kiole	Supportive Supervision and Mentoring Officer for Mada Walabu Woreda	Bidire CCM Field Office, Mada Walabu Woreda
17	Abulgetur Asdurezak	Woreda Health Office Head	Bidire, Mada Walabu Woreda
18	Abdyaa Umera Baraii	Health Extension Worker	Abba Sirbr Health Post
19	Merdiya Hassen	Community Woman - Head of Orima Development Associaton in Village	Abba Sirbr Community
20	Yonas Teshome	Supportive Supervision and Mentoring Officer for Mada Walabu Woreda	Bidire CCM Field Office,

21	Desalegru Worku	Assistant Project Coordinator	Bidire CCM Field Office,
22	Yusuf Kadir	General Assistant (HR, Accounts)	CCM Zonal Office, Goba
23	Alemu Ayane	Zonal Health Office	CCM Zonal Office, Goba
24	Stefano Bolzonello	Project Coordinator	CCM Zonal Office, Goba
25	Giulia Lanzarini	Desk Officer	CCM Zonal Office, Goba

APPENDIX 5 – FOCUS GROUPS

Location	Focus Group	Participants		
		Total	Female	Male
Harena Buluq Woreda	1. Sodu Welmel Kabele Leaders	12	6	6
	2. Anole Health Post Focus Group	5	3	2
Mada Walabu Woreda	3. Community Women	3	3	
	4. Community Women	6	6	
Totals		26	18	8

APPENDIX 6 - PRIMARY DATA COLLECTION TOOLS

Key Informant Interview Guide

Introduction

At the beginning of each interview the following introductions are made, and permission sought:

- Introduction to Interviewer, Out of the Box and the Translator
- Introduction of Interviewees
- Permission to record the interview will be sought for the purposes of accuracy and not for sharing outside of Out of the Box

The following will be explained to each Interviewee:

- Objectives of the evaluation
- How the evaluation has been commissioned and managed by CCM
- Confidentiality – The Interviewees responses will be recorded (recorder, laptop, notebook) to enable evaluators to analyse the information. Permission will be asked for each method of recording, and the interviewee can opt-out. No part of the responses will be attributed to any individual or community. We may use quotes in report, but not attributing them to the interviewee.
- No incentives are provided for participating
- Participation is voluntary and the participant can quit the group or the interview at any time, and also can choose whether or not to answer questions put to them.
- CCM Staff will be responsible for any complaints about the process .
- The Interview should take no longer than an hour

Next steps after interview – explained at the end of each interview

- Out of the Box will take all their notes, recordings; analyse them and compile an evaluation report for CCM.
- There will be no further input needed from interviewees after the interview.
- Explanation of how the findings of the evaluation will be communicated to those interviewed.

Questions

- The following is a list of questions covering all of the evaluation criteria as outlined in the Terms of Reference. Each criteria has a number of key questions. A number of questions will be explored to answer each of the key questions, and input into the evaluation matrix indicators.
- For each interview a selection of questions will be asked under each criteria, depending on the stakeholder being interviewed.
- The sustainability and impact questions apply to all stakeholder groups.

Relevance and Quality of Design

Key question - Are the project overall and specific objectives consistent with, and supportive of Partner Government policies?

- What were the intended goals, outcomes and outputs of the project?
- In your opinion have the intended goals, objectives and outputs of the project been achieved? Can you share any examples?

- How do the project overall and specific objectives align with and support the Ethiopian Government policies?

Key question - How appropriate were the project objectives?

- To what extent do you think CCM understands the local context?
- Were you involved in the project design? Please describe your involvement?
- If so, how did STC's understanding of the local context feed into this design?
- How well aligned are the project activities and output with the Government's policy on health, particularly maternal and child health?
- How well aligned are the project activities and output with CCM's policy on health, particularly maternal and child health?
- Interviewer outlines original objectives of the project before asking the question - Do you think the objectives of the project are still relevant to communities in the project area? In what way?

Key Question - Have the project activities been the best way to achieve the objectives? If not, which were the alternative options?

- Have these objectives been achieved in this project? Give examples
- On reflection were the project activities appropriate given the objectives of the project?

Key Question - Does the project still respond to the needs of the target groups?

- What were the key health needs of the population in the project area (s) at the beginning of the project? What are the key health needs of the population in the project area (s) today?
- Are the overall project objectives relevant to the specific needs of the population in the project area?

Key Question - Have key stakeholders been involved in the design process?

- • Were you involved in the design phase of the project? If so how were the original needs considered during the design phase of the project? If not, based on your experience of the project were the needs of the population addressed by the project?

Efficiency of Implementation

Key Question - How were the resources and budget used?

- Were resources (financial, human, etc.) and other inputs used efficiently to achieve outcomes?
- How was budgeting managed throughout the project? Please give details?
- How were resources allocated throughout the project? Please give details
- How was the project implemented in your location? Describe.
- Do you think the project activities were implemented in the best way possible, given the local conditions and resources available? Please give details.

Key Question - To what degree were inputs provided / available on time to implement activities from all parties involved?

- For each year of the project were the inputs available on time? Please give details
- Did you encounter any challenges in achieving the outputs of the project on time according to the project plan? If so, please give details, and how these challenges were overcome

- How efficiently and timely has the project been implemented and managed in accordance with project plans? Please give details

Key Question - Were project resources managed in a transparent and accountable manner?

- In your opinion, were the project's resources managed in a transparent and accountable manner throughout the project?

Key Question - Have the parties been able to perform the responsibilities entrusted to it? Details required: - How? Where? When? Which Strategies adopted? Interventions? Supervision? Monitoring & evaluation?

- What structure was in place throughout the project?
- Were any challenges encountered during the project as a result of this structure? If so how were these mitigated? Please give details.
- How well was the project coordinated to enable it leverage the strengths of all stakeholders involved?
- As a stakeholder in this project do you think your strengths/experience were leveraged during the project? Please give details.
- During the project, can you recall any changes in your internal environment that impacted the project? Please give details. If positive what contribution did these changes make to the project? If negative how were these challenges mitigated?
- During the project, can you recall any changes in your external environment that impacted the project? Please give details. If positive what contribution did these changes make to the project? If negative how were these challenges mitigated?
- How was the project monitored throughout its lifecycle?

Effectiveness

Key Question - Have the expected results been achieved?

- What were the expected results of this project? Please give details.
- In your opinion what level of achievement of these results did the project reach? Please give details

Key Question - What is the quality of the results/services available?

- How would you rate the quality of the project results (Low, Medium or High)? Please give details

Key Question - Have all planned target groups access to / using project results available?

- How were beneficiaries selected? What criteria were used?
- In your opinion did the project activities reach all its target beneficiaries? Give details.
- Were any challenges encountered in reaching the target beneficiaries? Give details.
- Describe how these challenges were overcome by the project.
- During the project was there any factors which prevented people in your community accessing project activities/services? If so please give details? How were these factors dealt with by the project?
- How was the training of health workers and their ability to provide maternal health services at health posts and household level improved through project activities? Please give examples.

- Do you think there has been a change of attitude towards maternal health in your community? Please give details. What project activities contributed to this?
- Did other factors contribute to this change (if it exists)?
- In your community is there a network of health workers and women work together to increase access to health care for community members? Please describe
- Have you seen a change in the quality of service provided by health workers in your community/project woredas? If so please describe.
- What training did you receive throughout the project? Please describe
- What difference has this training made to your daily work? Can you see an impact in what you are achieving as a health professional as a result?
- How did the project activities and outputs contribute to the training of authorities and health workers and their ability to ensure the provision of quality services, coordinate the activities of community networks and promote the sharing of outcomes and best practices?

Key Question - To what extent has the project adapted to changing external conditions (risks and assumptions) in order to ensure benefits for the target groups?

- What factors (if any) arose during the project which influenced the achievement of the project objectives? Please give details (including details of how the project adapted to these factors)
- During the project were any challenges encountered which impacted the achievement of project objectives? If yes, please give details, and describe how these were dealt with during the project (including how the project activities were modified as a result to ensure the achievement of project outcomes.)

Key Question - If any unplanned negative effects on target groups occurred to what extent did the project management take appropriate measures?

- In your opinion what are the key changes (negative) for target groups/beneficiaries as a result of this project? Please give details?
- How did the project management deal with these changes?
- Thinking long term, what impacts (positive or negative) do you think this project has had in your family? Community? Health services or system etc.? (outcomes)

Key Question - Were the activities carried out timely and effectively?

- For each year of the project were the outputs achieved on time?
- How effectively and timely has the project been implemented and managed in accordance with project plans?

Key Question - Were the activities practiced on good principles and ethically?

- Have the project activities been implemented ethically and based on good principles. Please describe and give examples.

Impact

Key Question - What was the overall impact of activities undertaken to target specific objectives highlighting the major contributory factors for positive and negative aspects?

- Has there been any negative impacts of the project? If so please give details?

- What factors contributed to the impact of the project activities (positive or negative)? Please give details

Key Question - What evidence is there that the project has had an impact and in which output(s)?

- As a beneficiary describe how you, your family and your community have benefited from this project?
- Do you think these benefits will continue into the future? Please give details.
- Can you give examples of how you think beneficiaries will implement the skills/knowledge/learning and experience gained through their involvement in the project?

Key Question - What indicators have been used and evidence gathered by the project team or other stakeholders to reach these conclusions (both quantitative and qualitative)?

- What evidence supports the impacts outlined (positive or negative)? Please give details

Key Question - What were the threats? How have these been addressed? Could these have been addressed in a different way?

- Please describe any threats/challenges/constraints that affected the project's impact for the period 2013-2017?
- How were these addressed during the project?
- In your opinion could they have been addressed in a different way?

Key Question - Have there been any unplanned positive impacts on the planned target groups or other non-targeted communities arising from the project? How did this affect the impact?

- Describe the positive impacts this project has had on yourself, your family, your community.

Key Question - Do donor coherence, complementarity and coordination existed and had any indirect impact on the project?

- How did the project comply with donor requirements throughout its lifetime? Please give details.
- Describe any impact on the project caused by compliance with donor requirements.

Key Question - What is the progress of the project interventions towards its intended outputs in the project logical framework?

- What is the level of achievement of project outputs?

Sustainability

Key Question - How far the project is embedded in local structures?

- How did the project align with the activities of the local structures (Health structures in particular)?
- Were new structures put in place, or the project avail of existing structures? Please give details.

Key Question - What is the likelihood that target groups will continue to make use of relevant results?

- In your opinion how will the target groups implement the skills/knowledge/learning and experience gained through their involvement in the project?

Key Question - What is the perception of health counterparts in charge of phasing out of this project? What is their realistic opinion?

- How will the project phase out?
- Do you think the local authorities/partners are in a position to continue the services introduced by the project? Please give details
- Does CCM have an exit strategy? If so, please give details

Key Question - What will happen to project activities when the project phases out? Are there any obstacles hindering project sustainability?

- Will project activities continue after the life of the project? If so in what way?
- How will the project activities be sustained? Please give details.

Key Question - How far is the project embedded in institutional structures that are likely to survive beyond the life of the project?

- How did the project align with institutional structures (local government)?
- Were these structures strengthened in any way by the project? Please give details.
- How have local partners developed their capacities during the project? Will this increased capacity enable them to continue the project, or do gaps exist?
- Do you think the local authorities/partners are in a position to continue the services introduced by the project? Please give details

Key Question - Are project partners being properly developed (technically, financially and managerially) for continuing to deliver the project's benefits/services?

- How have the local partners involved in the project been strengthened? What gaps exist in their capacity (technical, institutional)?

Key Question - Will adequate levels of suitable qualified HR be available to continue to deliver the project's stream of benefits?

- Within the local partners, are skilled personnel available who will be able to continue to deliver project activities and benefits? Please give details.
- What gaps, if any exist? Please give details

Key Question - Are there good relations with new or existing institutions and are there plans to continue with some or all of the project's activities?

- How have relationships been created and/or strengthened between implementers during this project? Please give details?
- Do you think that these relationships will remain after CCM exit? Can you give examples of how you think this will take place?

Key Question - If the services/results have to be supported institutionally, are funds likely to be made available? If so, by whom?

- In your opinion how can the project achievements be sustained? What resources are needed? Do you know the availability of these resources? If so, please give details.

Key Question - Are the services/results affordable for the target groups at the completion of project?

- How affordable are the services offered to target groups? Please give details

Focus Group Discussion Guide

Introduction

At the beginning of each focus group the following introductions will be made, and permission sought:

- Introduction to Interviewer, Out of the Box and the Translator
- Introduction of Interviewees
- Permission to record the interview will be sought for the purposes of accuracy and not for sharing outside of Out of the Box

The following will be explained to each participant:

- Objectives of the evaluation
- How the evaluation has been commissioned and managed by CCM
- Confidentiality – The Interviewees responses will be recorded (recorder, laptop, notebook) to enable evaluators to analyse the information. No part of the responses will be attributed to any individual or community. We may use quotes in report, but not attributing them to the interviewee.
- No incentives are provided for participating
- Participation is voluntary and the participant can quit the group at any time, and also can chose whether or not to answer questions put to them.
- Out of the Box will take all their notes, recordings; analyse them and compile in an evaluation report for CCM.
- CCM Staff will be responsible for any complaints about the process.
- This Focus Group will take one hour.

Next steps – explained at the end of each focus group discussion

- There will be no further input needed from participants after the discussion
- Explanation of how the findings of the evaluation will be communicated.

Questions

- The following is a list of questions covering all of the evaluation criteria as outlined in the Terms of Reference. Each criteria has a number of key questions. A number of questions will be explored to answer each of the key questions, and input into the evaluation matrix indicators.
- The actual questions asked under each criteria will depend on the particular focus groups.

Relevance and Quality of Design

Key question - Are the project overall and specific objectives consistent with, and supportive of Partner Government policies?

- What is the purpose of your group? Describe the types of activities you are involved in
- How has your community benefited from the CCM project? Give details?

Key question - How appropriate were the project objectives?

- Were you involved in the design of project activities in any way? If so please describe?
- What were the key health needs of the population in your community before the project started?
- In your opinion were any of these needs met during the project?
- If the project was starting today in your community, would the activities still be appropriate/relevant? What would you change?
- Reflecting on when the project was first introduced by CCM, what were your expectations at that time? Have these been met?

Key Question - Have the project activities been the best way to achieve the objectives? If not, which were the alternative options?

- On reflection were the project activities appropriate given what the project was trying to achieve?
- Do you think that the project activities made a difference to maternal health in this region? In what way? Please give details.

Key Question - Does the project still respond to the needs of the target groups?

- What were the key health needs of the population in the project area (s) at the beginning of the project? What are the key health needs of the population in the project area (s) today?
- Would the project be still relevant to your community today?

Key Question - Have key stakeholders been involved in the design process?

- Were you involved in the design phase of the project? If so how were the original needs considered during the design phase of the project? If not, based on your experience of the project were the needs of the population addressed by the project?

Efficiency of Implementation

Key Question - Were project resources managed in a transparent and accountable manner?

- In your opinion, were the project's resources managed in a transparent and accountable manner throughout the project? Please give details
- How did you receive updates / information throughout the project about activities and resources?
- What are the key learnings for you from this project?

Effectiveness

Key Question - Have the expected results been achieved?

- Before the project began what were your expectations of what would be achieved by the project? Please give details
- Were these expectations fulfilled? Please give details

Key Question - What is the quality of the results/services available?

- How would you rate the quality of the project results (Low, Medium or High)? Please give details

Key Question - Have all planned target groups access to / using project results available?

- How were people in your community selected for the project?
- Was everyone in your community included in the project? If not, do you know why some were excluded?
- Were there some groups of people excluded from the project? Please give details.
- In your opinion did the project activities reach all its target beneficiaries? Give details.
- Were any challenges encountered in reaching the target beneficiaries? Give details.
- Describe how these challenges were overcome by the project.
- During the project was there any factors which prevented people in your community accessing project activities/services? If so please give details? How were these factors dealt with by the project?
- How was the training of health workers and their ability to provide maternal health services at health posts and household level improved through project activities? Please give examples.
- Do you think there has been a change of attitude towards maternal health in your community? Please give details. What project activities contributed to this?
- Did other factors contribute to this change (if it exists)?
- In your community is there a network of health workers and women work together to increase access to health care for community members? Please describe
- Have you seen a change in the quality of service provided by health workers in your community/project woredas? If so please describe.
- What training did you receive throughout the project? Please describe
- What difference has this training made to your daily work? Can you see an impact in what you are achieving as a health professional as a result?
- How did the project activities and outputs contribute to the training of authorities and health workers and their ability to ensure the provision of quality services, coordinate the activities of community networks and promote the sharing of outcomes and best practices?

Key Question - To what extent has the project adapted to changing external conditions (risks and assumptions) in order to ensure benefits for the target groups?

- During the project were any challenges encountered which impacted the achievement of project objectives? If yes, please give details, and describe how these were dealt with during the project (including how the project activities were modified as a result to ensure the achievement of project outcomes.)

Key Question - If any unplanned negative effects on target groups occurred to what extent did the project management take appropriate measures?

- In your opinion what are the key changes (negative) for target groups/beneficiaries as a result of this project? Please give details?
- When you reflect over the last 4 years, what group achievements are you most proud of? Give details
- In your opinion has there been any changes in your wider community as a result of the project? Please describe?
- Thinking long term, what impacts (positive or negative) do you think this project has had in your family? Community? Health services or system etc.? (outcomes)

Impact

Key Question - What was the overall impact of activities undertaken to target specific objectives highlighting the major contributory factors for positive and negative aspects?

- Has there been any negative impacts of the project? If so please give details?
- In your opinion what factors contributed to the impact of the project? Please give details.

Key Question - What evidence is there that the project has had an impact and in which output(s)?

- As a beneficiary describe how you, your family and your community have benefited from this project?
- Do you think these benefits will continue into the future? Please give details.
- How do you think you as a beneficiary will implement the skills/knowledge/learning and experience gained through their involvement in the project?

Key Question - What were the threats? How have these been addressed? Could these have been addressed in a different way?

- Please describe any threats/challenges/constraints that affected the project's impact for the period 2013-2017?
- How were these addressed during the project?
- In your opinion could they have been addressed in a different way?

Key Question - Have there been any unplanned positive impacts on the planned target groups or other non-targeted communities arising from the project? How did this affect the impact?

- Describe the positive impacts/changes this project has had on yourself, your family, your community.

Sustainability

Key Question - What is the likelihood that target groups will continue to make use of relevant results?

- How will you implement the skills/knowledge/learning and experience gained through their involvement in the project?

Key Question - If the services/results have to be supported institutionally, are funds likely to be made available? If so, by whom?

- Has your capacity been strengthened in any way? Are there things you can do now as a group that you couldn't do before the project?
- What will you do when CCM end the project? Will your activities continue? Do you have plans for the future?

Key Question - Are the services/results affordable for the target groups at the completion of project?

- How affordable are the services offered to target groups? Please give details

APPENDIX 7 – EVALUATION MATRIX

Key Question (TOR)	Key questions/issues to be explored	Indicators & any issues or considerations	Evidence Gathered
RELEVANCE AND QUALITY OF DESIGN			
<p>Are the project overall and specific objectives consistent with, and supportive of Partner Government policies?</p>	<ul style="list-style-type: none"> • What were the intended goals, outcomes and outputs of the project? • How do the project overall and specific objectives align with and support the Ethiopian Government policies? 	<ul style="list-style-type: none"> • List of goals, objectives and outputs for the project • Perception of key stakeholders and representatives of CCM with respect to the alignment of policies and strategies with specific project approach and activities 	<p>The general objective is to contribute to the improvement of maternal health in the Bale Zone. The specific objective is to increase the access to preventive and curative maternal services through the involvement of networks of women and Health Extension Workers and through the provision of quality primary services.</p> <p>Project Strategy:</p> <ul style="list-style-type: none"> • strengthen the prevention and care system at primary level, improving the quality of services in the health facilities and in the community; • increase women's trust in the health system and in the health workers, involving women's groups (WDA) in the promotion of maternal health; • identify sustainable strategies to increase the access to services, by creating community health networks formed by women and health workers; • reinforce the capacities of local health authorities by increasing their participation to the supervision of primary services and to the community coordination. <p>Expected Results:</p> <ul style="list-style-type: none"> • ER 1) Health Workers trained and able to provide maternal health services at Health Facility and household level • ER 2) Supporting Regional and Zonal Health authorities in fostering cultural change of attitude towards maternal health fostered among women and within communities • ER 3) Community networks of health workers and women able to promote an on-going interaction among health actors and to identify actions leading to an increased access to the health care services • ER 4) Authorities and health workers trained and able to ensure the provision of quality services, coordinate the activities of community networks and promote the sharing of outcomes and best practices <p>The Ethiopian Government's Health Sector Transformation Plan 2015/16 - 2019/20 outlines the government's priorities in health including reproductive, maternal, newborn, child, adolescent health and nutrition. The Ethiopian Government's National Reproductive Health Strategy 2006-2015 identifies six priority areas including fertility and family planning and maternal and newborn health. This project aligns with both these Government Strategies.</p> <p>The project also aligns with the Millennium Development Goals 4 and 5 (in year 1 and 2), and Sustainable Development Goals (SDGs) 3 and 5 in year 3 and 4.</p>

Key Question (TOR)	Key questions/issues to be explored	Indicators & any issues or considerations	Evidence Gathered
How appropriate were the project objectives?	<ul style="list-style-type: none"> • What understanding does CCM have of the local context? • How was this understanding applied to developing the project objectives? • Were the project objectives appropriate given the local context, and the needs of the local population? • To what extent are the objectives of the project still valid? 	<ul style="list-style-type: none"> • Evidence of contextual knowledge and analysis being included in project development • Evidence of the appropriateness of the project objectives • Degree to which the objectives of the project are still relevant to the population in the project areas; and to the overall goals of the health strategy in Ethiopia 	<ul style="list-style-type: none"> • CCM has a deep understanding of the local context, given its location in the Bale Zone for over 10 years. It applied this knowledge to the original needs analysis for this project. • All stakeholders interviewed agreed that the objectives of the project were appropriate given the health needs of the Bale region, and the Government Strategy of Ethiopia. • Women described how women died in child birth before the project, and how they didn't understand the importance of skilled delivery. • Objectives remain relevant to this region and the overall goals of the health strategy in Ethiopia. The reduction of maternal, neonatal and child morbidity & mortality is one of the indicators that the Ethiopian Government is using to measure the success of its first strategic pillar - Excellence in health service delivery. The Zonal and Woreda health offices confirmed this.
Have the project activities been the best way to achieve the objectives? If not, which were the alternative options?	<ul style="list-style-type: none"> • Have these objectives been achieved in this project? Give examples • On reflection were the project activities appropriate given the objectives of the project? 	<ul style="list-style-type: none"> • Degree to which planned objectives were achieved against targets set initially. • Degree to which the project activities contributed to the achievement of project objectives. 	<ul style="list-style-type: none"> • Achievement of planned objectives is outlined in the Monitoring Framework Analysis. • All feedback indicates that the activities were the best way to achieve the objectives. All activities were connected. • By focusing on both the clinical and public health side of the health system, the quality of the services was improved, as well as the health seeking behavior of the community (and hence demand for services increased).
Does the project still respond to the needs of the target groups?	<ul style="list-style-type: none"> • Are the overall project objectives relevant to the specific needs of the population in the project area? 	<ul style="list-style-type: none"> • List of health needs of population in project area 	<p>Needs as described by project stakeholders in advance of the project:</p> <ul style="list-style-type: none"> • Mothers died in their home after or during childbirth • Families had many children with little spacing between them. • Children were not immunized • Health posts were not used • Health facilities did not have sufficient equipment and qualified staff. • Maternal Waiting Homes not in use, and poorly equipped <p>Relevance of project objectives: The target beneficiaries were primarily women and children, and indirectly men/entire community. The project continues to meet their needs through:</p> <ul style="list-style-type: none"> • Awareness raising (mothers conferences, community dialogue/networks) • Health worker capacity development • Health Extension Worker Capacity Development • Supervision of Health Centres and Health Posts • IPLS Training (Stock Management & Control) • Maternal Waiting Home support • Support with essential equipment and resources to support an improvement in MCH

Key Question (TOR)	Key questions/issues to be explored	Indicators & any issues or considerations	Evidence Gathered
Have key stakeholders been involved in the design process?	<ul style="list-style-type: none"> How were the needs of stakeholders included in project design? 	<ul style="list-style-type: none"> Evidence of needs assessment in local areas as part of the project design phase. Linkage between these health needs and project objectives 	<ul style="list-style-type: none"> The project followed on from a previous project during 2013/2012 on MCH in the Bale Zone. The current project was designed by CCM in partnership with the Zonal and woreda offices. MCH was a primary focus for the Zone, and the needs as outlined previously fed into the project design. Originally the project was to be implemented in 8 woredas, and to focus on training health workers. Following discussions at regional level it was agreed to implement the project in two woredas, but with a deeper engagement using existing community structures.
EFFICIENCY OF IMPLEMENTATION			
How were the resources and budget used?	<ul style="list-style-type: none"> Were resources (financial, human, etc.) and other inputs used efficiently to achieve outcomes? 	<ul style="list-style-type: none"> Comparison of Actual versus budgeted on all inputs. Evidence of application of value for money principles 	<ul style="list-style-type: none"> The total project budget for the project was 1,290,871.68€ and at the time of evaluation %90.47 of the budget had been spent with one month left to the end of the project. Based on feedback to date, the resources and budget were used efficiently and Value for Money principles applied. <p>Examples:</p> <ul style="list-style-type: none"> Stock take of all facilities before purchasing any inputs Sharing out excess stocks Sharing out excess drugs Field offices located in both woredas Procurement System – 3 quotes, procurement committee in place etc. ensuring value for money, and quality
To what degree were inputs provided / available on time to implement activities from all parties involved?	<ul style="list-style-type: none"> For each year of the project were the inputs available on time? Please give details How efficiently and timely has the project been implemented and managed in accordance with project plans? 	<ul style="list-style-type: none"> Extent of delays (if any) with project inputs List of reasons for delays/inefficiencies List of factors contributing to the achievement of project outputs 	<ul style="list-style-type: none"> No reported delays in procurement (Insecurity delayed activities, but not the process as such) All feedback indicated that this was the case <p>Factors contributing to achievement of project outputs:</p> <ul style="list-style-type: none"> Relationship with Government at woreda and zonal level Expertise of CCM staff – skills and knowledge of local context Alignment of objectives with government strategy Use of existing government structures in community for example women's conference. Follow up on trainings/Supervision Visits Community dialogue methodologies used Focus on clinical and public health (part of health systems strengthening approach)

Key Question (TOR)	Key questions/issues to be explored	Indicators & any issues or considerations	Evidence Gathered
<p>Were project resources managed in a transparent and accountable manner?</p>	<ul style="list-style-type: none"> Were the project's resources managed in a transparent and accountable manner throughout the project? 	<ul style="list-style-type: none"> Evidence of transparency and accountability at a community level, throughout the project. (Evidence of feedback mechanisms, involvement in MEAL processes) Evidence of transparency and accountability at a partner level throughout the project. (Evidence of feedback mechanisms, involvement in MEAL processes, sharing of data, joint planning processes) Evidence of transparency and accountability at an organisational level throughout the project. (Evidence of feedback mechanisms, involvement in MEAL processes, sharing of data, joint planning processes) Evidence of transparency and accountability at a donor level throughout the project. (Evidence of feedback mechanisms, sharing of data) 	<p>Community Level Transparency:</p> <ul style="list-style-type: none"> Field Offices based there – staff living there, were part of the community. Women's Conference meeting calendar shared at the beginning of the year, and visible in each Health Post. At the beginning of the project, there were community meetings at each Health Post to discuss the purpose of CCM and the project. Women and men attended. Everyone was informed and openly discussed the project. The community appointed a women's representative to come once a year to a review meeting with CCM, Woreda etc. – feedback and sharing. Community Dialogue – same process; CCM traveled from Kebele to Kebele explaining the concept to the community, and asking if they wanted to be involved. "Bible" is community meetings and not the project documents – community's inputs, feedback hugely important. Women's celebration – t the end of 1 year of women's conference – celebrate, award certificates, feedback and discussion on the way forward – continue etc. <p>Partner Level Transparency:</p> <p>Woreda Level</p> <ul style="list-style-type: none"> Very close relationship with woreda offices in both woredas – daily meeting. Once a year a workshop was held in Goba for the woreda officers and the Health Centre Directors. This was an update on the project (given by CCM staff), and discussions/feedback. At Field Level, monthly meetings to gather data from woreda – time for updates and feedback <p>Zonal Level</p> <ul style="list-style-type: none"> Quarterly updates given to zonal office Zonal office attended annual meeting in Goba Zonal office. <p>Organisational Level Transparency:</p> <ul style="list-style-type: none"> Monthly team meetings at zonal level All staff come for 2 days per month Share past month, feedback and plan for coming month <p>Donor Level:</p> <ul style="list-style-type: none"> Annual reports to donor Ongoing communications (via Desk Officer) when things change/updates Field Visit to Bale in May/June 2017

Key Question (TOR)	Key questions/issues to be explored	Indicators & any issues or considerations	Evidence Gathered
<p>Have the parties been able to perform the responsibilities entrusted to it? Details required: - How? Where? When? Which Strategies adopted? Interventions? Supervision? Monitoring & evaluation?</p>	<ul style="list-style-type: none"> What structure was in place throughout the project? Were any challenges encountered during the project as a result of this structure? If so how were these mitigated? 	<ul style="list-style-type: none"> Details of project structure in place throughout the project. Types of challenges encountered, and if these challenges were mitigated throughout the project 	<p>Project structure</p> <ul style="list-style-type: none"> Main office at zonal level in Goba; 2 Field offices in each of the project woredas <p>Challenges</p> <ul style="list-style-type: none"> Turnover of staff – mitigated by recruiting new staff, but length of time for replacement etc. remained a challenge. Topography – mitigated by locating the field offices in each of the project woredas. Insecurity – mitigated by closing field offices during this time, and locating the team at zonal head office.
	<ul style="list-style-type: none"> How well was the project coordinated to enable it leverage the strengths of all stakeholders involved? 	<ul style="list-style-type: none"> Evidence of partner meetings, reporting and communications Evidence of any partnership challenges that emerged during the project and how these were managed. Evidence of how the strengths of each partner/stakeholder were leveraged during the project. 	<p>Partner Meetings, Reporting and Communications</p> <ul style="list-style-type: none"> Woreda meetings daily with Field Staff At Field Level, monthly meetings to gather data from woreda – time for updates and feedback Once a year a workshop was held in Goba for the woreda officers and the Health Centre Directors. This was an update on the project (given by CCM staff), and discussions/feedback. <p>Partnership Challenges</p> <ul style="list-style-type: none"> High turnover of staff at woreda and facility level. This was managed by CCM re-introducing itself to new staff, and on the job training particular for health staff. <p>Leveraging strengths</p> <ul style="list-style-type: none"> Woreda staff accompanied CCM on all supervision activities, all follow ups etc. This enabled both partners to learn from each other. Government structures enabled CCM to reach the community – through mother’s conferences, WDA etc. <p>Overall the project was coordinated efficiently and effectively; strong relationships were developed throughout the projects; communication was transparent; and capacity development of all project stakeholders was integrated into project activities.</p>

Key Question (TOR)	Key questions/issues to be explored	Indicators & any issues or considerations	Evidence Gathered
<p>Have the parties been able to perform the responsibilities entrusted to it? Details required: - How? Where? When? Which Strategies adopted? Interventions? Supervision? Monitoring & evaluation?</p>	<ul style="list-style-type: none"> Was the project able to adapt to changes in both its internal and external environments? 	<ul style="list-style-type: none"> Stakeholders (Government, CCM Staff, Health Facility Staff), give examples of any external factors that may have impacted the project and outline ways that the project activities were modified as a result to ensure the achievement of project outcomes. CCM Staff give examples of any internal factors that may have impacted the project and outline ways that the project activities were modified as a result to ensure the achievement of project outcomes. 	<p>External factors</p> <ul style="list-style-type: none"> Insecurity – The project adapted through closing field offices and stopping activities during this time. Communications – Often the network is down, and so communication is difficult. The project adapted through using letters to community between zonal/field office level and using buses to transport the letters to the field. Topography - Rivers impassable in summer rain season; mountains; remoteness. The project adapted through locating field offices and project vehicles in each of the project woredas. Water shortage in health facilities – where possible CCM supported the installing of water tanks in these facilities. Woreda Transport – woreda officials have insufficient transport to enable them to support health facilities appropriately. The project adapted through coordinating all health facility visits with the woreda offices. Staff Turnover at health facility level – currently there is no way to “tie in” staff who are trained by CCM. The skills will be transferred with them to another health facility. The project adapted by training more than one staff in each health facility, and on the job training. Acute Watery Diarrhea (AWD) outbreak in project woredas during the project. Woreda and Health Facility staff focused on controlling the outbreak, and so could not attend as many supervision visits with CCM. CCM supported the control of the outbreak. <p>Internal Factors</p> <ul style="list-style-type: none"> Staff turnover in CCM was a challenge during the project. Handovers were done, and every effort was made to replace the staff as soon as possible.
	<ul style="list-style-type: none"> How was the project monitored throughout its lifecycle? 	<ul style="list-style-type: none"> Evidence and details of project monitoring in place 	<ul style="list-style-type: none"> The project was monitored using its object verifiable indicators (OVI) on a monthly basis. Each task was tracked by the Project Coordinator using a tracking spreadsheet on a monthly basis. This in turn fed into the OVI monitoring sheet. Staff reported on a monthly basis to the Project Coordinator – during the monthly meetings in Bale, staff reported the activities completed, challenges that arose etc. Together the team viewed their progress, and worked together to plan the next month’s activities in each of the project woredas. This work plan and an objective verifiable indicators (OVI) form are shared by the Project Coordinator with the CCM Country Representative on a monthly basis and with CCM HQ level (Desk Officer) on a quarterly basis. The Work Plan is also the basis for the preparation of the monthly fund request. Quarterly reports were also shared with the zonal office, and annual meetings were attended by woreda officials, WDA representatives etc. Monthly supervision of health facilities, and development of action plans with health facility staff enabled regular monitoring at health facility level.

Key Question (TOR)	Key questions/issues to be explored	Indicators & any issues or considerations	Evidence Gathered
EFFECTIVENESS			
Have the expected results been achieved?	<ul style="list-style-type: none"> What were the expected results of this project? Please give details. What level of achievement of these results did the project reach? 	<ul style="list-style-type: none"> Evidence of results achieved 	<p>Expected Results:</p> <ul style="list-style-type: none"> ER 1) Health Workers trained and able to provide maternal health services at Health Facility and household level ER 2) Supporting Regional and Zonal Health authorities in fostering cultural change of attitude towards maternal health fostered among women and within communities ER 3) Community networks of health workers and women able to promote an on-going interaction among health actors and to identify actions leading to an increased access to the health care services ER 4) Authorities and health workers trained and able to ensure the provision of quality services, coordinate the activities of community networks and promote the sharing of outcomes and best practices <p>The level of achievement is ER 1 – 153%; ER2 – 117%; ER3 – 86% and ER4 – 148%</p>
What is the quality of the results/services available?	<ul style="list-style-type: none"> How would you rate the quality of the project results (Low, Medium or High)? Please give details 	<ul style="list-style-type: none"> Quality rate – low, medium, high 	<ul style="list-style-type: none"> All stakeholders fed back that the quality of the project results was very high. Feedback indicated that HCs and HPs were not fully used by the community before. Many HPs were not used at all – empty, no resources, community didn't know what the building was. Health professionals spoke of their increased confidence and ability to apply skills to do their jobs – midwives especially. Visible – drugs stores and pharmacies; labelling of MCH equipment; posters/reminders; given water shortage, facilities relatively clean. Visible – women empowerment; leadership; confidence etc.
Have all planned target groups access to / using project results available?	<ul style="list-style-type: none"> To what extent did the project activities reach the target beneficiaries? 	<ul style="list-style-type: none"> No and percentage of target beneficiaries reached. Were there target beneficiaries not reached? Why was this the case? 	<ul style="list-style-type: none"> Beneficiaries included the health workers and health extension workers in HC and HPs; WDA; Community members through community dialogue/ network activities; woreda officials (capacity development). All target beneficiaries were reached, the numbers are included in the monitoring framework.
	<ul style="list-style-type: none"> How were beneficiaries selected? What criteria were used? 	<ul style="list-style-type: none"> Criteria for selection of beneficiaries. 	<ul style="list-style-type: none"> Beneficiaries included the health workers and health extension workers in HC and HPs; WDA; Community members through community dialogue/ network activities; woreda officials (capacity development). The woreda HC and HPs were selected in partnership with the woreda health offices. Children were included as beneficiaries through the education of community members on nutrition and immunization.

Key Question (TOR)	Key questions/issues to be explored	Indicators & any issues or considerations	Evidence Gathered
Have all planned target groups access to / using project results available?	<ul style="list-style-type: none"> Are there any factors which prevent target groups accessing the results/services (projects)? 	<ul style="list-style-type: none"> Type of access challenges encountered, and if these challenges were mitigated throughout the project 	<ul style="list-style-type: none"> Security – In 2016 there were local clashes in MW woreda, and country turmoil that led to the declaration of a State of Emergency from October 9th 2016 until August 2017. This prevented some community gatherings and the change of staff at woreda and health facility level. Topography of the MW woreda in particular meant that some areas received limited supervision and awareness activities. AWD Outbreak – all project stakeholders focused on the outbreak, and so engagement with project activities decreased during this time.
	<ul style="list-style-type: none"> How did the project activities and outputs contribute to the training of health workers and their ability to provide maternal health services at health posts and household level? How did the project activities and outputs contribute to the support of Regional and Zonal Health authorities in fostering a cultural change of attitude towards maternal health fostered among women and communities? How did the project activities and outputs contribute to the development of community networks of health workers and women able to promote an ongoing interaction among health actors and to identify actions leading to increase access to the health care services? How did the project activities and outputs contribute to the training of authorities and health workers and their ability to ensure the provision of quality services, coordinate the activities of community networks and promote the sharing of outcomes and best practices? 	<ul style="list-style-type: none"> Evidence of linkage between project activities and each of the project objectives. 	<ul style="list-style-type: none"> The project activities were directly linked to the achievement of the project objectives. BEmONC training; IPLS training; Equipment provision; Supervision and on the job training all contributed to the capacity development of health workers and an increase in their ability to provide maternal health services at health posts and household level. Community Engagement through WDA, Mothers Conferences, Community Dialogues all contributed to the support of Regional and Zonal Health authorities in fostering a cultural change of attitude towards maternal health fostered among women and communities. Mother Conferences, WDA training, Community Dialogues/Networks all contributed to promoting an ongoing interaction among health actors and to identify actions leading to increase access to the health care services. The provision of quality services was supported through BEmONC training; IPLS training; Equipment provision; Supervision and on the job training for health workers. Ongoing team work with the woreda health officials, and regular review/ meetings supported the coordination of activities of community networks and promote the sharing of outcomes and best practices.

Key Question (TOR)	Key questions/issues to be explored	Indicators & any issues or considerations	Evidence Gathered
To what extent has the project adapted to changing external conditions (risks and assumptions) in order to ensure benefits for the target groups?	<ul style="list-style-type: none"> What were the major factors enabling the achievement/non-achievement of the project objectives? (Challenges/Opportunities in implementing project objectives) 	<ul style="list-style-type: none"> Enabling factors that contributed to the achievement of project objectives, and details of how these factors contributed to the project objectives. Challenges encountered throughout the project, and their level of contribution to the project objectives 	<p>Enabling Factor</p> <ul style="list-style-type: none"> Relationship with government Skills of staff Personal relationships Field offices in place Reporting/Communication internally good, and good planning etc. <p>Challenges</p> <ul style="list-style-type: none"> Topography and distances coupled with climate impacts (such as flooding, rivers become impassable) challenged women reaching facilities, but also supervision visits, community dialogue etc. Insecurity in the region prevented community gatherings, and also contributed to staff turnover at health facility and woreda level. Overall impact on project activities during Sept and Oct 2016. AWD Outbreak which diverted the activities of health workers and local woreda officials from the provision of routine services.
	<ul style="list-style-type: none"> To what extent has the project adapted or is able to adapt to changing external conditions (risks and assumptions) in order to ensure benefits for the target groups? 	<ul style="list-style-type: none"> Stakeholders (Government, CCM Staff, Health Facility Staff), give examples of any external factors that may have impacted the project and outline ways that the project activities were modified as a result to ensure the achievement of project outcomes. 	<ul style="list-style-type: none"> External environment changes outlined previously and details of how project adapted.
If any unplanned negative effects on target groups occurred to what extent did the project management take appropriate measures?	<ul style="list-style-type: none"> Where there any negative changes among target groups as a result of the project interventions? 	<ul style="list-style-type: none"> Changes as described by the project stakeholders List of negative outcomes as described by the project stakeholders 	<ul style="list-style-type: none"> None reported
	<ul style="list-style-type: none"> How did the project management deal with these changes? 	<ul style="list-style-type: none"> Details of how project management dealt with any negative effects of the project. Extent of project management ability to deal with negative effects of the project. 	<ul style="list-style-type: none"> N/A
Were the activities carried out timely and effectively?	<ul style="list-style-type: none"> For each year of the project were the outputs achieved on time? How effectively and timely has the project been implemented and managed in accordance with project plans? 	<ul style="list-style-type: none"> % achievement of project outputs on an annual basis. List of reasons for delays List of factors contributing to the achievement of project outputs 	<ul style="list-style-type: none"> Activities were carried out efficiently and timely. There were some challenges to achievement of activities which are outlined in the Monitoring Framework. The % achievement of project outputs is included in the Monitoring Framework Analysis.

Key Question (TOR)	Key questions/issues to be explored	Indicators & any issues or considerations	Evidence Gathered
Were the activities practiced on good principles and ethically?	<ul style="list-style-type: none"> Have the project activities been implemented ethically and based on good principles 	<ul style="list-style-type: none"> Evidence of application of ethics and good principles 	<p>Good principles</p> <ul style="list-style-type: none"> Accountability and Transparency Partnership Strengthening existing systems such as women's conference/government structures Communication/Openness/Strong M&E and Feedback CCM is a catalyst for change Efficiency Gender Equality
IMPACT			
What was the overall impact of activities undertaken to target specific objectives highlighting the major contributory factors for positive and negative aspects?	<ul style="list-style-type: none"> Has there been any negative impacts of the project? If so please give details? What factors contributed to the impact of the project activities (positive or negative)? 	<ul style="list-style-type: none"> Level of impact on beneficiaries as described by the beneficiaries themselves (disaggregate by positive and negative impacts) List of factors that contributed to impacts (positive or negative) 	<ul style="list-style-type: none"> No negative impacts of the project were reported. <p>Contributory factors:</p> <ul style="list-style-type: none"> Connected to CCM's principles and ways of work Working in partnership with the government Use of government structures Community dialogue methodologies Supervision visits and follow up On the job training and support for health workers CCMs understanding of the context and MCH issues CCM's efficient methodologies Focusing on both public and clinical health
What evidence is there that the project has had an impact and in which output(s)?	<ul style="list-style-type: none"> How have the beneficiaries benefited in the short term and in the long term? 	<ul style="list-style-type: none"> Type of benefits described by the beneficiaries. List of impacts per project output 	<p>Impacts as described by beneficiaries</p> <ul style="list-style-type: none"> High impact; deep and long lasting (sustainable) Midwives reported increased confidence and ability due to stronger skills learnt from BEmONC training. Women delivering in health facilities. Women reported how delivering at home is now a taboo. Women using MWH to prepare for delivery. Women understand the importance of ANC, PNC and FP Health Workers reported how they can support their communities better through increase in skills, knowledge and confidence Mother's conferences enable women to discuss issues relevant to them, and to learn from other women. Community dialogue methodologies enabled community members to discuss issues and solutions to these issues. Women reported being supported by their husbands in FP, delivery, ANC, PNC Increase in numbers using HC and HP Beneficiaries said their health had improved and they had more knowledge on health issues due to the project. Families were using FP and so there was more spacing of children.

Key Question (TOR)	Key questions/issues to be explored	Indicators & any issues or considerations	Evidence Gathered
<p>What indicators have been used and evidence gathered by the project team or other stakeholders to reach these conclusions (both quantitative and qualitative)?</p>	<ul style="list-style-type: none"> What evidence supports the impacts outlined (positive or negative) 	<ul style="list-style-type: none"> List of indicators used to measure progress and results achieved. Details of other evidence used 	<ul style="list-style-type: none"> Data gathered from HPs and HCs support the increase in ANC, PNC, deliveries and FP Case studies/stories from beneficiaries Monitoring Framework contains all indicators. Indicators – Data and Statistics Stories of change as told by the beneficiaries Interviewee feedback Operational research
<p>What were the threats? How have these been addressed? Could these have been addressed in a different way?</p>	<ul style="list-style-type: none"> What threats (obstacles and constraints) affected the project's impact for the period 2017-2013? How were these addressed during the project? Could they have been addressed in a different way? 	<ul style="list-style-type: none"> List of threats which affected the project's impact, and how the project was impacted. Details of how these threats were addressed. 	<ul style="list-style-type: none"> Insecurity – The project adapted through closing field offices and stopping activities during this time. Communications – Often the network is down, and so communication is difficult. The project adapted through using letters to communicate between zonal/field office level and using buses to transport the letters to the field. Topography - Rivers impassable in summer rain season; mountains; remoteness. The project adapted through locating field offices and project vehicles in each of the project woredas. Water shortage in health facilities – where possible CCM supported the installing of water tanks in these facilities. Woreda Transport – woreda officials have insufficient transport to enable them to support health facilities appropriately. The project adapted through coordinating all health facility visits with the woreda offices. Staff Turnover at health facility level – currently there is no way to “tie in” staff who are trained by CCM. The skills will be transferred with them to another health facility. The project adapted by training more than one staff in each health facility, and on the job training. Acute Watery Diarrhea (AWD) outbreak in project woredas during the project. Woreda and Health Facility staff focused on controlling the outbreak, and so could not attend as many supervision visits with CCM. CCM supported the control of the outbreak. Staff turnover in CCM was a challenge during the project. Handovers were done, and every effort was made to replace the staff as soon as possible.
<p>Have there been any unplanned positive impacts on the planned target groups or other non-targeted communities arising from the project? How did this affect the impact?</p>	<ul style="list-style-type: none"> Describe the positive impacts this project has had on the planned target groups or on the wider community Was the impact/benefit of the project limited to the target group themselves or did the benefit extend to their wider community/family? If so, in what way? 	<ul style="list-style-type: none"> List of positive impacts broken down into planned and unplanned. Existence of extended impacts as described by the beneficiaries themselves, and details of how these impacts are benefiting their community/family. 	<ul style="list-style-type: none"> Women's empowerment/leadership Community Leadership/Empowerment Savings schemes amongst women's conferences Impacts across the community – discussing issues using community dialogue methodology outside of MCH. Benefits to women, and their families

Key Question (TOR)	Key questions/issues to be explored	Indicators & any issues or considerations	Evidence Gathered
Do donor coherence, complementarity and coordination existed and had any indirect impact on the project?	<ul style="list-style-type: none"> How did the project comply with donor requirements throughout its lifetime? Please give details. Describe any impact on the project caused by compliance with donor requirements 	<ul style="list-style-type: none"> Extent of donor compliance throughout the project. Impact on project as a result of this compliance. 	<ul style="list-style-type: none"> Communication with the donor (Italian Cooperation) is largely the responsibility of the Desk Officer. There is regular communication with the donor, and updates on project achievements, challenges etc. The donor must be consulted if there are changes of +/- %15 in the budget. The donor has an office in Addis Ababa which the Country Representative of CCM updates regularly. The project reports annually to the donor There's never been any issue regarding donor compliance throughout the project. Donor visited Bale in June 2017 No reported impact of donor compliance on the project.
What is the progress of the project interventions towards its intended outputs in the project logical framework?	<ul style="list-style-type: none"> What is the level of achievement of project outputs? 	<ul style="list-style-type: none"> Percentage achievement of project outputs 	<ul style="list-style-type: none"> The level of achievement of each activity/output is outlined in the Monitoring Framework Analysis.
SUSTAINABILITY			
How far the project is embedded in local structures?	<ul style="list-style-type: none"> How did the project align with the activities of the local structures (Health structures in particular)? 	<ul style="list-style-type: none"> Extent to which the project aligned with existing local structures 	<p>The project is fully embedded in the local structures through the following:</p> <ul style="list-style-type: none"> Women's Conferences 1 to 1 ;5 to 25 HC/HP structures Woreda structures Zonal Structures
What is the likelihood that target groups will continue to make use of relevant results?	<ul style="list-style-type: none"> How will the target groups implement the skills/ knowledge/learning and experience gained through their involvement in the project? 	<ul style="list-style-type: none"> Description of ways in which the beneficiaries will implement learnings from the project in future Description of ways in which the Health Workers trained in the project will implement learnings from the project in future. 	<p>Community:</p> <ul style="list-style-type: none"> All beneficiaries outlined how they will continue the project after CCM exit. They will continue running mothers conferences sharing with other women, and continue to advocate for delivery in health facilities. Some women outlined how they will go to other kabeles that were not reached to educate women there. <p>Health Workers</p> <ul style="list-style-type: none"> Midwives said they will continue with the BEmONC 7 signal approach, and would also support the Mothers Conferences. PHCU Directors emphasized that the improved quality of care in their health centres will continue HEWs outlined how they will continue to work with mother's conferences, and WDA in their communities. <p>Woreda and zonal officials</p> <ul style="list-style-type: none"> Activities will continue as they are aligned with the government strategy. However concern expressed due to lack of financial resources.

Key Question (TOR)	Key questions/issues to be explored	Indicators & any issues or considerations	Evidence Gathered
<p>What is the perception of health counterparts in charge of phasing out of this project? What is their realistic opinion?</p>	<ul style="list-style-type: none"> How will the project phase out? Is there an exit strategy? 	<ul style="list-style-type: none"> Details of Exit Strategy 	<ul style="list-style-type: none"> CCM has a phase out strategy in place. Discussions have been held at community level to date, and all beneficiaries are aware that the project is phasing out. Discussions will be held with the MOH to discuss the disposal of project assets. Currently there is a difference between the charities regulation in Ethiopia and the Donor's requirements re asset hand over. A final workshop will be held towards the end of August to evaluate all aspects of the project and to look at possible future plans. This workshop will be used as an opportunity to ask partners to commit themselves to maintain the improvements achieved through the project. The Regional Authorities will carry out their own evaluation at the end of August The financial aspects of the project will be audited by CCM in Turin The final report and accounts will be submitted to the Donor.
<p>What will happen to project activities when the project phases out? Are there any obstacles hindering project sustainability?</p>	<ul style="list-style-type: none"> Will project activities continue after the life of the project? If so in what way? How will the project activities be sustained 	<ul style="list-style-type: none"> Extent to which project activities will continue List of activities that will continue, and those that will not continue Details of how project activities will be sustained. 	<ul style="list-style-type: none"> Community activities will continue – women's conferences, community dialogue and networks. Some women's conferences have their own savings to support the tea/ coffee for the meeting. Some women's conferences are already continuing without CCM's presence. All health staff interviewed outlined how they will continue with skills learnt during project implementation. Their concern is supervision and mentoring on behalf of the woreda as resources are scarce at woreda level. They also expressed concern at the possible shortage of drugs/ equipment at woreda level, and the delay in getting necessary supplies for the health centres. The challenge to quality of service continuing will be the turnover of health facility staff who are trained in BEmONC and their replacement with non-BEmONC trained staff. The woreda staff outlined how the project activities are part of their role, and the government strategy and so will continue. However they also expressed concern re resources and ability to supervise all HCs and HFs as often as CCM had done.
<p>How far is the project embedded in institutional structures that are likely to survive beyond the life of the project?</p>	<ul style="list-style-type: none"> How did the project align with institutional structures (local government)? Were these structures strengthened in any way by the project? Please give details. 	<ul style="list-style-type: none"> Extent to which the project aligned with institutional structures 	<ul style="list-style-type: none"> Completely aligned with institutional structures. The project did not implement any activity which was not aligned with the government strategy and structure. The capacity of woreda officials was strengthened by the project – supervision, action plans, IPLS training etc.

Key Question (TOR)	Key questions/issues to be explored	Indicators & any issues or considerations	Evidence Gathered
Are project partners being properly developed (technically, financially and managerially) for continuing to deliver the project's benefits/services?	<ul style="list-style-type: none"> How have the local partners involved in the project been strengthened? What gaps exist in their capacity (technical, institutional)? 	<ul style="list-style-type: none"> Evidence of partners commitment to achievement of the project goal Evidence of capacity strengthening in partners due to engagement with the project. Evidence of existence of partner plans to continue implementing the project goal after the project finishes 	<ul style="list-style-type: none"> Yes committed – can see the results, and the benefits, can see the alignment to government strategy etc. Capacity strengthening – supervision, BEmONC – Quality of service Charts on walls showing improvement Health workers were proud of their achievements Health facilities cleanliness given the lack of water was ok All partners emphasized that they will continue to implement the project goal after the project finishes. The challenge will be health staff turnover, and resources.
Will adequate levels of suitable qualified HR be available to continue to deliver the project's stream of benefits?	<ul style="list-style-type: none"> Within the local partners, are skilled personnel available who will be able to continue to deliver project activities and benefits? 	<ul style="list-style-type: none"> Evidence of skilled personnel within the local partners 	<ul style="list-style-type: none"> The local partners have the skills to continue the delivery of project benefits. They have received training in a number of areas including BEmONC, IPLS, Data Collection, Supervision and Action Planning. However challenge will be the turnover of staff at a woreda and facility level.
Are there good relations with new or existing institutions and are there plans to continue with some or all of the project's activities?	<ul style="list-style-type: none"> What new relationships developed between local partners during the project? What existing relationships were strengthened during the project? What did these relationships bring to the project? Will these relationships continue after the project? If so, what activities will continue? 	<ul style="list-style-type: none"> Evidence of new relationships developed during the project Evidence of stronger relationships developed during the project Details of how these relationships contributed to the project List of activities that will continue after the project. 	<ul style="list-style-type: none"> New relationships were created and existing relationships were strengthened during project implementation. The link between the HP and the community through the HEW is much stronger. The HEW has been enabled to bring her skills/knowledge to the members of the community during mother's conferences and community dialogues. This relationship will continue after the project. The link between the HC and HP through the midwife is much stronger. This relationship brings knowledge and skills to the project – during mothers conferences the midwife can offer advice and services including ANC, PNC and FP. This relationship will continue after the project (pending transport to the mother's conference). Relationships between the woreda health officials and the HCs are stronger due to the supervision visits. These will continue, but the frequency of them depends on resources available.
If the services/results have to be supported institutionally, are funds likely to be made available? If so, by whom?	<ul style="list-style-type: none"> What resources are necessary to ensure the sustainability of the project? Are these available and from where? 	<ul style="list-style-type: none"> Type (and quantum) of resources needed to sustain current project activities. Availability (and source) of resources after project ends 	<ul style="list-style-type: none"> Government budgets are available to implement its strategy and hence the services/results for MCH. However they may not be sufficient to maintain all results (such as supervision, resources). Based on feedback these are not available except from potential NGOs.
Are the services/results affordable for the target groups at the completion of project?	<ul style="list-style-type: none"> How affordable are the services offered to target groups? 	<ul style="list-style-type: none"> Degree of affordability of services provided 	<ul style="list-style-type: none"> All MCH services are free at HP and HC level HP are located near communities and so access is achievable Community members support women's transport to the HC through local ambulances.

APPENDIX 8 – MONITORING FRAMEWORK REVIEW

Objective / Result, and Objectively verifiable indicators (OVI) identified (A)	Information sources (B)	Value of the indicator at project start (base line) (E)	Value previous period (Q1-Q-2) (G)	Cumulative (Q1-Q-1) (H)	Target (I)	%Change during project	% Achievement of target	End Result - Baseline	Evaluator Comments
SPECIFIC OBJECTIVE: To increase the access to preventive and curative maternal services through the involvement of networks formed by women and Health Extension Workers and through the provision of quality primary services									
Increasing the level of ANC4 by 10%	HMIS data. Annual statistics from RHB and ZHB Health facilities registers	19.0%		54%	29.0%	184.2%	186%	35%	
Increasing the level of skilled delivery from the current 45% to 65%	HMIS data. Annual statistics from RHB and ZHB Health facilities registers	45.0%		55%	65.0%	22.2%	85%	10%	See below - number of skilled deliveries improved (achieved 119% of target), but this target of 65% was set by the Regional Health Bureau in line with regional targets without taking into account woreda specific data.
Improve referral of complicated pregnancies from the Health Posts to the Health Centres by 10%	HMIS data. Annual statistics from RHB and ZHB Health facilities registers	NA		NA	NA				As per July 2017 monitoring report, baseline data was not reliable, the analysis of project progress is not possible.
Improve the access of Women and Children to Family Planning services at Health facilities level by 10%	HMIS data. Annual statistics from RHB and ZHB Health facilities registers	10.0%		14%	20.0%	40.0%	70%	4%	
Improve the access of Women to Post Natal services from 51% to 65%	HMIS data. Annual statistics from RHB and ZHB Health facilities registers	44.0%		67%	65.0%	52.3%	103%	23%	

Objective / Result, and Objectively verifiable indicators (OVI) identified (A)	Information sources (B)	Value of the indicator at project start (base line) (E)	Value previous period (Q1-Q-2) (G)	Cumulative (Q1-Q-1) (H)	Target (I)	%Change during project	% Achievement of target	End Result - Baseline	Evaluator Comments
EXPECTED RESULT 1: Health workers trained and able to provide maternal health services at health posts and household level									
78 Health Workers (2 each HF) trained and able to provide maternal health services at Health Facilities and household level.	Trainings attendance lists; Trainings certificates	0	200	200	78		256%		
90% of trained HW certified (=70 HW)	Pre/post tests for trainees; trainings certificates	0	132	132	70		189%		
351 supporting/supervision visits implemented at HF level (9 visits/HF)	supervision checklists; supervisors monthly reports	0	371	371	351		106%		
90% of the HF (= 35) visited during the supporting/supervision visits scored sufficiently	supervision checklists; supervisors monthly reports	0		0	35 HF				The final evaluation from the Zonal level will complete this indicator - data not yet confirmed.
19,845 pregnant women attend ANC	HMIS data Facilities registers	0	16,864	16,864	19,845		85%		
6,615 skilled deliveries in the HF	HMIS data Facilities registers	0	7,658	7,658	6,615		116%		There is an increase in actual numbers of skilled deliveries, but the % of skilled delivery did not reach its target. The % of institutional deliveries (at 65%) was set by the Regional Health Bureau at the beginning of the project in line with regional targets, without consideration for woreda specific data.

Objective / Result, and Objectively verifiable indicators (OVI) identified (A)	Information sources (B)	Value of the indicator at project start (base line) (E)	Value previous period (Q1-Q-2) (G)	Cumulative (Q1-Q-1) (H)	Target (I)	%Change during project	% Achievement of target	End Result - Baseline	Evaluator Comments
EXPECTED RESULT 2: Supporting Regional and Zonal Health authorities in fostering a cultural change of attitude towards maternal health fostered among women and communities									
300 women trained on maternal health to become models for change	Trainings attendance lists; Trainings certificates	0	189	189	300		63%		
90% of trainees (=270 women) certified as able to be model for change and ready to operate	Community leaders testimony Training certificates	0	187	187	270		69%		
1 design project for IEC materials and 30 copies (1 for each WDA group) produced	IEC project design IEC material sample	0	1	1	1		100%		
288 community dialogues implemented to foster the discussion among women and men in the promotion of maternal health.	Project reports Photo and video of the community dialogues	0	296	296	288		103%		
1200 women involved in the community activities	Project reports Photo and video of the community dialogues	0	3,933	3933	1200		328%		
150 Workshops with religious, political and village/ clan/cultural leaders to gain political/religious support to the cultural change process (5 per HP)	Attendance lists Workshop reports Photo and video	0	84	84	150		56%		The target was too ambitious (CCM feedback) and required the organisation of more workshops of smaller groups. At the time of the implementation, CCM realised that it was more convenient to have bigger groups and less frequent workshops. The highest possible number of influential leaders were involved, ensuring the engagement of both male and female leaders.

Objective / Result, and Objectively verifiable indicators (OVI) identified (A)	Information sources (B)	Value of the indicator at project start (base line) (E)	Value previous period (Q1-Q-2) (G)	Cumulative (Q1-Q-1) (H)	Target (I)	%Change during project	% Achievement of target	End Result - Baseline	Evaluator Comments
1 educational message spread through the media (ex. radio).	Educational message sample Broadcast schedule	0	1	1	1		100%		
EXPECTED RESULT 3: Community networks of health workers and women able to promote an ongoing interaction among health actors and to identify actions leading to increase access to the health care services									
30 community networks created, formed by Health Workers and women belonging to the community for each HP supported by the project.	Project reports Photo and video materials	0	28	28	30		93%		
95% of community networks (=28) ready to operate and functioning	Project reports Photo and video materials	0	28	28	28		100%		
720 monthly meetings of the community networks implemented (30 community networks for 24 months) in order to discuss difficulties and obstacles hindering the access to care and to identify interventions to overcome such barriers	Meetings reports Photo and video materials Project reports	0	263	263	720		37%		Several reason are behind this: - a total of 28 (not 30) CN were established between July and August 2015; - the effective timeframe for CN meetings was 22 (and not 24) months: September 2015 - June 2017 (last month for which the data are available); - CCM staff turn-over slowed-down the CN meetings in Meda Welabu worda; - the target was far too ambitious (each CN meets on monthly basis for 24 months), considering that at the beginning of the project no meetings were in place at all. It took a lot of time to startup and organize regular meetings.

Objective / Result, and Objectively verifiable indicators (OVI) identified (A)	Information sources (B)	Value of the indicator at project start (base line) (E)	Value previous period (Q1-Q-2) (G)	Cumulative (Q1-Q-1) (H)	Target (I)	%Change during project	% Achievement of target	End Result - Baseline	Evaluator Comments
1 Operational research to analyse approaches and strategies of the community networks conducted and shared with stakeholders.	operational research publication	0	0	0	1		0%		
Support emergency transport	Project reports agreements with local service providers	0	0	0	1		0%		
EXPECTED RESULT 4: Authorities and health workers trained and able to ensure the provision of quality services, coordinate the activities of community networks and promote the sharing of outcomes and best practices									
20 health workers and health authorities trained on coordination and supervision skills	Trainings attendance lists; trainings certificates; pre/post test for trainees	0	80	80	20		400%		This indicator includes: -the participants to the referral meeting - the health workers from Woreda and from Health Centers that were attending the HEW trainings and the WDA training, because in those occasions they were not «simple trainees» (to be added in the indicator of the Result 1), but with task of «coordinating & monitoring» the HEWs and the WDA
3 workshops (1 per year) held at the zonal level to share results and discuss issues concerning the activities of the health community networks	Attendance lists Workshop reports and findings	0	2	3	3		100%		The final workshop is planned for the 23rd August 2017, therefore this indicator will be achieved 100%
1 publication exploring the project outcomes at regional level	Project report Dissemination list	0	0	1	1		100%		This document is currently a work in progress and will be completed by end of August, therefore this indicator will be achieved 100%

Objective / Result, and Objectively verifiable indicators (OVI) identified (A)	Information sources (B)	Value of the indicator at project start (base line) (E)	Value previous period (Q1-Q-2) (G)	Cumulative (Q1-Q-1) (H)	Target (I)	%Change during project	% Achievement of target	End Result - Baseline	Evaluator Comments
3 rounds of supplies and maintenance implemented	Procurement docs/ delivery notes Project reports Handover reports	0	2	2	3		67%		
8 quartely monitoring visits of the target HF by the health authorities (for those in need)	monitoring visit reports	0	3	3	8		38%		Joint Supportive Supervision were supposed to include also the Zonal Health Office. This happened only 3 times instead of the planned 8. However supportive supervision took place with the woreda health office staff.