

**Ethiopian Evangelical Church Mekane Yesus  
Development And Social Services Commission  
(EECMY-DASSC)**

**Terminal Evaluation Report of Ginir Hospital Capacity  
Building Project (2008-2012)**

**A project Funded by the Norwegian Lutheran Mission (NLM)**

September 2012  
Robe

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## **Acknowledgement**

Ginnir Hospital Capacity Building Project (GHCBP) Final review team has worked & collaborated during field work with different project stakeholders including representatives of local government and community organizations, individual community members, project staff and beneficiaries. Therefore, we would like to acknowledge the commitment & contributions of these stakeholders.

Thus the team would like to express its gratitude to Hospital and project staffs that devoted their time to give us necessary information for the assessment. Last but not the least we would like to acknowledge EECMY- DASSC and NLM respectively for technical coordination and financing this innovative project.

## **Executive Summary**

Ginnir Hospital Capacity Building Project (GHCBP) has been financed by the Norwegian Lutheran Mission and its back donor NORAD. Further, the intended project implemented jointly by the Norwegian Lutheran Mission and Ethiopian Evangelical Church Mekane Yesus Development and Social Services Commission (EECMY-DASSC) Wabe Batu Synod Branch office. The project is on its second phase with timeframe from January 1, 2008 to 31 December 2012. Based on the agreed project document it was arranged to undertake the Final evaluation of the intended project. The purpose of the evaluation was to assess the progress of the project: achieved outputs, outcomes, benefits/impacts and experiences gained. In addition, the team has looked into the relevance and timely accomplishment of the project activities; utilization of project finance and other inputs, management and operation of the project, level of community participation and collaboration of the project with concerned stakeholders and sustainability. The evaluation team also indicated future directions and recommendations for further improvements.

The project primary focus is on human and material capacity building in supporting Ginnir Hospital to benefit population of about 1.4 million living in the eastern area of Bale Zone and northern part of the Somali region to access improved health care services.

The team has found that the objectives and activities of the project are relevant to strengthen Ginnir Hospital functions. The project is well staffed with respect to its target area, organized and is showing good results. Most activities are being accomplished according to the action plan in the project document.

GHCBP has five major project components that involves strengthen the hospital essential functions, strengthen the supporting activities of the hospital, implement HIV/AIDS prevention and control, scale up the capacity of the administration of the hospital and provide access to electronic medical information.

The project has achieved significant changes in the Hospital as a result of project staff commitment, good net-working and cooperation between the project staffs at all level, Hospital management and staffs, local administration and other stake holders too.

The project contributes a lot in capacitating the hospital. Still a lot of challenges are there for the hospital to run hospital service independently, hence the team recommend that the

project and other concerned bodies has to look the existing gap and strength hospital more to access quality of health care by the community.

## **1. Background and Introduction**

### **1.1 Background**

The Norwegian Lutheran Mission (NLM) operating in Ethiopia for the last over 60 years focusing on health and education through construction and running several health institutions (Hospitals and clinics), and schools and training institutes in the past. As the situation in the country reflected to public services has become more accessible, assisting capacity building of the existing institutions and communities has lately been the target area. NLM's main focus is to reach unreached marginalized population with basic development services. In relation to the strategies of the NLM, it will give more emphasis to work with close collaboration and coordination with local partners ranging from church organization to local government. Further, the organization builds the capacities of the partners to enable them identifies priorities and address their development needs.

Moreover NLM/E has moved to new geographical areas like South Omo, eastern Bale and Ethiopia Somali. In line with Millennium Development Goal (MDG) NLM/E supported and continue to support project interventions, which involve Health, Integrated Rural Community Development and Local Partner's Performance And Competence Enhancement in project cycle quality management.

NLM has been supporting development projects in Southern Nations, Oromia and Ethiopia Somali regions through church and government structure. The major project priority areas involve the thematic areas already indicated above. Based on its current development project focus, NLM with it back donor has been implementing more than 14 projects in Ethiopia including Oromia National Regional State. In Bale Zone there are 5 projects that have been implemented by NLM/Ethiopia. Ginnir Hospital Capacity Building Project is one of the projects among these. The project was started as pilot project from 2003 to 2007 in Ginnir District at Ginnir Hospital. Development interventions and infrastructure are very limited in Bale Zone. The project was started to mitigate multi-faceted problems linked to Hospital. The pilot project phase was successful and it was decided to extend the project second phase from (2008-2012) GHCBP document is formulated based on official request

by the concerned bodies, that NLM to continue to strengthen essential functions of the hospital. The current phase of project was signed for five years (2008-2012) and has implemented its planned activities till now (September 2012). On the project document it was planned to conduct final evaluation in 2012 to assess results and know whether project is going according to the plan.

## **1.2. Objective of Terminal Evaluation**

The Terminal evaluation is mainly intended to assess the performance against the agreed plan and other procedural and technical issues of the project and provide the outcome of the evaluation to the relevant stakeholders, government and the implementing agency EECMY-DASSC and NLM for better performance and enhance learning.

Generally, the objectives are summarized as follows:

- ✓ To see progress towards realization of project goal and objective;
- ✓ To assess the project specific achievement against plan,
- ✓ To assess utilization of the project resources in the course of the project implementation,
- ✓ To assess the benefit laid down by the project and the extent of this benefit extension to the target beneficiaries,
- ✓ To examine the direct and indirect impact of the project pertaining to the natural environment and the community needs.
- ✓ To determine the effectiveness of the project and draw important lessons to be used when designing a similar project for implementation.
- ✓ To draw lessons and promote learning for the future and help other development practitioners in the same area through dissemination of the evaluation report.

By and large, the objective of the evaluation is to determine the relevance, efficiency, effectiveness and impact of Ginnir Hospital Capacity Building Project by examining the implementation of planned project activities, outputs and outcomes against actual results.

### **1.3. Methods of the evaluation**

During the assessment to collect relevant and necessary data and information the evaluation team has used the following methods:

- ✓ Held discussion with the project management and staffs at the project office in Ginnir town, Ginnir Hospital.
- ✓ Reviewed the project document as well as periodical reports of the project
- ✓ Held discussion with the project beneficiaries, community members, Key informant interview, focus group discussion and meetings were made to discuss with these groups of people and
- ✓ Discussion was made with the concerned zone and district line department representatives.

### **1.4. Duration and scope of field visit**

The evaluation activity was conducted for four days from September 20- 23, 2012 on the field including journey and six days were devoted to produce the first draft of the evaluation report commencing as of September 30, 2012

### **1.5. Evaluation team members**

Oromia Bureau of Finance and Economic Development (BoFED) delegated Bale Zone Finance and Economic Development Office (FEDO) to facilitate the Final evaluation process. Based on this a team of expert drawn from the signatory office like Zone FEDO, Bale Zone Health Office, Woreda FEDO , Ginnir Hospital Management members, EECMY-DASSC Central Office, EECMY-DASSC Wabe Batu Synod Branch Office (EECMY-DASSC-WBS-BO), Ginnir Hospital Capacity Building Project and representative of the community have participated on the evaluation exercise. The list of the participants involved on evaluation process is indicated in Table below.

<b>S.N</b>	<b>Name of Participants</b>	<b>Organization</b>
1	Alemayehu Lemmi	Zone FEDO (team leader)

2	Fikadu Asrat	Zone Health Office
3	Margrethe Mork	GHCBP Coordinator
4	Dr.Tilahun Dafurso	EECM/DASSC
5	Teshome Hurisa	Ginnir Hospital Human Resource
6	Dr.Munewer Yirga	Ginnir Hospital Medical Director
7	Bent Salmelid	NLM Missionary
8	Eelen Salmelid	NLM Missionary
9	Argachew Wondimu	NLM/E Development Coordinator
10	Estifanos Shiferaw	EECMY-DASSC /WBS Branch office Program Officer
11	Hans Ovar Birkeland	GHCBP
12	Mesele Endglew	GHCBP Social Health Coordinator
13	Maria Aarsland	NLM/E volunteer worker
14	Amare Mecheso	Ginnir Woreda Finance & Economic development office

## **2. Activities accomplished and Achievement**

As planned the project activities were accomplished based on logical frame of the project document .These activities are; strengthen the hospital essential functions, strengthen the supporting activities of the hospital, implement HIV/AIDS prevention and control, scale up the capacity of the administration of the hospital and provide access to electronic medical information.

### **1. Strengthen the essential hospital functions in Ginnir Hospital**

- a. Surgical care
  - i. Surgeon and anesthetic nurses are secured
  - ii. Essential OR equipments were purchased
- b. Obstetric and Gynecological care
  - i. Gynecologist is secured

- ii. Essential obstetric equipments were purchased
- c. Pediatric and medical care
  - i. implementation of TFU is supported
- d. Laboratory and x-ray
  - i. needed equipment are provided
  - ii. some necessary equipments were purchased
- e. Quality of care
  - i. medical director and matron are supported
  - ii. training is provided
  - iii. meetings for information sharing are encouraged
  - iv. ICU is supported
- A Therapeutic Feeding Unit (TFU) was established in 2008 with a great input in training and follow-up from the project side. The unit has only 6 beds while the children on treatment sometimes have reached 20. The number of patients has been around 130 every year. The death rate has been <10.
- The Nursing Standard as described in the Ethiopian Hospital Reform has been implemented and continuously training is provided by the hospital through the support of the project. All activities are coordinated through the matron of the hospital.
- Staff rotation is not including the ward nurses. Weekly meetings are held in each ward according to the BPR. Morning meetings among physicians has for longer periods not been conducted.
- Professional incentives has been paid to surgeons (2), Gynecologist (1), GPs (4-6) and Anesthetics (2-3). This has secured a stable team of professionals and the hospital has always had a team available to handle emergencies. Between 378 and 579 major surgeries have been performed every year which is not an impressive figure given the number of specialists available and the catchments population. Generators which have been purchased and maintained by the project have secured life saving activities at ICU and OR during frequent power interruptions. Essential equipments have been purchased.

- A functional and well equipped delivery ward (DW) has been developed. The number of deliveries has increased from 583 in 2008, to 975 in 2011. A senior expatriate midwife stayed until 2009, training staff, establishing routines and implementing standard guidelines as the partograph. The midwife replacing here did not arrive which has hampered activities planned like focus on good newborn care. For the moment, only three midwives are assigned to DW. One midwifery is assigned to the MCH clinic. The Maternity Waiting Home donated by another NGO was given major rehabilitation by the project. In spite of community mobilization in different woredas, it has not gained acceptance as waiting area for women in risk of developing complications during deliveries. For the moment it is serving as a transit area for fistula patients waiting for transport to the Fistula Hospital in Irgalem or Addis Ababa.
- Through increased focus provided by the project on blood transfusions during emergencies, a number of staff has donated and saved mothers life. A blood transfusion committee has been established focusing on management of volunteer donors as well as safety routines in the hospital.
- The input from the project related to x-ray and laboratory has been limited. A few purchases and one exchange visit has been offered. The project has lately assisted the hospital in quality control related to testing and management of blood product.
- The expatriate anesthesiologist who left in 2009, managed to establish a small Intensive Care Unit (ICU) for critical ill patients which now have become a standard for Zonal Hospitals in Oromia Region. The four-bed unit is equipped with Oxygen Concentrators and a generator for back-up electricity. The unit has become one of the most active and well functioning in the hospital. A nurse is always present, providing a close follow-up. Staff is reporting that many children suffering from severe pneumonia are now surviving compared to before.

## **2. Strengthen the supporting activities of the hospital**

- a. Maintenance, laundry, cleaning services, and pharmacy are supported

- i. training is provided
  - ii. essential equipment is provided
  - iii. hospital is supported to get sustainable maintenance services
- ❖ Maintenance of some equipments have been done at the hospital like; generators, suction machines, electric equipments and installations, hospital cars and anesthesia machine.
  - ❖ Sometimes materials have been taken to Addis for major maintenance like oxygen concentrators, generators, patient monitors.
  - ❖ Spare parts to the hospital generator as well as the water pump have been purchased and repaired. Two separation walls in medical ward have been constructed.
  - ❖ Major maintenance of the hospital car and the ambulance has been financed.
  - ❖ Two big industrial washing machines and one dryer have been purchased and installed by the project. These machines has made it possible for the hospital to provide clean bed shits to the patients and perform essential activities in OR and DW.
  - ❖ Cleaning services are performed but the quality of the cleaning is depending on close follow up by the hospital in order to be satisfying. Hygiene and Sanitation Officer employed by the hospital is in charge of the activities and an annual workshop for cleaners and laundry workers is yearly provided by the project.
  - ❖ Lack of proper water supply has always compromised and hampered day to day activities in the hospital. Both project staff and hospital staff has been driving to the supply centre in town in order to fetch water. A private donation was offered through NLM to the hospital in the end of 2011 which made it possible to dig a new water line attached to the main line in town providing 24 hour water. The same private donors gave also money for internal installation of water in all hospital wards as well as coble stone to cover the compound as well as the entrance of the hospital.

### **3. Implement the HIV/AIDS prevention, control and care program in the hospital and its surroundings**

- a. Awareness raising is provided
  - b. VCT service is supported
  - c. Income generating activities are supported
  - d. Material support to the Anti AIDS clubs is provided
- 
- ❖ The Social Health Coordinator has coordinated all the activities through the local woreda HIV/AIDS office and lately also in collaboration with the woreda's Woman and Children's affairs office. The office has received fuel in order to carry out their activities.
  - ❖ Outreach activities like Voluntarily Counseling and Testing (VCT) have been conducted as separate events or during marked days and local ceremonies. Counselors and laboratory technicians from the hospital or the nearby health centre have assisted together with health extension workers. 8 096 individuals have been tested.
  - ❖ 12 Anti AIDS clubs and committees have received follow-up as well as sport equipments and stationeries. Continuous visits and follow-up of the participants trained has been done by the Social Health Coordinator. Geographical areas which have a high prevalence of HIV/AIDS have received most attention.
  - ❖ Several workshops with duration of 2-3 days have been conducted during last years. The participants have been leaders of the Anti-Aids (AA) clubs and committees, grass-root female and male leaders, prostitutes, religious leaders, government leaders and health extension workers. Totally 835 individuals have been trained.
  - ❖ 19 materials like locally made billboards have been made and distributed in addition to many brochures and pamphlets.
  - ❖ During the last year, different maternal health issues have been included during trainings. Staff from delivery ward has assisted during trainings as well as medical doctors and the management of the hospital. The last trainings included also awareness rising related to blood donation.

- ❖ It is a high level of participation among the attendants of the workshops. The interest for VCT is also increasing in the communities.

#### **4. Scale up the capacity of the administration of the hospital**

- a. Hospital is supported to have a sustainable financial base
- b. The registration and documentation in the hospital is strengthened

#### **Financial software Navision**

In 2010 we got the approval from Oromia National Region State Health Bureau to implement the financial software in the hospital. This was done after a strong desire from the management in order to get a better overview of the financial situation of the institution. Computers were purchased, three days of training for three employees were given and the software installed. However, the implementation has not taken place due to the following reasons:

- ✚ 2011/12 was as years before characterized by unstable electric supplies. As there is no back -up system for the administration building, limited time for practice was available.
- ✚ The employees available and trained had limited computer skills. More interest from their side as well as stronger input and follow up from the administration is required
- ✚ Follow-up from NLM Addis has not been done due to limited manpower

The Project has nice communication with Hospital CEO and management for the last three years. In 2012 the hospital ranked among the best hospitals in Oromia Region (total 37) in proper management of the internal revenues. Annual auditing was performed at the end of every year.

The reporting and documentation is strengthened through the implementation of the new hospital reform. For the last 2-3 years annual plans and reports have been prepared and standardized. Both administrative and technical staff has regularly been going for review meetings. Electronic patient registration cannot be done as long as there is no stable electricity supply. The administration has been supported with lots of equipments like computers, fax machine and copy machines from the project.

## **5. Provide access to electronic medical information**

- a. Computers with internet connection are provided
  - b. Training is provided
- CDM is not accessible in Ginnir which means that the preconditions for access to medical information have during the life-span of the project never been available. The computers purchased have been given to the administration. The money allocated for the library has been used for the purchase of medical books which has greatly benefited both employers and students at the hospital.
  - The collection of hospital activities is registered and reported electronically through the HMIS and KPI system.

### **Training provided by GHCBP (2008-2012)**

During the stay of the expatriate anaesthesiologist: midwife and clinical nurse bedside training was done daily. Manuals and books have been distributed to midwives and medical doctors. The following shows the formal trainings provided as well as visits to other hospitals.

#### **Year 2008**

- 2 days workshop at Ginnir Hospital for midwives focusing on medical ethics and midwives responsibilities
- Workshop in Rayitu for Health Extension Workers in maternal and child health care with collaboration with RCDP
- 2 workshops each lasting 3 days for TBAs from Rayitu and Sawena in collaboration with Merlin
- 1 week revision course for TBAs in Sawena in collaboration with Merlin
- 3 nurses sent for training in therapeutic feeding to Jimma Hospital
- 1 workshop for cleaners and laundry workers in Ginnir Hospital
- 4 weeks training for 2 scrub nurses at St. Paul's Hospital in Addis Ababa
- Experience sharing trips was made by matron and two other ward leaders to Adama and Bishoftu Hospitals.

- Head of cleaners and laundry went together with Environmental Health Officer to Adama hospital.
- Head of pharmacy was sent to Shashemene Hospital to get more knowledge about computerized registration.
- One x-ray technician was sent to Myung Sung Christian Medical Centre for experience sharing.
- 1 HIV/AIDS workshop

### **Year 2009**

- Computer training for 20 key staff at the hospital
- Experience sharing trip to Gidole Hospital for 2 midwives
- 4 nurses sent to the Korean hospital in Addis Ababa for a two weeks training in Emergency and ICU care.
- Workshop for cleaners and laundry workers in Ginnir Hospital
- 3 workshops each lasting one week for TBAs in Sawena and Rayitu
- 3 HIV/AIDS workshops

### **Year 2010**

- ❖ Training in management of per-eclampsia/ eclampsia with magnesium sulfate for staffs in DW, gyn-ward and ICU
- ❖ Nutrition training for all nurses
- ❖ Training in Nursing standards and Nursing process for all nurses
- ❖ Workshop for all cleaners and laundry workers
- ❖ 4 workshops in HIV/AIDS
- ❖ Lectures in the new hospital reforms given by senior hospital staff
- ❖ Lecturers in acute medicine given by anesthesiologist
- ❖ 4 senior expatriates have stayed between 1-2 weeks in ICU, or and DW giving on-site training
- ❖ CEO visiting the Fistula Hospital
- ❖ Head of Human Resource Department visit Adama and Bishoftu Hospital

### **Year 2011**

- ❖ Workshop in newborn care and resuscitation with follow up at delivery ward given by one of the anesthetic nurses.
- ❖ Workshop in vaccine care
- ❖ Workshop in blood donation and management of blood transfusion reaction.
- ❖ Workshop for cleaners and laundry workers
- ❖ Introduction day for new nurses
- ❖ 2 workshops in Key Performance Indicators, medical ethics, hospital standard given by senior hospital staff
- ❖ HIV/AIDS workshops

### **Year 2012 first 6 months**

- ❖ Experience sharing trip to 6 hospitals and clinics in SNNPR by medical director, manager and human resource leader
- ❖ Experience sharing trip to Irgalem Fistula Hospital by two head nurses and matron + three representatives from Ginnir Women and Children's affaire + responsible for the MWH
- ❖ Workshop for new nurses in Nursing Standard and management of blood donation
- ❖ 5 workshops in HIV/AIDS
- ❖ Two weeks training of midwives and clinical nurses from Ginnir Hospital and Rayitu Health centre in basic obstetric care

## **3. Relevance of the project**

### **3.1 Complementarities with Government policies**

Ginnir Hospital capacity Building Project is consistent with government policies and strategies. The government development objectives and strategies given in the Plan for Accelerated and Sustainable Development to End Poverty (PASDEP) (2006-2010) focused on Health among many other major interventions. Furthermore, the project directly or indirectly contributes to Millennium Development Goals (MDGs) as follows: staff capacity building trainings and to improving maternal and child health (MDG 4 & 5) and combating HIV/AIDS (MDG6).

## 3.2. Project Terminal evaluation

The project organized final evaluation and conducted in Sept 2012. The evaluation team was organized from Zonal Offices, Woreda offices, EECMY/WBS/DASS, Project staff, Ginnir hospital management and NLM Ethiopia and led by Bale Zone Finance and Economic Development. This was successfully carried.

## 4. Financial and input utilization

### 4.1 Project Budget utilization

According to the project agreement document the financial plan for the whole project period (2008-2012) was ETB 5,982,750 but from the project final report we got **6,789,650.00** ETB, hence we took **6,789,650.00** ETB as actual plan by considering the inflation of ETB. **The total budget the project has utilized 7,205,647.00.** This accounts about 120% of budget plan against the expenditures for the activities such as project cost and Operating costs 142% and 98%, respectively. This shows over utilization of the budget by implementing body. Please refer Table I below for detail information.

**Table I: Financial report of Ginnir Hospital Capacity Building project (2008 - 2012)**

No	List of Activities	Unit	Financial Plan	Expenditure	
				ETB	%
<b>I</b>	<b>Project Cos</b>				
	<b>Capital Costs</b>				
	Equipment	ETB	1,274,000.00	1,776,789.00	139
	Vehicles	ETB	0.00	37,452.00	
	Buildings	ETB	0.00	0.00	
	Other Investments	ETB	0.00	0.00	
	<b>Sub Total</b>	<b>ETB</b>	<b>1,274,000.00</b>	<b>1,814,240.00</b>	<b>142</b>
<b>II</b>	<b>Program Cost</b>				
	<b>Operating Expenses</b>				
	Payroll Expenses Expatriates	ETB	2,800,000.00	2,749,545.00	98
	Payroll Expenses local staff	ETB	1,015,250.00	953,178.00	94
	Consultants	ETB	0.00	0.00	
	Auditing	ETB	35,000.00	142,059.00	406
	Education/Capacity building	ETB	896,900.00	907,629.00	101
	Administration	ETB	130,000.00	94,413.00	73
	Transport and travel	ETB	479,500.00	429,810.00	90
	Other Expenses	ETB	66,000.00	54,909.00	83
	Evaluation	ETB	40,000.00	21,246.00	53
	HIV/AIDS	ETB	53,000.00	38,618.00	73
	<b>Total Operating expenses</b>	<b>ETB</b>	<b>5,515,650.00</b>	<b>5,391,407.00</b>	<b>98</b>
	<b>Grand Total</b>	<b>ETB</b>	<b>6,789,650.00</b>	<b>7,205,647.00</b>	<b>106</b>

## 5. Progress towards attaining specific objectives

### 5.1 The overall goal

The project will contribute to the improvement of health status in the Eastern areas of the Bale Zone and Northern part of the Somali Region.

### 5.2 The project objectives

The specific objectives of the project are:

- ❖ Strengthen the essential hospital functions in Ginnir Hospital
- ❖ Strengthen the supporting activities of the hospital
- ❖ Implement the HIV/AIDS prevention, control and care program in the hospital and its surroundings
- ❖ Scale up the capacity of the administration of the hospital
- ❖ Provide access to electronic medical information

## 6. Project Benefit/ Impact and sustainability

### 6.1 Project Benefit/Impact

The Final/Terminal/Report review team observed the following benefits/impacts of the project in the Ginnir Hospital:

#### Strengthen the essential hospital functions in Ginnir Hospital

Project result	Indicators
Better quality of care (surgical, obstetric, gynecological, pediatric, medical and dental care)	a) – patients can get treatment for their general medical problems – the amount of hospital acquired infections is decreased - hospital mortality rate is decreased by 10% - standard care is given, specially focused on nutrition, hygiene, pain therapy and early mobilization -Special nutritional formulas are prepared in the therapeutic feeding unit – ward leaders are working on their wards

	<ul style="list-style-type: none"> <li>- every two weeks the ward leader calls his/her staff to discuss ongoing matters</li> <li>- for the project focus areas there is local treatment guidelines available and implemented</li> </ul>
Functional surgical ward and OR	<ul style="list-style-type: none"> <li>b) - annually 500 major operations are done</li> <li>- annually 1000 minor operations are done</li> <li>- there is one surgeon working in the hospital</li> <li>- the length of stay for the surgical patients is decreased</li> </ul>
Capable matron	<ul style="list-style-type: none"> <li>c) - matron is working according to the job description in cooperation with the administration of the hospital</li> <li>- monthly the matron calls the ward leaders to discuss ongoing matters</li> </ul>
Safe deliveries and functional gynecological ward	<ul style="list-style-type: none"> <li>d) - there is one gynecologist and 5 midwives working</li> <li>- deliveries are treated according to the national standards</li> <li>- partograph is used</li> <li>- 1000 deliveries per year</li> <li>- MCH and family planning services are available</li> </ul>
Functional laboratory	<ul style="list-style-type: none"> <li>e) - basic laboratory tests are made daily</li> <li>- quality control system is functional</li> </ul>
Functional x-ray department	<ul style="list-style-type: none"> <li>f) - basic x-ray pictures are taken daily</li> </ul>
Functional ICU for critically ill patients	<ul style="list-style-type: none"> <li>g) - vital signs are monitored regularly</li> <li>- patients are treated according to their medical condition, symptoms and vital signs</li> <li>- there is one nurse assigned to ICU on day and night shift</li> <li>- one national doctor has responsibility of the ward</li> </ul>

### Strengthen the supporting activities of the hospital

Project result	Indicators
Functional maintenance	a) - There is maintenance service available on daily bases - The hospital equipment are functional - Required services are rendered -There is cooperation between the purchaser, store keeper and maintenance worker so that the maintenance worker gets needed items -The hospital has secured budget for maintenance
Functional laundry services	b) - laundry is functional daily - there is clean linen for every patient
Functional cleaning services	c) – daily cleaning routines are done according to the national standards - the sensitive medical equipment are cleaned according to their manuals

### Implement HIV/AIDS prevention, care and support program

Results for the 5 year period	Indicators of the results
Improved knowledge and change of attitude on HIV/AIDS prevention methods	835 people participated in awareness raising training
People got access to VCT services at catchment area of the hospital	8,096 people got out reach VCT service
HTPs are rejected and people knew relation between HIV/AIDS and STI to take measures	30 % of people reject HTPs and 50% know the relation b/n HIV/AIDS&STI
PLWHA got appropriate care and support	Reduced stigma and discrimination, No of PLWHA living positive lives
Woreda HIV/AIDS offices are able to mobilize communities and to coordinate the activities	Monitoring and reporting on the situation became possible

### Scale up the capacity of the administration of the hospital

Project result	Indicators
The hospital has sustainable financial base and is able to use its income for the benefit of the hospital	a) – the financial management software is in daily use - the hospital board has regular meetings and is able to coordinate the hospital income - there is annual inventory and auditing
Registration and documentation system is improved	b) – all minor operations are registered - delivery registration is improved - computer is used in registration of the hospital

### Provide access to electronic medical information

Project result	Indicators
workers benefit from the computers in their work	a) – two computers with access to internet are available for workers in library - doctors, ward leaders and key personnel from pharmacy and laboratory know how to use computer for search of medical information - hospital statistics are made by computer

### 6.2 Sustainability of the project

One of the basic strategies to sustain the project was relying on the capacity of Hospital staffs and the design from the onset of the project made it clear that GHCBP doesn't have any responsibilities for the administration or any clinical activities of the hospital. The current administration is strong and well functional and all activities from the project side are done in close, good collaboration with the management of the hospital. The hospital wards have only been supported by training of staff. The hospital is fully financed through internal revenue and transfers from Oromia Health Bureau. GHCBP has only given support to purchase of equipments, maintenance and human capacity building, but not been responsible for any running costs.

### **Staff retention and training**

The incentives to specialists were crucial in the beginning and was actual the reason while the hospital managed to recruit surgeons. The project has paid the same amount of incentives these years, but provided to all of them. Times have changed and for the moment it is not the incentives for the project keeping them in Ginnir, but the private clinics they have established. It will be a big challenge for the hospital in the future recruiting specialists. The concerned bodies on all levels have not exploited the possibility of training GPs or HOs in emergency surgery who could serve the hospital at the moment the specialists are leaving. Plans are developed also on higher levels, but no implementation has so far happened

The incentives to the GPs and anesthetics have secured a stable team of professionals which would not have stayed without this payment. We have chosen not to decrease the amount as the budget is in Ethiopian Birr and the devaluation already regulating it. The number of GPs and anesthetics trained is increasing in the country which gives good perspectives for the future. However, their time serving at the hospital may decrease as nobody want to stay in this location unless there are extra benefits.

The project has given many workshops for nurses and supporting staff. New guidelines in different clinical areas have been implemented after these trainings. A continuation of this will depend on the priorities of leaders of the hospital.

### **Maintenance**

Even though the expatriate maintenance technical adviser left two years ago, the project has facilitated transport and maintenance of several equipments. A contact has been established between the hospital and NLM/E through the project, to assist the hospital during project period. The focus on and willingness to see maintenance as an essential part of the hospital activities, may further decline as the project leaves.

### **HIV/AIDS prevention**

HIV/AIDS prevention activities in the area will be severely affected as the government has not allocated money the last two years to HIV/AIDS activities. No other NGO are focused on the subject in the area. As the Social Health Coordinator has become more and more

involved with awareness raising related to maternal health issues and voluntarily blood donation which also will be affected as a result of GHCBP termination.

Furthermore, the community and concerned government offices at Hospital level are working in collaboration with the project which shows their ownership on the project. Thus, these were the prospects of sustainability observed by the Evaluator team.

### **7. Level of Collaboration with line offices**

At Woreda level the project worked in collaboration with offices like health, finance and economic development office and administration and public relation which in turn extended their structure to Hospital level. The evaluation team has observed close working relationship between all stakeholders at various levels including Woreda and zone. Additionally the Zonal and Woreda sector office representatives have witnessed that the collaboration with GHCBP has been as one of government line office than as NGO. Project planning and implementation of the GHCBP with relevant government line offices were one of the secret behind its success. Moreover, timely and consistent reporting system at all levels revealed the transparency and accountability of the organization.

Since Woreda Health office, Hospital and others have been participated on the implementation of this project from the beginning, the technical sustainability of the project seems ensured.

### **8. Project organization and Management**

The overall management and administration of the project is done by Norwegian Lutheran Mission in close collaboration with the Ethiopia Evangelical church Mekane Yesus Development And Social Services Commission. GHCBP is coordinated by the project manager at the project site and, the day to day activities are followed up by the project staff. In detail at the top level one project coordinator, one Social Health coordinator and Ginnir Hospital staffs have run the overall the project activities. The project manger coordinates the efforts of all staff and directs the process of implementation.

## 9. Project fixed assets

Concerning fixed asset the project has office furniture and field related equipments. The lists of these materials are listed below.

### List of project Fixed Asset

S.N	Description	Type and Model	Quant	Current condition	Remark
1	Car	Toyota Land cruiser hard top	1	On Work	
2	Motor Bike	Suzuki TS 185	1	On Work	
3	Photocopier	Sony Cyber shot Dsc-s700	1		
4	Computer	Hp Compaq dx2000MT <b>stationery</b> Screen++	1	On Work	
5	Computer	Toshiba Satellite A105-s4064 Laptop , mouse, extra battery pack	1	On Work	
6	Printer	Hp Laser jet 1150	1	On Work	
7	Copy machine	Canon NP6512	1	On Work	
8	Modem	US Robotics 56K fax	1	On Work	
9	Regulator	AVR-500w Automatic voltage regulator	1	On Work	
10	Back up	APC CS650	1	On Work	
11	Megaphone	With cassette player	1	On Work	
12	Shelf		2	On Work	

## **10. Conclusion and Recommendation**

### **10.1. Conclusion**

Norwegian Lutheran Mission (NLM) and the Ethiopian Evangelical Church Mekane Yesus Development And Social Services Commission (EECMY-DASSC) have used innovative project approach to capacitate the service delivery level of Ginnir Hospital. Especially Strengthen the essential hospital functions through provision of training and paying incentive for higher health professionals, Strengthen the supporting activities through purchasing essential medical equipments and supplies, implement the HIV/AIDS prevention, control and care program in the hospital and its surroundings woreda's, Scale up the capacity of the administration staff of the hospital through facilitating different experience sharing and on job training and Provide access to electronic medical information in the hospital.

The overall intervention was found promising to strengthen the overall service delivery level of the hospital.

In general, the project has achieved significant changes in the Hospital as a result of project staff commitment, good net-working and cooperation between the project staffs at all level, Hospital management and staffs, local administration and other stake holders too.

### **10.2. Recommendation and the way forward**

Based on the field assessment and discussions held with project staff and beneficiaries the review team recommends the following for further improvement.

- ✓ The effort made by the project with regard to Strengthen the essential hospital functions through provision of training and paying incentive for higher professionals was very encouraging and made the Hospital to deliver quality of service for the community. But Hospital Management are still explaining the project has to sustain at least for the coming two years because there is no other Stakeholder supporting the hospital in these intervention area and the hospital is one of the hospital serving for pastoralist with low capacity to pay for service and

there is high staff attrition due to the fact that the hospital found in poor infrastructure area , hence the hospital have not full capacity to take these activities due to resource constraint and not planned for project phase out, hence stake holders and concerned bodies has to give emphasis over.

- ✓ The team observed that the project purchased a lot of equipments and supplies including Laundry machines, different oxygen concentrators, different OR supplies, Delivery ward supplies, Laboratory supplies, X-ray supplies, Cleaning supplies, Pharmacy supplies, different size generators which are essential for hospital operation, besides water installation and beauty constructions solve the basic problem of the hospital, hence hospital implement HCF reform and has to take these activities in the future.
- ✓ The team also observed that there is big behavioral change on HIV/AIDS prevention, control and care programs. Full time deployed Social Health Coordinator coordinate a lot of awareness raising programs, out site VCT service, Income generating activities, Material support to Anti AIDS clubs was provided, but the beneficiaries are expressing their fear if the project will be phase out there is no still other body who take responsibility over. Hence concerned body has to give attention.
- ✓ The project also Scale up the capacity of the administration of the hospital. Different experience sharing programs were conducted for hospital administration staffs, financial software Navision training was given, and Computers were purchased. However, the implementation was still delayed due to some reasons both from project and hospital side and even though there were a lot of experience sharing for staff there is high attrition rate, hence unless this trained continue there might be challenge for the hospital employee these un experienced staff directly to administrative position and the delayed financial Navision program has to get attention from concerned bodies.

- ✓ The project Provide access to electronic medical information. Computers were purchased, training was provided for medical staffs in different rounds but due to lack of internet service at locality the intervention was not implemented. To deliver quality of health care Tele-medicine has to get attention in the future from all concerned bodies.
  
- ✓ Generally the project contributes a lot of changes for the delivery of service and capacitates the hospital. Still a lot of challenges are there for the hospital to run hospital service independently, hence the team recommend that the project and other concerned bodies has to look the existing gap and strength hospital more to render quality of health care for the community.

## Annex I: Goods delivery vouchers 2008

Voucher	Date	Item	Price	Invoice no.	Destination
1	1/11/2008	Energizer 9 V batteries 5 pcs.	156	3	OR
1	1/11/2008	File index 2 pcs.	48	3	Office
425622	3/21/2008	Water tube (14 m) and tube tightener (10 pcs)	208	28	OR
162700	3/17/2008	Mobil examination light,	6373	54	Delivery W.
162700	3/17/2008	Electrical vacuum extractor	3346.5	52	Delivery W.
162700	3/17/2008	Surgical gloves, No.7,5, 100 pair	184.34	55	Delivery W.
162700	3/17/2008	LCM Patient Monitor	69500	53	OR
425617	3/17/2008	MGE NOVA 600VA UPS. 2 pcs. Cl. 6 outlet surg.	2702.5	58	Adm. + Libra.
425616	3/17/2008	Photocopy Machine, Canon 2016	16619.8	59	Adm.
425618	3/17/2008	Water boiler for laundry, 3 pcs.	5700	71	Laundry
425618	3/17/2008	HP. Compaq dt 2300 Desktop, 2 pcs.	16893.5	62	Adm. + Libra.
425618	3/17/2008	HP laser printer LJ 2015, 2 pcs.	6295.1	62	Adm. + Libra.
425621	3/21/2008	Plastic barrel (Roto)120L 1 pcs.,100L 2 pcs, 50L (1)	640	67	OR
425615	3/17/2008	Washing machine, Hitachi, 3 pcs.	19620	72	Laundry
425633	4/17/2008	Door lock (1 pcs), Duplet keys (6 pcs), Key holder (12 pcs)	226	24	Delivery W.
616797	4/12/2008	Electric P.O.P saw	7480	114	OR
616797	4/12/2008	Hemo control machine, micro cuvettes 4x50 pcs.	4720	115	Laboratory
616797	4/12/2008	Digital stop watch 2 pcs., Wire loop with glas 2 pcs.	1032	115	Laboratory
616797	4/12/2008	Gimsa Stain, 1 liter	310	106	Laboratory
425639	5/6/2008	Fozet (2 pcs), Socket (2 pcs)	82	76 and 77	ICU and OR
425639	5/6/2008	Sport cl. w. Anti-AIDS slog (14 shorts and trousers)	99	1260	GH sportteam
425639	5/6/2008	Rubber gloves for cleaning	105	105	DW
2	3/8/2008	Power Mega Phone ER 66	850	44	Office
2	3/8/2008	Copy paper, plaster	183	43	Office
3	3/10/2008	Flip chart and white board with stand 60X90	1100	57	Office
1324	3/8/2008	Sony Digital still camera, DSC-S700	2565	49	Office
455777	8/11/2008	Suzuki motorbike,TS185 ER Ser. no.TSA 659107432	34,485	60	GHCBP
270516	8/11/2008	Glostavent complete Anastasia machine	250,000	81	OR
270506	8/11/2008	Sprit lamp, hematocrit sealer, HBS AP of 25, tuberack748	748	169	Laboratory
270522	9/15/2009	Cushine drill, sissors	9,989	215	OR
270520	9/15/2008	Forceps, ear forceps	6,956.40	216	OR

455793	9/23/2008	Rubber wheels for trolleys, 6 pcs.	840	229	Maintenance
5	10/2/2008	Litterature donated to Mahlet Mekannen	280	186	Health Officer
1282	11/17/2008	Fluorescents, 4 pcs., Starters, 4 pcs.	120	302	Hospital Board room
270533	11/26/2008	Wheel Chair, 1 pcs.	2800	282	Delivery W.
1291	12/5/2008	Volley ball and football 2 pcs.	400	327	GH sportteam
1225	12/28/2008	Oil for Hospital Generator, 2 x 25 liters	424	1560	Generators
1310	12/30/2008	Grounding cable for internal telephone syst. 40 m	418	560	Int. tele syst.
1306	12/30/2008	Stove, electrical, single plate, 3 pcs.	419	870	DW, MW, PW
607263	4/8/2001	UPS for ICU, did not come together with anasthesia m	200 £	81	ICU
1320	2/1/2009	Drum brake (2 pcs.), Wheel assy disc (4 pcs.), Bearing tapered (4 pcs.)	12 402.11	444	Ambulance
425494	10/12/2008	volley ball (7 pcs.), football (7 pcs.), ball pump (6 pcs.)	2307	374	Ginnir Woreda
1328	13/2/2009	tappelaa 79x110 (6pcs), 85x127 (5pcs), Shelves for nurse rooms (8 pcs), Shoe shelves (2 pcs)	8800	399, 421,422	
425778	15.12.2000	Helmet and wind breaker (windshield)	700	60	GHCBP

## Annex II: Goods delivery vouchers 2009

Voucher	Date	Item	Price	Invoice no.	Destination
607270	20.05.2001	Oxygen concentrator "Oxymat" 1 pcs.	30 400	36	Delivery Room
607270	20.05.2001	proflit filter for "Oxymat"	850	36	Delivery Room
1322	20.05.2001	Ups APC Smart 750 UA ID 021212683 2 pcs.	4 980	45,47	Hosp. Adm.
1322	20.05.2001	HP Compaq DX 2390, Table computer 2 pcs.	16 600	44,46	Hosp. Adm.
1322	20.05.2001	Printer HP LJ 2014, 1 pcs.	3 636, 30	48	Hosp. Adm.
1341	13.06.2001	Master card table for Card Room, 1 pcs.	2 000	399- 2008	Card Room
1341	13.06.2001	Mobile office desk with wheels, 1 pcs.	800	398- 2008	Operator
1341	13.06.2001	UPS battery stand 40 X 40 cm, 1 pcs.		398- 2008	Administration
1341	13.06.2001	4 chairs with sponge	800	421- 2008	Operator
1341	13.06.2001	Chairs, metal + wood 13 pcs.	2 000	423- 2008	OPD and ICU
787587	25.05.2001	Stationary for Dello Sebro, Ginnir Woreda	405		Dello Sebro
518905	16.06.2001	Stationary for Raytu	1644		Raytu
71519	18.09.2001	Stabilizer 1000W, 3pcs., JVC video player, sleeping bag	2835		ICU,DW,Assembly hall
71518	18.09.2001	Panasonic back up cable, KX-A227	615.25	138	Administration
71521	18.09.2001	Battery clamps for Internal tel.syst. UPS	40	195	Administration

71522	18.09.2001	Hanging lock for Tvstand in Assembly hall, 2 pcs.	40	197	Assembly hall
71489	20.08.2001	TV stand for assembly hall, 29 inch	1500	226	Assembly hall
71403	01.12.2001	Inner tubes and windshield for project motorcycle	862.5	292	GHCBP
71401	29.11.2001	10 KVA regulator, 75 A switch, 3x2,5 200m cable	15 485,96	375	OR, ICU, DW
71402	29.11.2001	Plastic boxes and plastic drying equipment (red)	605,99	297	DW
71405	15.12.2001	Volley ball (1 pcs.), foot ball (1 pcs.) and ball pump	490	369	GH Sport team
1357	03.13.2001	Flow meter, adjustable, 6 L / min (1 pcs.)	1700	296	ICU
1359	03.13.2001	Bone hammers, Compression app., Larynx forceps	1028,65E	382	OR
1358	03.13.2001	Probes, Needle holders, Bone chesels	168,85 E	382	OR, DW
71404	01.12.2001	Bedclothes for post partum patients, (16 pcs.)	1600	150	DW
1374	10.02.2002	Manual vacuum extractor with 3 suction cups (1pcs.)	26 106	422	DW
1374	10.02.2002	Reusable silicon cups for man. vacuum extr. (3pcs.)	26 106	422	DW
1374	10.02.2002	Episiotomy scissors 14,5cm Ser.no.08 550 14(2pcs.)	26 106	422	DW
1374	10.02.2002	Umbilical scissors, 10,5cm Ser.no. 08 550 10(5pcs.)	26 106	422	DW
1374	10.02.2002	Mayo Hegar needle holder (2pcs.)	26 106	422	DW
1374	10.02.2002	Mayo Hegar needle holder (2pcs.)	26 106	422	DW
1374	10.02.2002	Mayo Hegar needle holder (2pcs.)	26 106	422	DW
1374	10.02.2002	Wertheim scissors 22,5cm (2pcs.)	26 106	422	OR
1374	10.02.2002	Kelly scissors 18cm Ser.no.08 540 18 (1pcs.)	26 106	422	OR
1374	10.02.2002	Kelly scissors 18cm Ser.no.08 541 18 (1pcs.)	26 106	422	OR
1374	10.02.2002	Rochester -Ochsner 30cm Ser.no.12 320 30 (3pcs.)	26 106	422	OR
1375	10.02.2002	Rochester -Ochsner 30cm Ser.no.12 321 30 (3pcs.)	26 106	422	OR
1375	10.02.2002	Doyen Myoma Screw Ser.no. 70 641 17 (1pcs.)	26 106	422	OR
1375	10.02.2002	Heaney forceps 20cm Ser.no. 12 593 20 (2pcs.)	26 106	422	OR
1375	10.02.2002	Wertheim forceps 23cm Ser.no. 12 575 23 (2pcs.)	26 106	422	OR
1375	10.02.2002	Scissors EPI (2pcs.)		422	DW
71410	10.02.2002	Spark Plug W22 EPR for Project motorcycle	173,88	452	Project Motor
71407	10.02.2002	Mail box Ser.no.5324/09-2	563,81	449	Project Motor
71407	10.02.2002	Sony video camera DCR-HCS4E, DV cass. (3pcs.)	7480	446	Project Office

### Annex III: Goods delivery vouchers 2010

Voucher	Date	Item	Price	Invoice no.	Destination
71422	09.06.2002	Volley-ball	235,00	10	GH Sport team
736491	09.06.2002	Handles for vacuum extractor, 2 pcs.	106,00 E	588 (2009)	DW
736491	09.06.2002	Majo-Hegar Needle-holder, TC, 4 pcs	167,80 E	588 (2009)	DW
736491	09.06.2002	Majo-Hegar Needle-holder, TC, 4 pcs	180,00 E	588 (2009)	DW
736491	09.06.2002	Kelly-Rankin artery forceps, str 16 cm, 2 pcs	30,20 E	588 (2009)	DW
736491	09.06.2002	Kelly-Rankin artery forceps, str 16 cm, 2 pcs	30,90 E	588 (2009)	DW
736491	09.06.2002	Epistomi scissors ( previous order), 2 pcs			DW
71424	16.06.2002	Printer Hp Lj P2055D + Cable USB	6 440, 00	589 (2009)	Library
71423	16.06.2002	Wind Shield Motorbike	500,00	43	HIV/AIDS
71425	16.06.2002	Halogen Lamp+ Glass fuse	720,00	42	DW
71426	16.06.2002	ACB Breaker 20 Amp, 6 pcs	210,00	590 (2009)	ICU/OR
71426	16.06.2002	ACB Breaker 10 Amp, 10 pcs	350,00	590 (2009)	ICU/OR
71426	16.06.2002	ACB Breaker 3Ph/32A, 2 pcs	840,00	590 (2009)	ICU/OR
71426	16.06.2002	ACB Breaker 3p/40A, 2 pcs	980,00	590 (2009)	ICU/OR
71426	16.06.2002	Changeover switch 32 Amp	720,00	590 (2009)	ICU/OR
71427/28	16.06.2002	Prev.bookord. Transf from office to library. 12, pcs	0	0	Library
71429/30	16.06.2002	Medical books, 26 pcs + 3 CDs TALC	273 GBP	591 (2009)	Library
71431	16.06.2002	Medical books, 3 pcs AMREF	3450	592 (2009)	Library
71432	10.07.2002	Boiling Pot	40, 00	84	Gyn
71432	10.07.2002	Stove	200, 00	85	Gyn
71434	07.08.2002	Voltage Stabilizer	435, 00	106	Med.ward
71433	07.08.2002	Umbilical Cord Clamp 500 pcs	1445, 00	108	DW
71435	12.08.2002	Stove	220, 00	112	Med.ward
71437	19.08.2002	13 Medical Books + 2 CDs	2082, 00	113	Library
71436	10.08.2002	3 Medical Books	395, 00	114	Library
736520	19.08.2002	Child Ambubag (gift from Jinka Hosptial)	0	0	OR
738131	30.11.2002	Puls Oxymeter MP1 EO80P	509.00GB P	593 (2009)	Med.ward
738122	25.10.2002	Air ways opener (gift from Jinka Hospital) 11 Pcs	0	0	OR
71444	03.12.2002	3 Medical Books	1250	301	Library
71443	27.11.2002	Shelf	1,250	287	ICU/OR
71438	06.09.2003	Medical Journal 12 Pcs.	1786,00	b(2. quarter )Library	
71446	03.01.2003	Medical Books, 18 Pcs.(from Expat. Midwife office)	0	0	Library
71447	03.01.2003	Manuals, 17 Pcs.(from Expat. Midwife office)	0	0	Library
71448	03.01.2003	Books 8 Pcs.	2836	338+339	Library
738141	11.01.2003	Oxymat 3 (Oxygenconcentrator) (1 Pcs)	32 090	388	Med.ward
738402	10.02.2003	Puls Oxymeter ped s.n G1BH60383 (Gift A Aa)	0	0	ICU
738401	08.01.2003	Plastic cup vacuum extractor	2614,00	384	DW
738307	03.02.2003	Voltage Stabilizer	315,00	401	DW
738302	10.01.2003	Batteries for small generators (2pcs)+Big generator (1pcs)	2909,99	389	Maintenance

738301	10.01.2003	2 Computers	26312,00	386	Finance office
738303	10.01.2003	Drum for copy machine admin	4151,00	385	Admin
738304	11.01.2003	Stove	260,00	347	Surgical w
738305	11.01.2003	Voltage Stabilizer	450,00	346	Finance office
738306	01.02.2003	2 Iron pad	100,00	388	MWH
738308	11.02.2003	Voltage Stabilizer	450,00	398	DW
773719	27.04.2003	Bubble humifier	1495,00	414	Med.ward
738449	06.04.2003	Oxymat 3 (Oxygen concentrator) (2 Pcs)	69800,00	541	ICU
738314	14.04.2003	Voltage Stabilizer (2pcs x 5kw)	11500,00	540	ICU
738313	14.04.2003	2 Computers	28593,60	539	Library/Admin
738310	08.04.2003	Volley-ball	450,00	459	GH Sport team
738311	08.04.2003	Water filter candle + Measuring Jug, medical ward TFU kitchen	538,78	460	Med.ward
738311	08.04.2003	Hot plate + water filter, medical ward TFU kitchen	899,00	461	Med.ward
738355	12.04.2003	Fuel	5000,00	529	Hospital Generator
738312	11.04.2003	Equipments water pump	800,00	538	Water pump
773738	10.06.2003	Crunches + adult scale	3152	341-342	Med.ward

#### Annex IV: Goods delivery vouchers 2012

Voucher	Date	Item	Price	Invoice no.	Destination
994446	04.08.2004	15 Items for delivery ward including manual and electric vacuum extractor	489 \$	a (2011)	DW
994704	28.06.2004	Belt (Chinga) for big hospital generator	1 386 ETB	212	Generator
994749	12.10.2004	Head Gasket for big hospital generator	3 622 ETB	213	Generator
995378	29.09.2004	Computer	14 120 ETB	b (2011)	Admin
995355	11.08.2004	Solar panell with 2 lamps (1 pcs)	2 700 ETB	111	OR
995360	16.08.2004	Solar panell with 2 lamps (2 pcs)	5 600 ETB	140/141	DW/ICU