

**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)

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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.

| S.N | Name of Participants | Organization |
|------------|-----------------------------|-------------------------|
| 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 | % |
| I | Project Cos | | | | |
| | Capital Costs | | | | |
| | 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 | |
| | Sub Total | ETB | 1,274,000.00 | 1,814,240.00 | 142 |
| II | Program Cost | | | | |
| | Operating Expenses | | | | |
| | 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 |
| | Total Operating expenses | ETB | 5,515,650.00 | 5,391,407.00 | 98 |
| | Grand Total | ETB | 6,789,650.00 | 7,205,647.00 | 106 |

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

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 stationery 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 |