

Mott. dato: 20.05.08
Jnr 333
Arkivnr.: 133.3574
Saksbeh.: SS
Kopi PG

Oromia Finance & Economic Development Bureau
&
Oromia Health Bureau

Terminal Evaluation Report

On
The Norwegian Lutheran Mission (NLM)
&
The Ethiopian Evangelical Church Mekane Yesus
(EECMY/DASSC)

Joint Project Entitled
“Ginir Hospital Capacity Building”
In Ginir, Bale Zone of Oromia Region

October 2007
Finfinne

Table of Contents

I. INTRODUCTION	1
1.1. General	1
1.2 Objectives of the evaluation	1
1.3 Purpose of the evaluation	2
1.4 Methodologies involved	2
1.5 Duration of evaluation and Team involved in the evaluation	3
2. The Project	3
2.1 Project Location	3
2.2 Project Justification	4
2.3 Overall Goal of the project	4
2.4 Specific Objective of the project	4
2.5 Project Strategy	4
2.6 Expected outcome of the project	5
3. Project Implementation	5
3.1 Strengthening of Quality Care Essential Hospital Functions	6
3.2 Strengthen HIV/AIDS Prevention Activities	7
3.3 Workshops	7
3.4 Voluntary counselling and testing	8
3.5 Establishing of Maintenance Department	9
3.6 Developing a Sustainable Financial Base	9
4. Project Organization & Management	10
4.1 The Project Inputs	10
4.1.1 Ginir Hospital Staff.....	10
4.1.2 Project expatriate staff	11
4.1.4 The Project Budget	12
5. Stakeholders Collaboration	16
6. Project Benefit, impacts & sustainability	16
6.1 Benefit	16
6.2 Project Impact	17
6.3 Sustainability	17
7. Conclusion and Recommendations	17
7.1 Conclusion	17
7.2 Recommendations	18

Annexes: The Project Fixed Assets

I. INTRODUCTION

1.1. General

The Norwegian Lutheran Mission (NLM) is the first NGO who was requested by Oromia Health Bureau to establish effective and efficient functioning of health delivery system at Ginir Hospital. In response to this request, realizing the low capacity of the Hospital and health problem of the area, the Norwegian Lutheran Mission together with its partner, Ethiopian Evangelical Church Mekane Yesus Development and Social Service Commission (ECCMY/DASSC) had shown their willingness to run the project entitled "Ginir Hospital Capacity Building Project".

The project was initiated and agreement signed on December 10, 2003 among Oromia Health Bureau (OHB), Oromia Disaster Prevention and Preparedness Commission (ODPPC), Norwegian Lutheran Mission (NLM) and Ethiopian Evangelical Church Mekane Yesus Development and Social Service Commission (ECCMY/DASSC).

The life span of this project is five years (Dec.2003 –Dec.2008). It was amended in July 2004; to employ a national surgeon and Gynecologist by Oromia Health Bureau (OHB) for the whole project life span. The total project budget allocated for the whole project life span was 3,203,550 Eth. Birr. Thus, this terminal evaluation is scheduled following submit of the terminal report and request of the evaluation by the organization.

1.2 Objectives of the evaluation

The evaluation has the following major objectives:

The terminal evaluation is intended mainly to assess performance of the project against, the plan and other procedural and technical issues of the project and to provide the outcome of the evaluation to the government authorities and the implementing agency namely, Norwegian Lutheran Mission (NLM) and Ethiopian Evangelical Church Mekane Yesus Development and Social Service Commission (ECCMY/DASSC).

1.3 Purpose of the evaluation

- Assess the achievement of performance versus planned activities.
- Assess the sustainability of the project result
- Assess the contribution of the project in improving health status of the community.
- Assess the efficiency and effectiveness of the project interims of human resource management, physical inputs and financial management of the project.
- Assess monitoring and evaluating system of the project.
- Assess level collaboration of the project coordinator with hospital management and steering committee.
- Assess the number of the staff and staffing structure of the project.
- Assess overall strength and weakness of the project and finally, to provide conclusion and recommendation in order to help the higher bodies to give the required decisions.

1.4 Methodologies involved

The project assessment exercise was fully participatory, taking into consideration the views concerns of all namely, the beneficiary community, hospital management, the donor Norwegian Lutheran Mission (NLM), the implementing organization Ethiopian Evangelical Church Mekame Yesus Development and Social Services Commission (ECCMY/DASSC), the local sector government officials.

Review of the existing project document: the team reviewed secondary information in order to gain better understanding the performance of the program. The Ginir Hospital capacity building project proposal, the Midterm evaluation, annual progress reports and project agreement were among the relevant documents reviewed by the team.

Observation and visit: the team made careful observation on the activities visited including outpatient department, inpatient and laboratory department.

Interview the beneficiary: individuals of different age groups urban and rural dwellers were interviewed regarding Hospital services delivery.

Discussion: detail discussion was made with the project staff, hospital management and with the relevant local government sector officials and their opinions were obtained.

1.5 Duration of evaluation and Team involved in the evaluation

The field program of the evaluation was conducted for 5(five) days 19 July-24 July 2007.

The team was composed of experts from Oromia Finance and Economic Development Bureau, Oromia Bureau of Health, The Norwegian Lutheran Mission (NLM), and its partner organization -the Ethiopian Evangelical Church Mekane Yesus (EECMY/DASCC) and the Ginir Hospital Management Team.

Table 1: project Terminal Evaluation Team Composition

No	Name	Organization
1	Obbo Mekonnen Ragga'aa	BoFEDO
2	Obbo Alemu	OHB
3	Helena Mustakallio	NLM
4	Argachew Wendimu	NLM
5	Obbo Alemu Tolera	EECMY/DASCC

2. The Project

2.1 Project Location

Ginir Hospital is located in Ginir town, Ginir district of Bale zone in Oromia Regional state, which is 600 km far away from Finfinne the Capital city of Ethiopia. Ginir Hospital started operation in April 2001 and expected to serve about 750,000 peoples of eastern Bale zone and the adjacent northern part of Somali Regional State.

2.2 Project Justification

The health deliveries are generally poor in Oromia region as well as all over the country where as slight variation exists from one area to another. Bale of Oromia Regional state has a vast area and large population, which was served only by one Hospital in Goba with poorly functioning due to inadequacy of its capacities in various aspects until the construction of Ginir Hospital in 2001. Ginir Hospital is in the place where more challenges remain to be tackled to make adequately functional in delivering quality health care services to population in the vast area of eastern of Bale zone. In order to solve the health problem of the area the Hospital lacks qualified health personnel and other resources for the expected Hospital functioning. Due to the existing budget constraints the Oromia Health Bureau needs assistance for capacity building of this Hospital to function properly and sustain its services in the future.

2.3 Overall Goal of the project

The main goal of the project is to strengthen the capacity of Ginir Hospital on sustainable basis through strengthening of its service delivery functions, quality of care and strengthen the HIV/AIDS prevention and control efforts.

2.4 Specific Objective of the project

1. To support the establishment of essential hospital functions.
2. To assist the Ginir Hospital in the control of the HIV/AIDS pandemic.
3. To assist the Hospital to develop a sustainable financial base.
4. To establish a maintenance department.

2.5 Project Strategy

The strategies followed in the implementation and strengthening capacity of the Hospital and devising sustainable system includes the following:

- Participatory implementation and further assessment of requirements regarding the resources, organizational setup and capacities for the implementation of project.
- Thorough study of the merits and feasibility of different options to secure long-term operations and sustainability of the system.

Use of experiences elsewhere, consultancy inputs and available capacities within the partner organizations.

2.6 Expected outcome of the project

At the end of the project they envisage a capacitated hospital that satisfactorily performs essential functions to the services of the targeted population have strengthened administrative capacity and diversified financial resources that contribute to sustainability of the services provided:

1. The government continues to pay the necessary salaries to all the staff and continue supporting and running the Hospital in its entirety (finance, equipment, facilities and administration).
2. The Hospital the population essential Hospital functions at an acceptable quality care level to the target population.
3. The Hospital generates adequate income from local sources (patient income and other sources of revenue collection) approximately 500,000 to 800,000 ETB per year that would be an additional input to cover the running cost of the Hospital.

3. Project Implementation

The project implementation has been based on overall objective settled by the project and mainly focused on the four major areas strengthen quality care and essential hospital function, strengthen HIV/AIDS prevention activities, establish maintenance department to give regular maintenance and assist the hospital to develop a sustainable financial base which are the priority areas of the hospital.

3.1 Strengthen Quality Care Essential Hospital Functions

As the evaluation team realized the project had strengthen the hospital to give quality health care delivery services to the served community at an acceptable level. Based on the amendment of project document in July 2004 Oromia Health Bureau assigned a national surgeon with his Salary and the project paid top-up to attract specialized health professionals, which are not available on the market to this remote area. The operation room is fully functional for 24 hours services since August 2004 a lot of minor major surgical and gynecological operations managed by the surgeon for the last four years. During visiting the team observed that all the beds in surgical ward occupied by the patients and a lot of electives surgical cases waiting for admission. This indicates needs of services become beyond the capacity of one surgeon and recently Oromia Health Bureau assigned additionally one surgeon.

The project has got valuable achievement in the capacity building of hospital in the last four years organizing the hospitals wads with medical equipments and training hospital staff. These includes

- ❖ Two expatriate nurses improved nursing care at surgical and pediatric ward by introducing routes and in services training.
- ❖ One expatriate doctor visited the hospital for one month and trained the staff in delivery ward in the treatment of obstetrical complication and parthogram.
- ❖ The expatriate midwife nurse has trained the 3 new midwives and other staff.
- ❖ ICU was opened and treatment guidelines were prepared.
- ❖ Training was given to the hospital staff at different time on different topics.
- ❖ Visits to other hospital were done for experience exchange.
- ❖ Different medical books were bought to the hospital.
- ❖ Various capital investments have been made to strengthen the operation room, surgical ward, Obs/gyn and ICU to supply with different medical equipment.
- ❖ Laboratory was strengthened by purchase of equipment and reagent.
- ❖ Purchase of drugs and medical supplies and provision of seed money for hospital special pharmacy.
- ❖ Purchase and installation of stand by generator for OR and wood saving stove for the hospital kitchen.

3.2 Strengthen HIV/AIDS Prevention Activities

The project objective is to strengthen the prevention and control of HIV/AIDS pandemic in the area. The evaluation team has been observed that Voluntary Testing and counseling (VCT) provision of ART has been started prior to Ginir Hospital Capacity Building Project implementation. However the project established a data base for monitoring and evaluating of VCT and reports are made available.

In collaboration with the district health office the project assisted workshops, IEC materials and small grants to Anti AIDS club to increase awareness of community and more widely VCT advertised among the students.

The encouraging thing that the evaluating team observed was following conducting workshops and training to community of different age groups and students outreach VCT was done following the requests of students. This one of the good achievement of the project should be sustainable and continue by district health office and hospital.

On the other hand the challenges that the evaluating team observed in prevention and control of HIV/AIDS is not supported by care and support. Most of the clients on ART therapy are very poor and come from far area to the hospital and few of them default therapy due to unknown reasons. This is the warning sign unless measures taken timely.

3.3 Workshops

Workshops and training has been arranged by the district aids coordinator. He has trained thousands of people. Training has been given also in schools, peasant associations, prison, monastery, markets, etc.

One workshop was arranged together by Wabe Batu Synod and Ginir district for religious leaders

The training sessions have lasted for one to three days.

Number of HIV trainings in different places

The training places	2006	2007
Schools	14	46
Peasant associations	1	48
Market	-	5
Prison, monastery, government workers	3	11
TOTAL	18	110

Number of attendants

Year	People
2006	1 750
2007	15 930

3.4 Voluntary counselling and testing

In connection to aids training, willingness for VCT was asked. Testing was done in 9 places, totally 407 people were tested. In 2007 there has been national campaign for VCT, financed by other donors.

STI seemed to be a big problem. The patients cannot get free treatment in Ginir.

VCT is done daily in the Hospital without support of this project. ARVT is available in the Hospital.

Table: VCT statistics

Details	2006	2007	Total
Number of VCT visits	8	1	9
Number of people tested	377	30	407

3.5 Establish Maintenance Department

The project was identifying the priority area needs for maintenance with concerned hospital staffs and expatriate mechanic was assigned to the maintenance department, which has been equipped with tools. He oversees the activities of maintenance department and many items produced locally such as shelves, trolleys bedside table and water tanks.

The hospital maintenance worker was trained in maintenance of hospital equipment and system for the ward to request is in place. The major repairs were replacement of water pipe line, washing machine, renewal of walls in operating room and new curtains for some wards.

A small generator for the operating room was purchased and electrical line installed to three rooms. Another generator that has low diesel consumption has been provided by the project and installed.

During the evaluation the team has visited the units of hospital and observed that the physical status of hospital is in good condition as well as clean and functional waste disposal system.

3.6 Develop a Sustainable Financial Base

The main objective of developing a sustainable finance base is to enable the hospital to generate and retain its own income yearly in order to carry out essential health delivery functions in a sustainable way to improve hospital management. The project was not achieved its objective because of that, the administration of hospital is under Oromia Health Bureau and health care financing directive that facilitate things for capacity building income generation at hospital level had not yet implemented.

Even though, the income generation of hospital is not achieved as expected in the project objective the project has organized an experience sharing visits to the other hospital and workshop in financial management and training in basic computer skill preformed.

On the other hand, currently the Oromia Health Bureau endorsed health care financing directive to enable hospitals and health centers generate and retain their income, and utilizing their income to improve the delivery of quality health care services in the health institution. Therefore the hospital will be able to generate its own income following the implementation of health care financing directive.

4. Project Organization & Management

The project document the day-to-day activities managed by project coordinator and expatriates staff, and also strongly supported by hospital management and staff to achieve the objectives of the project. The evaluation team has observed that the project steering committees have a gap of understanding about project progress since their contribution is very important in project planning, implementation, monitoring and evaluation.

The evaluation team has also observed weakness of timely reporting and in proper completion of the project accomplishments as observed in the midterm evaluation. List of the project staff including expatriates names and their duration of work during the last five years period is depicted hereunder.

4.1 The Project Inputs

4.1.1 Ginir Hospital Staff

Health staff	2003	2004	2005	Novemb. 2006	July 2007
Surgeon	-	-	1	1	1
GP	5	5	2	4	4
Health Officer		-	-	1	1
Anesthesian nurse	-	1	1	1	1
Psych. nurse	-	-	-	-	-
Nurse BSC	-	-	-	3	2
Senior nurse	7	18	14	15	11
Junior nurse/HA	14	30	15	4	4
Midwife	-	-	1	3	3
Lab. technician		8	6	7	6
Pharmacist/drugist		2	2	3	3
X-ray technician		1	1	-	-
Sanitarian				1	1
Supportive staff		120	118	78	

4.1.2 Ginnir Hospital Capacity Building Project expatriate staff

Name	Position	Time
Christel Ahrens	Project coordinator	2003 – 2005
Hans Ovar Birkeland, part time	Supervisor in maintenance, Leader in house building for residences of expatriates	November 2004 -
Gunn Eline Birkeland	Supervisory nurse	2005 5 months
Helena Mustakallio	Project coordinator	2006 – 2007
Tuula Hiekkanen	Anesthesiologist	2006 -
Geir Berget	Specialized nurse	2007 -
Ann Kristin Berget	Midwife	2007 -

The project is paying salary top ups to: Dr. Maru, surgeon, replacing the expatriate surgeon, all GPs, all anaesthesia nurses, allowances are paid for aids work, ICU ward leader is getting salary of ward leader, 150 Birr/month, from the project, since 2007 night duty workers in ICU get night duty compensation, 35 Birr/night, since 2007. All the hospital staffs are involved in most of the project works.

4.1.3 Summary of five years Ginir Hospital Manpower

No	Profession	2003	2004	2005	2006	2007
1	Surgeon	-	-	1	1	2
2	GP	5	5	2	4	4
3	Health Officer	-	-	-	-	1
4	Anesthesia nurse	-	1	1	1	1
5	Nurse Bsc.	-	-	-	3	2
6	Senior nurse	7	18	14	15	11
7	Junior nurse/Health assistant	14	30	15	4	4
8	Midwife	-	-	-	3	2

9	Lab. technician	-	8	6	7	6
10	Pharmacist /Druggist	-	2	2	3	3
11	X –ray technician	-	1	1	-	-
12	Sanitarian	-	-	-	1	1
13	Supportive staff	-	120	118	78	78

4.1.4 The Project Budget

The total agreed up on project budget for the project implementation for the last five years duration is Birr 3,573,950.00. However, according to the project terminal report the project has made use of a total expenditure of 2,465,685.12 Eth. Birr, which accounts to 69 % of the total budget.

The budget is fairly utilized except that there are some fluctuations in utilizations of the budget. On the other it is unfair and not accurately utilized as the Hospital is suffering from shortages of water supply facilities and the project couldn't fully utilize even the earmarked budget for the Hospital. The summary of the physical accomplishment of the activities is not clearly indicated and this has significantly hampered our accomplishment analysis in this report. Please refer the following project budget and utilization as depicted hereunder.

Summary of GHCP financial plan vs. achievement for year 2003-2007 (excluding expat. Expenses)

No	List of Activities	2003		2004		2005				
		Planned	Agreement	Achievement	Planned	Agreement	Achievement	Planned	Agreement	Achievement
A	Capital investment									
1.1	Vehicles	370,000.00	815,000.00	-	205,000.00	183,000.00	-	405,000.00	110,000.00	-
1.2	Hospital Equipment & furniture									
1.3	Computers and accessories									
1.4	Generator and repair									
	Sub-total	370,000.00	815,000.00	255,707.84	205,000.00	183,000.00	26,268.37	405,000.00	110,000.00	390,877
B	Capacity building									
2.1	Training				71,000.00	121,000.00		125,000.00	89,000.00	
2.3	Courses, Conference, visit, and Books			6,686.00						
	Sub-total		96,000.00	6,686.00	71,000.00	121,000.00	33,521.00	125,000.00	89,000.00	34,996
C	Running	300,000.00	480,000.00		525,000.00	400,000.00		422,600.00	235,000.00	
3.1	Purchase of Medicine									
3.2	Salary and allowance			9,428.85			46,629.00			91,497
3.4	Telephone			1,130.00			1,820.00			3,592
3.5	Mileage						62,246.00			52,167
3.6	Administration &			19,356.00			41,673.00			27,357

	office supply																	
3.7	Maintenance of vehicles																	
3.8	Miscellaneous expenses																	
	Sub-total	300,000.00		69,550.00	3,421.00		-	35,200.00	10,094.00				21,700.00	2,464				
				549,550.00	33,335.85	525,000.00	435,200.00	208,973.00	422,600.00	256,700.00	274,600							
	Grand total	670,000.00		1,460,550.00	295,729.69	801,000.00	739,200.00	671,388.77	952,600.00	455,700.00	700,480							
				790,550.00			-61,800.00				-496,900.00							

No	List of Activities	Planned	Agree	2006		2007 (half)		Total (half y	
				Achievement	Planned	Agree	Achievement	Planned	Agree
A	Capital investment	263,500.00	10,000.00	-	-	-	1,243,500.00	1,118,000.00	-
11	Vehicles								226190
12	Hospital Equipment & furniture			285,812.32	132,000.00	75,986.38	132,000.00	-	1134520
13	Computers and accessories			-		-		-	50200
14	Generator and repair			-		-		-	262600
	Sub-total	263,500.00	10,000.00	285,812.32	132,000.00	75,986.38	1,375,500.00	1,118,000.00	1,437,270
B	Capacity building	82,500.00	42,000.00				278,500.00	368,000.00	
2.1	Training								

2.3	Courses, Conference, visit and Books				57,294.89	212,000.00		29,286.25	212,000.00	-	16178:
	Sub-total	82,500.00	42,000.00	57,294.89	212,000.00	20,000.00	29,286.25	490,500.00	368,000.00	161,78:	
C	Running	304,500.00	210,000.00		245,000.00	240,000.00		1,797,100.00	1,565,000.00		
3.1	Purchase of Medicine			18,039.38			3,556.42	-	-	10544:	
3.2	Salary allowance and Telephone			165,576.89			47,634.59	-	-	36076:	
3.4	Mileage			4,845.91			1,740.64	-	-	1312:	
3.5	Administration & office supply			10,120.60			27,307.00	-	-	1518:	
3.6	Maintenance of vehicles			28,828.50			1,916.00	-	-	11913:	
3.7	Miscellaneous expenses		13,100.00	400.50	-	13,000.00	-	-	152,550.00	1638:	
3.8	Sub-total	304,500.00	223,100.00	247,255.81	245,000.00	253,000.00	102,447.15	1,797,100.00	1,717,550.00	866,62:	
	Grand total	650,500.00	500,000.00	590,363.02	589,000.00	418,500.00	207,719.78	3,663,100.00	3,573,950.00	2,465,68:	
			-150,500.00			170,500.00			-89,150.00		

5. Stakeholders Collaboration

The collaboration and full participation of stakeholders in the implementation of any project is very crucial for the success of that project. The evaluating team realized that on the discussion held with hospital management, representatives of district administration, Ginir town administration and district health office, there is smooth relation among the stakeholders in implementing the project to achieve its objectives. The beneficiaries have also realized that they are satisfied with the service rendered by the hospital, even though; they complain that people with selective surgical cases are waiting for admission for months.

The Oromia Health Bureau on his part to improve the services delivery of the hospital to solve severe shortage of health professionals such as general practitioners and nurses were assigned to the hospital yearly.

6. Project Benefit, impacts & sustainability

6.1 Benefit

The hospitals wards are well equipped with the necessary materials and surgeon assigned to hospitals as a result of these the service delivery of surgical and obstetric ward has improved remarkably, and a lot of people in catchments area are benefited from the services.

Following the improvement of hospital service delivery of surgical and obstetric emergency managed very well and referral and death cases of surgical and obstetric are markedly reduced.

Seed money was given to the hospital special pharmacy as a revolving fund, and has improved the supply of essential drugs continuously to the hospital in sustainable way.

The improvement of maintenance department core area in improving health care delivery and the hospital technician trained to carry out minor maintenance of medical equipment.

The project assisted the district health office to conduct awareness creation among the people; workshops and training on the prevention of HIV/AIDS outreach VCT done in the school.

6.2 Project Impact

Currently it is difficult to assess the impact of project intervention since it needs detail study of each intervention. But it is obvious that the improvement of health care delivery in the hospital reduced a lot of deaths of medical, surgical and obstetric emergency due to the absence of qualified health professionals in that area. Therefore it is possible to say the project intervention has contributed in improving the health status of population in the catchments area.

6.3 Sustainability

The sustainability of the improvement seen in health care delivery in Ginir hospital is doubtful if the project terminates. Because the Hospital did not start income generation yet, and also the Oromia Health Bureau cannot afford to pay the top up to attract qualified health professionals to such remote areas due to constraint of budget.

7. Conclusion and Recommendation

7.1 Conclusion

Overall, the project achieved its major objective and the hospital service delivery has improved significantly and attracting the beneficiary communities in the catchments and out of the catchments area as a result of project intervention. Utilization rate of service become increased from day to day especial the need of surgical procedures above the capacity of one surgeon. Provision of essential drug supply and improvement of maintenance department has contributed for the improvement of hospital service delivery.

7.2 Recommendations

The evaluation team has realized the strong side and weak side of the project and would like to recommend on the second project phase (2008-2012).

1. The evaluation team observed that the number of patients being registered and treated at OPD level is only about 30 every day. This number is far too low for the number of doctors and nurses working in the hospital. Thus the team recommends that at least 50 to 60 patients should be seen and treated per day. Further more, patients should not be given long appointment to be seen by physicians.
2. The sustainability of the improvement seen in health care delivery in Ginir hospital is doubtful if the project terminates. Because the Hospital did not start income generation yet, and also the Oromia Health Bureau cannot afford to pay the top up to attract qualified health professionals to such remote areas due to constraint of budget. Therefore we recommend the project should continue until functional sustainability of hospital is assured.
3. On the other, the evaluation team has witnessed that the number of patients seeking medical and surgical services and care has to increase, thus the team recommends that OHB assign professionals (physicians, nurses and X-ray technicians) from time to time as deemed necessary.
4. Following the improvement of health care delivery in Ginir hospital the beneficiaries increased and more services expected from the hospital. The need of qualified health professional two surgeon, one gynecologist, one internist, four general practitioners and two anesthetists should be considered in the next project.
5. Any health facility is expected to be neat and clean, and of course, neatness without having adequate water supply is so difficult. The piped water supply problem is a very critical issue that needs to be solved by the OHB. The fact that NLM has designed a very detail project proposal on how to install rainwater-harvesting scheme for the hospital.

6. The issue of HIV/AIDS prevention care and support programme has not been given any attention so far, yet the magnitude of HIV/AIDS in the area is very high as per the information the team got in the past, the only activity carried out by the hospital with regards to HIV/AIDS was only awareness raising whereas the number of people infected are requiring for care and support. Therefore, the team recommends that the hospital and Wabe Batu Synod try to address the problem as far as possible. It does not have to be very high number, may be 20-30 most needy ones could be considered because just more awareness raising activity does not mean any thing at this point and besides awareness building, care and support should be considered as one of the project component in next project.
7. The team has observed that there is a drug revolving fund scheme in place in the hospital yet it is not being well used by the people in the area. The hospital has to further strengthen the utilization as well as its management as this one is the means of making the hospital self reliant and sustainable. In this regard the team recommends, that the hospital to its level best to improve all its services to attract more income or revenue. In addition to this, introduction of health care financing in the hospital needs an urgent action to promote self-reliance of the hospital.
8. As it is so far observed during the evaluation process as well, as well as during compilation of this terminal evaluation report, the project is seen to have confronted with the technical problem of financial (mismatch of the planned and the agreed upon budget) and physical *report submission* in comparison against plans though justified in course of the evaluation process. Recording such useful data and communicating with the co-signatories is so crucial to know the extent/rate/ to which the project accomplished the physical targets by utilizing the earmarked budget. Thus, the project is boldly advised to improve report of the project especially, the physical activity quantified reports which is not made available by the project to this terminal evaluation report.

ANNEX 2: GINNIR HOSPITAL CAPACITY BUILDING PROJECT INVESTMENTS 2004 - 2007

Year	Nr.	Item	Price/ unit	Price	From where
2004	1	Ecg monitor		49 900	
30.11.04	1	Refrigerator for OR		2 294	Benvenuti Bros.
12.6.04	1	E-mail modem		669	Snap
5.3.04	1	Delivery bed		1 900	Agmas
5.3.04	1	Stretcher		1 800	Agmas
5.3.04	1 (5)	Suction		1 600	Agmas
5.3.04	2 (3)	Compag Computers, 2	11 620	23 241	Snap
5.3.04	3 (5)	UPS Back ups, 3	920	2760	Snap + VAT
5.3.04	1 (3)	Laserjet printer 1150		2 695	Snap + VAT
5.4.04	1	Toyota vehicle		226 193	
26.11.04	1 (3)	Laser jet printer 1300 with cable		3 553	Snap
25.11.04	1 (3)	Laser jet printer 1300		3 553	Snap
25.11.04	1 (3)	Computer compag		9 389	Snap
17.9.04	1 (2)	Robine Petrol driven generator (OR)		11 155	General Mercantile
20.12.96	1	Table		580	
	1	Book shelf		600	
	2 (9)	Chairs, 2	120	240	
	1	Modena welding machine		1 100	Delivered 8.4.97
		TOTAL 2004			
2005					
18.6.05	1	Photometer		64 000	Pharma Share
	1 (5)	Suction		2 950	Labora Proforma 3.2
5.3.05	1 (3)	Oxygen concentrator Aeroplus 600S		21 568	Labora
27.12.04	1	Anaesthesia machine		341 939	Acoma
25.4.05	2 (4)	Wood saving stoves, 2	1090	2 180	Selam technical and vocational center
5.8.05	2 (4)	Wood saving stoves, 2	1575.50	3 151	Selam technical and
	1	Vacuum extractor		6 481	
		Dental forceps		712	
23.8.05	1 (2)	Mobile OR lamp		23 220	Kam Trading
	2 (3)	Blood glucose machines, 2	625.50	1 251	
	1	Telephone system (wire)		9 620	
6.11.05	1 (2)	Pulse oxymeter		15 471	Pharma Share
	1 (5)	Electric suction Accu-Vac		13 000	
	1 (5)	Manual suction ManuVac		4 800	
	1 (2)	Argus patient monitor		69 500	
	1 (3)	Oxygen concentrator		21 000	
15.12.05	1	Bore hole set		108 300	TTM, Germany
4.5.05	1 (8)	Stabilizer 1000 W		400	Yetewo Light Genera Electrical Materials in
30.6.05	1 (8)	Stabilizer 1000 W		400	Yetewo Light Genera
23.10.97	1 (8)	Stabilizer for OR		400	Yetewo Light Genera Electrical
25.8.97	1	Skin graft knife		3 545	Pharmid
5.10.05	1	Robin petrol water pump		3 123	Blue Nile Trading
5.10.05	1 (2)	Rechargeable torch	115	690	Chibo Electrical trad
		Total 2005		717 701	

2006					
	1	Cannon photocopier + toner		10 660	
18.4.06	1 (3)	Oxygen concentrator		19 900	Labora
17.3.06	1	External fixator disposable		4 019	357,92€=3014,19NC
1.11.06	1 (2)	Argus XCM Pulse Oxymeter		26 750	Pharma Share
11.7.06	1	Elite Fetal Dopler Sonic Aid		16 706	Finland
	1	Microlife blood pressure monitor		990	99 € Finland
	2 (2)	Forehead thermometers, 2		919	91,90 €
14.5.06	1	Chargable Drill Bosch		1 727	General tools trading
21.8.06	1 (2)	Robin Petrol Generator for ICU		10 500	Blue Nile Trading
21.8.06	1 (2)	Lap top		15 927	Snap
29.12.06	1	Memory stick San Disk flash		900	Jupiter
14.10.06	2 (8)	Stabilizer 1000 VA, 2	300	600	Jupiter
14.10.06	2 (8)	Stabilizer 500 VA, 2	250	500	Jupiter
1.1.07	1 (8)	Stabilizer		287	Jupiter
14.10.06	2 (5)	Back ups 650 VA, 2	920	1 840	Jupiter
	1	Fax machine Cannon		1 466	
	1	Tape recorder for vehicle		1 180	
2.4.99	1	Tape recorder Sonny for OR		2 000	
	1 (3)	Gluco care machine + strips for ICU		1 244	Delivered 23.1.99
	1 (2)	Everbright light		295	
	1	Writing desk for ICU		600	
1.11.06	1 (2)	Light for DW		61 000	From Norway
		Total 2006		180 009	
2007					
	2 (9)	2 chairs for the cashers		360	Made in Ginnir
	5 (9)	5 chairs, small table, micro table		1090	Made in Ginnir
	1	Grinder Makita + 2 disks		1350	
20.4.07	1 (2)	Argus VLM monitor for ICU		26 750	Pharma Share
	1 (5)	Succion machine		16 236	Pharma Share
	1	Gass stove, adapter for ped. nutrition		253	
	1	Infant oxygen sensor		3 800	Pharma Share
19.4.07	2 (9)	2 chairs for DW		1 495	SelamTechnical &Vc
	1	Electrocautery Machine *		15 883	Ordered from Labora
		Total 2007 6 months		67 217	

* Not received yet

②/5

GINNIR HOSPITAL CAPACITY BUILDING

Books 20.2.2006

1. Chakraborty, N. & Chakraborty, D. **Fundamentals of Human Antomy**. Volume I . Reviced and updated second edition 2005. New Central Book Agency (P) Ltd. Kolkata. 52 Birr.
2. Chakraborty, N. & Chakraborty, D. **Fundamentals of Human Antomy**. Volume II . Second edition 2003. New Central Book Agency (P) Ltd. Kolkata. 65 Birr.
3. Kaushik, Soma. **Anaesthesia Concepts and Management**. 1995. Jaypee Brothers Medical Publishers.(P) Ltd. New Delhi. 47 Birr.
4. Santosh Kumar, A. **Handbook of Pediatrics**. Third edition. 2003. All India Publishers & Distributors Regd. Chennai. 61 Birr. 2 Books
5. Thresyamma, C.P. **Operating Room Technique and Anaesthesia for General Nursing Course**. 2nd edition. 2003. Jaypee Brothers Medical Publishers (P) Ltd. New Delhi. 38 Birr.

BOOKS BOUGHT 19.2.2007

1. Divekar, Vasumathi M. Anaesthesia and resuscitation for medical students and practitioners. 2000. Jaypee brothers Medical Publishers Ltd. New Delhi. 32 Birr.
2. Seear, M. A Manual of Tropical Pediatrics. 2000. Cambridge University Press. 130 Birr.
3. Bhargava, Satish K. Principles and Practicee of Ultrasonography. 2004. Jaypee Brothers Medical Publishers Ltd. New Delhi. 158 Birr.
4. Grantz, Brown, Berk & Myers Manual of Clinical Problems in Infectious Disease. 2006. Lippincott Williams & Wilkins. 240 Birr
5. Schlegel, Hans G. General Microbiology. Seventh edition. 2005. Cambridge Low Price Editions. Cambridge University Press. 69 Birr.
6. Diagnosis and Management of HIV/AIDS. A Clinician's Perspective. Edited by Usha K. Baveja & B.B. Rewari. 2005. B.I.Publications. New Delhi. 86 Birr.
7. Jacob, Annamma. A Comprehensive textbook of midwifery. 2005. Jaypee Brothers Medical Publishers. New Delhi. 130 Birr
8. Bhide, Patki & Levi. A Textbook of Obstetrics for Nurses and Midwives (Pregnancy and Child Birth) 2003. Jaypee Brothers Medical Publishers. New Delhi. 49 Birr
9. Hamilton-Fairley, Diana: Lecture notes Obstetrics and Gynaecology.2005. Blackwell.
10. Patil, Rashmi: Manual of Midwifery (Practical and Theory). 2004. Vora Medical Publications. Mumbai.

Books delivered to the Hospital Library 16.2.2007

1. Maqbool, Mohammad: TEXTBOOK OF EAR, NOSE AND THROAT DISEASES. Tenth edition 2003. Jaypee Brothers Medical Publishers. New Delhi.
2. Lily Pritam Telu Ram: ENVIRONMENTAL HEALTH AND HYGIENE. Second revised edition. Reprint 2004. Vilkas Publishing House. Delhi. 27 Birr.
3. Sharma, Madhuri: HOSPITAL WASTE MANAGEMENT AND ITS MONITORING. 2002. Jaypee Brothers Medical Publishers. New Delhi. 35 Birr
4. Thresyamma, CP : OPERATING ROOM TECHNIQUE AND ANAESTHESIA FOR GENERAL NURSING COURSE. 2003. Jaypee Brothers Medical Publeshers. New Delhi. 38 Birr
5. Kaushik, Soma: ANAESTHESIA CONCEPTS AND MANAGEMENT. 1995. Jaypee Brothers Medical Publishers Ltd. New Delhi. 47 Birr
- 6 & 7. GUIDE TO DRUGS VITAMINES AND NATURAL MEDICINES. Time, Life. Alexandria, Virginia. 1998. 40 Birr
- 8 & 9. Chakraborty, N. & Chakraborty, D. FUNDAMENTALS OF HUMAN ANATOMY. Second edition 2005. New Central Book Agency. Kolkata. Volume I 52 Birr. Volume II 65 Birr.
10. Schull, Christopher R. COMMON MEDICAL PROBLEMS IN THE TROPICS. 1990. Macmillan. Donation.
11. IMMUNIZATION IN PRACTICE. A guide for Health Workers who give Vaccines. WHO. Oxford University Press. 1989. Donation.
12. Werner, David: WHERE THERE IS NO DOCTOR. A village health care handbook for Africa. 1988. Macmillan Publishers. Donation.
13. FACTS FOR LIFE. A Communication Challenge. Donation.
14. HEALTH FOR ALL – SWEDISH EXPERIENCES AND RESOURCES. Edited by Krister Eduards. 1989. Donation.
15. Ebrahim: A HANDBOOK TROPICAL PAEDIATRICS. 1978. Donation.

BOOKS, DONATION FROM JUDITH

1. King, King & Martodipoero. 1980. PRIMARY CHILD CARE. Book one.
2. King, King & Martodipoero. 1989. PRIMARY CHILD CARE. A guide for the community leader, manager and teacher. Book two.
3. Ebrahim. 1978. A HANDBOOK OF TROPICAL PAEDIATRICS.
4. Schull. 1987. COMMON MEDICAL PROBLEMS IN THE TROPICS.

4/5

5. Werner. 1988. WHERE THERE IS NO DOCTOR.

6. WHO. 1989. IMMUNIZATION IN PRACTICE. A guide for health workers who give vaccines.

7. Lindtjörn. 1991. CHILD HEALTH AND NUTRITION. A study from drought prone areas in Southern Ethiopia.

8. HEALTH FOR ALL – SWEDISH EXPERIENCES AND RESOURCHES. Edited by Krister Eduards. 1989.

9. Kerr & Smith. 1990. NUCLEUS. ENGLISH FOR SCIENCE AND TECHNOLOGY. NURSING SCIENCE

9. Kerr & Smith. 1990. NUCLEUS. ENGLISH FOR SCIENCE AND TECHNOLOGY. NURSING SCIENCE. Teacher's notes.

10 FACTS FOR LIFE. A communication challenge.