

Pablo Horstmann Foundation

Meki Catholic Secretariat

**Final Evaluation of the Health
Kidanemihiret Clinic
Ethiopia**



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1 Introduction

1.1 Background

“Kidane Mihiret Primary Clinic “is supported by Pablo Horstmann Foundation and is implemented by ECC-SDCOM as part of East Shewa Comprehensive Development Program. East Shewa comprehensive Development Program is composed of Five Kindergartens, nine primary schools, six high schools, three clinics and three women promotion programs. The Project is executed by “ Let Children Have a Home Orphanage Center.”¹ The objective of this project is to contribute to the improvement of the health and nutrition status of children and Youth in Meki town and surrounding Kebeles of Dugda Dawa Woreda. The specific objectives of the project includes

<p>1. To improve the state of health of the infantile population by means of the quality pediatric assistance in the clinic</p>	<ul style="list-style-type: none"> • Reduction of infantile mortality • Reduction of the infantile morbidity, especially of the preventable diseases • Treatment of the common diseases of the childhood Improved • The prevention of the infecto-contagious diseases (smaller I infect of tracoma, diseases of respiratory, diarrheas routes, rage, etc...) • precocious Detection of HIV and TV
<p>2. to obtain one excellent enablement of the local sanitary team RESULTS</p>	<ul style="list-style-type: none"> • Better qualification of the sanitary personnel of the pediatric clinic in triage (fast valuation of pathology), in its degree of autonomy to confront urgencies, in the pursuit of the malnourish patients. • Fortification of general the health system (given to turn-over of the workers) • Sustainability of the clinic to means term, with capacity of professional autogestión • Better quality in the global medical assistance • nonexistent specialized sanitary Services in the region through campaigns of subspecialties
<p>1.3 To improve the education for the health of the general population, familiarizing to the parents of patients with effective measures of prevention of diseases and with basic concepts of hygiene and nutrition.</p>	<ul style="list-style-type: none"> • Improved the hygienic habits in the families of the patients, • Improved the nutritious habits in the families of the patients, • Diminution of preventable Infecto-contagious diseases,
<p>Fight again children malnutrition trough Feeding Unit,</p>	<ul style="list-style-type: none"> • precocious Detection of the slight malnutrition and moderate in all the children attended in the clinic • Reduction of the rate of severe malnutrition and chronicle

¹ Let the children have Home project is located in Meki town constructed on a land that occupied 40000 M² of land for ECC-MCS for above mentioned purposes. Currently the project provides four integrated services for children, namely;

- Home for orphaned children(mostly doubled orphans and abandoned)
- Day care services for children mostly from poor single parent(often mother), and
- Provide a specialized health care services for children living in the community, and
- Provide food, health, educational and psychological assistance for 200 OVCs,

	<ul style="list-style-type: none"> • Smaller infantile morbidity due to the undernourishment. • Smaller associated mortality to malnutrition • Greater stature, intellectual capacity and economic productivity in the long term • Improvement in the tendency of the nutritional state of the attended patients • Reduction of the infantile malnutrition in the orphans of the community, that is the more vulnerable infantile group,
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1.2 Purpose and objective evaluation

The overall objective of this evaluation is to determine the achievements and impacts of the program/ projects goals and outcomes to improve the health and nutrition status of children and youth in order to provide the lessons learnt/ recommendation.

1.3 Specific objectives of evaluation

- Assess the progress made towards achieving project/ program goals and impacts on vulnerable children, families and community.
- To determine the program’s performance through measuring the program’s efficiency, effectiveness, relevance, sustainability
- to provide specific and practical recommendations and document lessons learned for program redesign

1.4 Methods for the evaluation

The consultant use the following methods for the evaluation

- **Document review:** the consultant reviewed the program document, the reports to the local government and other reports from program management.
- **Key informant interview:** key informant interview was organized among clinic staff, Project Management, Dugda Woreda Woreda Health Office staff, ECC-SDCOM , Health Staff, and users of services.
- **Observations:** the consultant observed the conditions of services, children and the overall environment of the Orphan

Presentation of the report

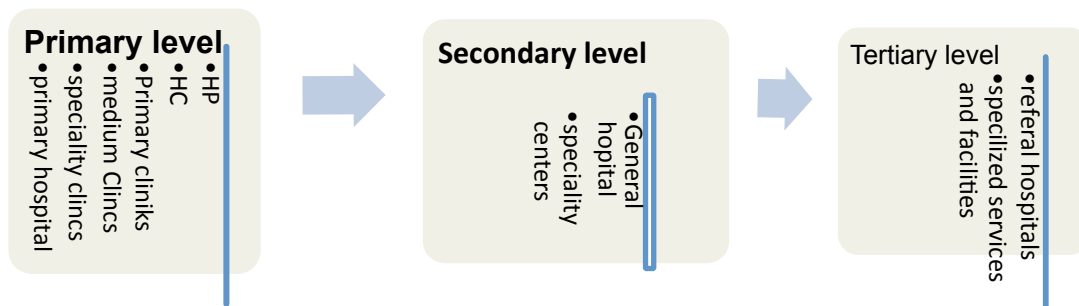
The evaluation starts with presentation how the project fits in the overall policy framework of the country. In section three the general performances of the project was assessed. Then the evaluation proceeds by providing detailed evaluation of relevance, effectiveness, efficiency, impact and sustainability of the project. Finally, a brief recommendation is forwarded.

2 The policy framework -Ethiopian Health Policy

The major objectives of the health sector development program (under the GTP)

- Improve accessibility of health services in order to ensure the utilization. Major areas addressed under this strategic objective are to improve health of mothers, neonates, children, adolescent and youth; improve nutrition status;
- Improve community ownership: the outcome is community empowerment in order to ensure the continuity and sustainability of health programs through involvement in the administration and regulation of their respective local health facilities.
- Improve quality of health services
- Improve Pharmaceutical Supply and Services

As part of this policy framework, the health sector is organized at primary, secondary and tertiary level. KideneMiheret clinic is positioned at primary level as per its license and secondary level as per its practices.



Primary clinic is licensed by a nurse and is established to provide the following services:

- Emergency services as First Aid (ABC, arrest bleeding, first degree burn, immobilization for poly trauma)
- Primary Level nursing services
- Consultation of healthy living,
- Nursing procedures that include Administration of Injection with prescription (Prescribed medicines), Change Dressing with prescription and application of simple dressing, Taking Vital sign, Enema with prescription, Ear irrigation simple foreign body removal following otoscopy, Counseling and Referral of suspected/ potential STI, TB, HIV and other conditions and treatment of mild to moderate dehydration and referral of severe dehydration cases
- Provide Maternal & Child Health (MCH) services that include pregnancy planning, antenatal care follow up and referral, post partum care, consultation on infant feeding, growth monitoring,
- Provide delivery service attending spontaneous normal delivery
- Primary clinic shall provide Health promotion services

Medium clinic will provide OPD, minor surgical, nursing, and emergency, delivery and MCH and Pharmaceutical services and is licensed by Health Officer, General Medical practitioner or Bsc Nurse.

Other forms of health organization include specialty clinic and specialty center. Specialty center is required to have both inpatient and outpatient functions. Specialty clinic is not required to have inpatients but is required to have minor surgical services. For example a pediatric clinic could be established either as a specialty center or specialty clinic.

	Pediatrics clinic	Pediatric specialty Center
Practices	General outpatient services for sick children and immunizations, it need to have imaging and laboratory services	Inpatient and outpatient facilities, imaging, laboratory, pharmacy, and all other services
Premise	16 rooms	49 rooms
professionals	Pediatrician, 2 nurses , X-ray technician, laboratory technician	2 Pediatricians. 1 Radiologist, 1 GP, 14 nurses, 3 laboratory technicians, 2 radiographer, 2 Pharmacists,

3 General Performance of the project

KidaneMihret Pediatric Clinic “Let Children Have Health”(LCH) has offered gratuitous medical assistance to the infantile population of Meki Since 2011. Aid received from the City council of Alcobendas applies from the 1 of September of the 2013 until the 31 of August of the 2014. Therefore, this report covers only this period.

3.1 Types of service provided

- Kidane Miheret Clinic is currently registered as primary clinic and its practices and premises could qualify it as medium clinic. Currently it provides outpatient, Laboratory, pharmacy, and nursing services. Ambulance services are provided for patients with emergency referrals and the idea is to start an imaging services. The clinic regularly organizes campaigns for cardiology services, physiotherapy for handicap children and youth and dentist services.

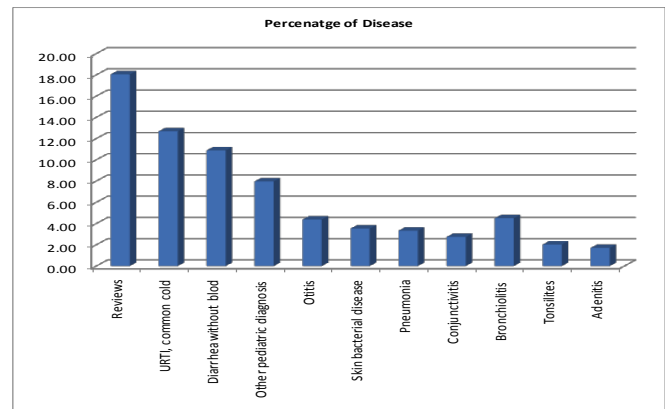
Table 1 expatriate staff by profession			
	NO of expatriate staff	Average days	Total Person Months
Pediatrician	10	48	15
Family doctor	7	34	8
Doctors/MP	3	31	3
Dentists	1	20	
Dentist Assistant	1	20	
Physiotherapists	5	58	9
Lab Technicians	1	36	
nurses	7	66	15
Total Person days	35	1639 ²	46.8

- The average daily patients could run from 55- 58 on weekends and some 20 on Saturdays. Saturday is reserved for malnourished children.
- The clinic provides services with expatriate staff. There is one local nurse, a druggist and laboratory technicians who are permanently stationed at the clinic. Practical clinical services are provided by expatriate staff. Twenty five person months of specialized expatriate staff have been assigned for the clinic functions. 10 person

² This is not average it is total days for all expatriate staff

months of expatriate nurses are also assigned. In addition cardiologist and physiotherapists were serving the clinic on campaign bases. Totally 47 man months of expatriate staff was assigned. The licensee is not working in the clinic.

- The total number of children treated in the last two years is 15834. The clinic diagnosis some 78 diseases types of which respiratory disease common cold account about 12% of the cases , Diarrhea without blood 11%, other pediatric diagnosis(7.97%), otitis (4.39%), skin bacterial diseases (3.54%), pneumonia(3.54%), conjunctivitis(2.75%), bronchiolitis(4.5%), Tonsilites(2.035), and Adenitis(1.71%).



- The clinic currently does not have imaging diagnosis services. To overcome this, Tele medicine practices have been initiated. This is a process where the doctors working in the clinic require assistance from Spanish doctors through internet facility. The required equipments were not procured due to quality and cost issues. To over services in the clinic

Dermatology	38
Ophthalmology	19
Dentist	6
Cardiologist	8
ENT	1
	72

- Cases beyond the capacity of the clinic were referred to in Gambo or Addis Ababa, paying for their treatment. On Average 22 patients are referred to other hospitals and 21 patients are referred for diagnosis services a month.
- The nutritional states of all children are screened. The malnourish ones receive fortified food. Parents of malnourished children received the necessary education on how to feed children. Every Saturday the average of attendance is about 28 children, and approximately 500 nutritional aids are given to the mothers every month.
- Regular campaigns were organized on physiotherapy, cardiology and dentists. Eight different professionals have participated in the process.
 - The cardiology team reviewed to more than 150 children and made a surgery extracorporeal or a catheterization to 43 children,** that now enjoys a new life expectancy thanks to that no presented/displayed complications. **33 children with problems were cardiac reviewed,** in that the medical treatment to follow or the indication settled down surgical.
 - dental of services – 88 children received services**

3.2 Training of Local Staff

Also they have been begun already **training courses** for the local personnel of the clinic, in particular on workshops for treatment of burns and abscesses, workshops of nutrition and complementary feeding of the severe malnourish ones; protocols of triage, drugs dosages on pediatrics, fever, diarrhea, peripheral lines, oxygen therapy and a course of emergencies. Nevertheless, they have not been possible to initiate weekly clinical sessions by the welfare

pressure and the local lack of personnel. To the laboratory technician it has been granted a scholarship to him so that it makes a course in the university the weekends that will extend its degree of qualification.

3.3 Health education

Health education was provided for more than 15000 parents in the past two years.

3.4 Construction of infrastructure

The project completed the construction of one block which is used as offices, room to multidiscipline campaigns and physiotherapy and the day-care center. A guest house has also been completed for the Spanish voluntary specialists. An internal division within the clinic allows having one room for inpatient facility of severely malnourished children. The building meets the standard for medium clinic but lack essential rooms to serve as an inpatient facility for malnourished children.

3.5 Modifications to the project to date

Ultra sound machine is not procured since the budget allocated was low to buy the best technology available for children. This component is not likely to be met. The procurement of vehicles is not expected to be handled in the remaining time and the budge seems short of the required to buy an ambulance. The plan was to provide inpatient service for the sick and this could not be materialized.

3.6 Incidence of external factors/ actors.

Shortage of qualified local staff such as doctors, nurses and other health professionals.

3.7 Beneficiaries and stakeholder satisfaction on the services

Ten beneficiary families and woreda health office staff were asked on service quality at the clinic. Users are generally satisfied with the services they get from the clinic. Parents indicated that they have tried at least one other clinic before they come here and their children get better off after the visit. The following factors were identified by parents for the better quality of services

- The nurses take all the necessary vital signs
- The doctors take their time during consultations/ examinations of children
- There is a laboratory and we are not referred for other vendors.
- We get most of the prescribed medicines in the clinic at no cost
- There is high price differential with the private and government operators
- Referrals and travel support for the services the clinic does not offer
- Our children get better after examination

Key informants from woreda Health office commented that the patient population at the clinic is similar to the health center indicating high demand for its services and people would not go

their if they do not find a solution. Hence, “people must be satisfied by the service quality. “ One factor for high demand for the service of the clinic might be attributed to the low cost of services. A comparable price schedule of a private and government health operators is depicted on Table 4 below. The patient here pays Birr two for a medicine and Birr 1 for laboratory services.

Table 4 price differentials between LCH and other service providers

Drug lists	Price in LCH	Price in Health Center	Price in Private clinics
Amox500	2	16	24
Augmentin	2	54	120
Cough Syrup	2	9	25
Cotri syrup	2	15	50
Dexametasoneye	2	10	25
Mettrindazol5Wsp	2	10	20
Other services			
Dressing	Free	10	50
Laboratory Tests conducted in clinic	1	5-10	10-200

The existence of well organized laboratory – almost similar to the one in the health Centers- has contributed for the influx of patients. The Laboratory is equipped with necessary equipments that include chemistry machine, hematology machine, microscopes (both solar and electrical), centrifuge, serological test kits and materials, distiller, sterilizer, and freezer. Unlike government operators, LCH provide a steady supply of laboratory inputs. The only equipment lacking is ESR tub and Rack. Furthermore, the laboratory is visited by expatriate staff.

3.8 Problems and recommended actions

The problems observed in the process of service provision and recommended remedial actions are indicated in the table 5 below

1. Ethiopian protocol (through sputum) for the diagnosis of TB among children/infants make early detection of the diseases a difficult task
2. Woreda Health is not providing medicine for treatment of malaria and diarrhea which is recommended as per national standard
3. There is no technical person who is serving as clinic head limiting communication with other stakeholders
4. Absence of continuous professional Development for local staff
5. Clinic activities are not fully reported and woreda health is not informed about the various campaigns
6. Expatriate staff is coming for a very short period of time reducing effectiveness and efficiency of both local and external staff
7. High default among Children under malnutrition program
8. Severely malnourished children do not get the standard services at the clinic
9. Translator problem for the expatriate staff
10. Absence of clear job description for local as well as expatriate staff

Table 5 Problems and recommended actions

Problem	Recommended actions
1. Ethiopian protocol (through sputum) for the diagnosis of TB among children/infants make early detection of the diseases a difficult task	<ul style="list-style-type: none"> Organize a workshop/half day among woreda health, health center , zone health, Gambo hospital, and hospital in Adama on challenges and remedial measures on diagnosis of TB among children
2. Woreda Health is not providing medicine for treatment of malaria and diarrhea which is recommended as per national standard	<ul style="list-style-type: none"> Formal Letter to Woreda and Zone Health Office requesting for the absent medicines
3. There is no technical person who is serving as clinic head limiting communication with other stakeholders	<ul style="list-style-type: none"> Technically (as a rule of the country) the primary clinic shall be led/ managed by the Licensee. This shall be acknowledged by the project managers.
4. Absence of continuous professional Development for local staff (such as new diseases and their symptoms, etc)	<ul style="list-style-type: none"> The manager of the clinic/licensee shall be accountable for continuous professional development of staff
5. Clinic activities are not fully reported and woreda health is not informed about the various campaigns	<ul style="list-style-type: none"> Start reporting the activities of the clinic regularly to woreda Health using the Health Information Management system Guidelines Inform woreda health office on the various campaigns in advance of the dates
6. Expatriate staff is coming for a very short period of time reducing effectiveness and efficiency of both local and external staff	<ul style="list-style-type: none"> Look for volunteer agencies who could assign for long-term expatriate staff Plan for long term expatriate staff
7. High default among Children under malnutrition program	<ul style="list-style-type: none"> Establish linkages with woreda health office and health posts for regular monitoring of malnourished children. The clinic shall register the Kebele, the Gote and nearest health post for each children and transfer the list for woreda health for creating the linkages.
8. Severely malnourished children do not get the standard services at the clinic	<ul style="list-style-type: none"> Start the inpatient services for children as soon as possible. Ask any assistance needed from woreda and zone health for starting the inpatient services for severely malnourished children
9. Translator problem for the expatriate staff	<ul style="list-style-type: none"> Employ two translators who could speak Spanish, English , Oromifa and Amharic- four languages
10. Absence of clear job description for all participants in the process reduce communication and work flow	<ul style="list-style-type: none"> Prepare, discuss with staff and implement a clear job description for local and expatriate staff

3.9 Local and National Health goals and LCH clinic

Table 6 below outlines the core health sector development goals and shows how the clinic fits to the overall picture of the health sector program of the woreda and national government. The clinic is growing to a medium clinic and some core functions are to be added sooner. There are two options for the clinic in the future to be a medium clinic and provide all the services as medium clinic or to be a pediatric clinic and reduce its scope. Primary clinic could not be an option unless the plan is to close laboratory and pharmacy.