Evaluation of HIV/AIDS Prevention and Support Project, Implemented by Ethiopian Evangelical Church Mekane Yesus Development and Social Services (EECMY DASSC) in Jimma Town, South Western Ethiopia.

By: Solomon Shiferaw

An Evaluation Thesis submitted to Jimma University Institute of Health, Public Health Faculty, Department of Health Economics, Management and policy, Health Monitoring and Evaluation Unit in Partial Fulfillment for the Degree of Master of Science in Health Monitoring and Evaluation.

Jimma, Ethiopia

November 2018

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Advisors

Principal Advisor: Gelila Abraham (BSc, MSc)

Co-advisor: Firehiwot Worku (BSc, MPH)

Jimma, Ethiopia

November 2018

Abstract

Background: *Today HIV/AIDS is a major global crisis affecting all regions of the world, causing of deaths and suffering to millions more. The epidemic remains a significant problem for individuals, communities in Ethiopia. It was estimated about 722,248 - 730,975 people living with and 3,975,738 orphans were living in Ethiopia. The commission HIV/AIDS Prevention and Support Project is operating in Jimma town has been addressing the needs of people living with HIV/AIDS and orphan with vulnerable children. The project has been operated since 2107 and its evaluation was not conducted.*

Objective of the evaluation: *to evauate the implementation status of Evangelical Church Mekane Yesus Development and Social Services Commission HIV/AIDS Prevention and Support Project in Jimma Town by the year 2018.*

Method: *A case study design with both qualitative and quantitative methods of data collection was employed from 01- 30 March/2018. Its approach was Formative. Availability, fidelity and acceptability dimensions with 39 indicators were used. One hundred forty (140) participants were in exist interview and 16 key informants for interview were selected purposively. Resource inventory and document review were also done. Questionnaires, interview guide, document review checklist and resource inventory checklist tools were used to collect data. Descriptive statistics was done and the result presented in frequency, percentages and figures. Logistic regression analysis was used to identify determinants of beneficiary satisfaction .Qualitative data was analyzed manually and presented as triangulation with the quantitative results. The overall implementation of the project services was determined based judgmental criteria.*

Results*: The availability dimension implementation status was 85.8 %, which was very good implementation according to judgment parameter. The project had shortage of trained human power and rooms required for counseling service provision. The fidelity dimension status was 85.6 %, which the implementation was good according to judgment parameter. From total beneficiaries 111(71%) reported that the project financial support was inadequate. The implementation status of acceptability dimension was 65.73%, which was fairly implemented according to judgment parameter. Majority of the beneficiaries were not satisfied with the inconvenience of the counseling room, psychological counseling session and monthly financial support. Marital status, duration of enrollment, distance from the service area and waiting time for counseling service were determinant factors for beneficiaries' satisfaction.*

Conclusion*: The overall implementation level of EECMY DASSC HIV/AIDS Prevention and Support Project in Jimma Town was good with 79.7 % per the pre set judgment criteria. The project should fulfill counseling room and trained human power. Besides, adequate financial support should be given for the target beneficaries. Close sites should be arranged for the beneficaries to receive services.*

Keywords*: prevention and support, evaluation, availability, fidelity, beneficiaries' satisfaction/ acceptability.*

Acknowledgment

Prior, I would like to thank Jimma University, Institute of Health, Public Health Faculty, Department of Health Economics, Management and policy, Health Monitoring and Evaluation Post Graduate unit for providing us the opportunity and the facilitation to conduct the evaluation.

I would like to express my deep appreciation and sincerely thanks to my advisors Mrs. Gelila Abraham and Frehiwot Worku for their valuable comments and suggestions on the evaluation process from the beginning to the end.

I would like to provide special thanks to EECMY DASSC Jimma HIV/AIDS Prevention and Support Project for providing data and the necessary documents for the evaluation.

Many thanks to all stakeholders' representatives who involved in the evaluation process for their commitment and remarkable contribution.

Lastly, but not least, I would like to thank my classmates for their contribution during the study was conducted.

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Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical and Research Foundation
ARV	Anti Retro Viral
BOs	Branch Offices
CBOs	Community Based Organizations
DASSC	Development and Social Services Commission
EDHS	Ethiopian Demographic Houses Survey
EECMY	Ethiopian Evangelical Church Mekane Yesus
EPHI	Ethiopian Public Health Institute
FMOH	Federal Ministry of Health
FBOs	Faith Based Organizations
FHAPCO	Federal HIV/AIDS Prevention and Control Office
FMOWA	Federal Ministry of Women's Affairs
GOs	Governmental Organizations
HIV	Human Immune-deficiency Virus
HO	Head Office
IGA	Income Generating Activity
JBS	Jimma Bethel Synod
JHAPCSP	Jimma HIV AIDS Prevention, Care and Support Project
IEC	Information Education Communication
NGOs	Non Governmental Organizations
OVC	Orphan and Vulnerable Children
PEPFAR	US President's of Emergency Plan for AIDS Relief
PLHIV	People Living with HIV/AIDS
SNNPR	Southern Nations, Nationalities and Peoples'
USAIDS	Joint United Nations Program on HIV and AIDS
WHO	World health organization

Operational Definition

Availability of office equipments: needed to provide HIV/AIDS prevention and support services (at least one desktop, laptop, printer and photocopy machine).

Availability of office furniture: needed to provide HIV/AIDS prevention and support services (at least three tables, two shelves, one file cabinet and eight chairs).

Availability of school materials: needed to provide HIV/AIDS prevention and support services (at least once a year school uniform and a bag, ten exercise book, 4 pens and 4 pencils for each student).

Availability of home materials: needed to provide HIV/AIDS prevention and support services (at least once a year 1 blanket, a pair of bed sheets, 10 kilograms of white flour, 2 gallons of oil and 12 pieces of soaps for each beneficiary).

Availability of IEC materials: needed to provide HIV/AIDS prevention and support services (at least 100 brushers, 100 leaflets and 50 posters in the stock) on the time of evaluation.

Availability of formats: If all formats of home visit, referral, counseling, quarter and annual report available at the time of evaluation.

Availability of recording files: If all beneficaries registration book and personal files available at the time of evaluation.

Financial Support: financial help rendered to the project direct beneficaries on monthly basis.

Medical Support: medical fee covered for project beneficiaries.

Satisfaction status: Clients were categorized as dissatisfied for they scored below the mean point and satisfied as they scored greater than or equal to mean point satisfaction score.

Chapter One: Introduction

1.1 Background

Today HIV/AIDS is a major global crisis affecting all regions of the world, causing of deaths and suffering to millions more. Globally , a total of 36.7 million people living with HIV/AIDS (1). In the world, Africa is the most affected region in which the problem of HIV/AIDS has been deep rooted(1,2).

The epidemic remains a significant problem for individuals, communities in Ethiopia. It was estimated about 722,248 - 730,975 people living with and 3,975,738 orphans were living in Ethiopia(3, 4). Adult HIV/AID prevalence in Ethiopia in 2016 was estimated to be 1.1% (5).

The governments of Ethiopia, NGOs, and civil society partners have been working on HIV/AIDS prevention, care, and support activities for many years. (6) Prevention, Care and support services for people living with HIV in Ethiopia were initially delivered by NGOs, including faith-based organizations (FBOs). These organizations provided food items and cash, covered medical expenditures, and provided home-based nursing care and end-of-life care to people living with HIV through community caregivers. Currently, various governmental and non-governmental agencies as well as community-based organizations (CBOs) are actively involved in providing some form supports for HIV/AIDS infected and affected people. (8 , 9)

Ethiopian Evangelical Church Mekane Yesus – Development and Social Service Commission (EECMY-DASSC) is a non-government (NGO), non-political and non-for-profit organization established to promote socio-economic development in all regions of Ethiopia. HIV/AIDS Prevention and Support Project has been implemented in Jimma town, involved in addressing the need of people living with HIV/AIDS (PLHIVA), orphans and their families.

2. Statement of the problem

HIV/AIDS affects the physical, emotional, moral, social, and economic well-being of the individual, family, community, nation, and the world. People living with HIV/AIDS confront various problems in the course of their life like health, morale, social and economic problems (11, 12, 14).

People living with HIV/AIDS need access to a broad continuum of services throughout the course of the illness (11). The basic need of PLHIV and affected families can be addressed through interrelated services: health care, food and nutrition, shelter care, psychological and spiritual support and economic strengthening (12). In Ethiopia, the country progress report indicated that food and nutritional support and psychosocial support are very important to improve the health status of PLHIV and strengthen adherence to Ant Retroviral Therapy (ART)(13).

On the other hand, services provided by different stakeholders and partners to PLHIV and affected families are not standardized and to the best of their need (14). Inadequate external financial support, lack of proper referral systems between different care providers were among the problems identified for care and support activities(16,17).

Studies reported that almost all the PLWHA associations and NGOs working in the area of HIV/AIDS prevention and support had much of their limited financial, material and human resources (16,18,19)(19). Beneficaries supported in some organizations reported that the support they were getting was inadequate (17,20).

On the other hand, On the other hand, Yekokeb Berhan Program in Ethiopia 2017 evaluation reported that caregivers who received counseling, advice or emotional support showed a decline compared to planned activities (20). The AMREF Ethiopia evaluation report of 2008 showed that training was planned for 450 project volunteers; however, achievement of the project on training of volunteer HBC providers was only 70% (21).

Besides, the other report shows the program implementation had limitation compared to the guideline or the national policy. The implementation was not aligned with the program the guideline stated in the document(22).

On the other hand, Abebech Gobena Yehetsanat Kebekabena Limat Dirijit (AGOHELD) Save the Children Sweden funded project 2006 evaluation report showed that PLHIV and Orphans less or not being visited by volunteers, peer educators or other people. Besides, none of them have been visited by home based and they also stressed that no person from the project has ever visited them (19).

An assessment conducted on NGOs in Kenya in 2013 reported that lack of provision of continuity of services and attending to the beneficaries psychological needs where other sources of their dissatisfaction with the services. The most common cause of dissatisfaction among the beneficaries was associated with poor service or receiving inadequate care from the services providers (23).

Regarding factors associated with satisfaction of client's service delivery, in 2018 a study conducted in Tigray Midre Genet hospital revealed that age, marital status, occupation, income, information provision and guidance, privacy, and interpersonal communication as significantly associated variables with patient’s satisfaction on service delivery(24).

In Oromia region, EECMY DASSC HIV/AID Prevention and Support project has been implemented provision of different services for PLWHA and OVCs. However, up to the knowledge of evaluator while searching different literatures, there was no study conducted on HIV/AIDS prevention and support services for PLHIV and Orphans of the project in the study area, after the organization was designed in the new form of organizational structure and developed new strategic plan of the commission. In the study area, the stakeholders requested and agreed to conduct this evaluation. Project manager and other technical staff also needed the evaluation and planned to use for future project improvement.

1.3 Significance of evaluation

This study helps to generate relevant information about implementation status of EECMY DASSC HIV/AIDS Prevention and support project in terms of availability of resources, fidelity of the project and beneficiary satisfaction towards the services.

The findings of this study will help the branch office and project staff to identify gaps in the implementation of the project. For the community; it will also contribute for receiving quality services, hence it reduce the dissemination of virus and improve the life of target beneficiaries. Moreover, the finding of the study will be used as a reference for those who are interested to conduct a study on the same or related topics. Additionally, the implementation evaluation of the project will add further experience and knowledge or understanding to reinforce HIV/AIDS prevention and support strategies.

CHAPTER 2

Project Description

The EECMY - DASSC is a faith-based organization, working as national non -governmental and non-profit organization engaged in social and development interventions. It was formed and legally registered as a Commission in 2000 G.C and re-registered as Ethiopian resident charity in 2009.Its Head Office (HO) is located in Addis Ababa, and currently has 26 Branch Offices (BOs) found in different parts of the Country. It has engaged itself in the response to HIV/AIDS foreseeing the significance of the problem. At present, the HIV/AIDS intervention is extended to almost all regions of the country. To address this critical problem, the commission has given special emphasis on Health and Nutrition as one of major program pillars of the commission in the new strategic plan, 2017-2021. HIV/AIDS is the focus area in health program of its development services.

The EECMY-Development and Social Services Commission (DASSC), under its branch office JBS-DASSC, is implementing Jimma HIV/AIDS Prevention and Support Project (APS) in Jimma town of Oromia Regional State. Jimma town is located at 335 kilometers South West of Addis Ababa. The town has estimated population of 150,000 where males constituted about 51%. The town is divided in to 17 Kebele administrative units. Jimma is the biggest business center in the western Oromia putting the town at highest risk of HIV/AIDS and other related health and social problems.

The project has targeted people living with HIV (PLHIV), Orphans and Vulnerable Children (OVC) Women who are at high risk of HIV. The objective of the project is to improve the life of OVCs and PLHIVs in Jimma town using different strategies.

2.1 Stakeholders identification and engagement

Inadequate stakeholder involvement is one of the most common reasons programs and projects fail. Therefore, every effort should be made to encourage broad and active stakeholder engagement in the planning, monitoring and evaluation processes(25).

During Evaluability assessment, the stakeholders were provided with the relevant information about the project service and decided on the readiness of the project for evaluation. They were also agreed on how the evaluation process could be done and what evaluation questions to be answered. Moreover, their role in the project and evaluation, interest for this evaluation and way of communication was determined. (Table1)

Table 1: Stakeholder Analysis for EECMY DASSC HIV/AIDS Prevention and Support Project in Jimma Town, Ethiopia 2018

Stakeholders	Role in the program	Interest in evaluation	Role in the evaluation	Way of communication	Level of importance (H,M,L)
Jimma Town Finance & Economic Development Office	Signing the project agreement Appraisal of the project Provide technical support Monitor and evaluate the project	Use findings for planning Service Improvement For project follow up and supervision	User of finding Source of data Value judgment Framing evaluation question, dimensions and indicators	Formal letter Face to face Interviewee Email.	H
Jimma Town Health Office	Signing the project agreement Appraisal of the project Provide technical support Monitor and evaluate the project Participate at different levels of the project implementation stages	Service Improvement For project follow up and supervision	User of finding Source of data Value judgment Framing evaluation question, dimensions and indicators Facilitation	Formal letter Face to face Interview Email.	H
Jimma Town Women's & Children	Provide technical support Participate at different levels of the project implementation stages	Service Improvement For project follow up and supervision	User of finding Source of data Value judgment Framing evaluation question, dimensions and indicators	Formal letter Face to face Interview	M
Kebele administration	Participate at different stage of the project Help while selection of beneficiaries	Eligible beneficiaries utilization Service improvement	Source of data Value judgment Framing evaluation question, dimensions and indicators	Discussion Telephone	M
Project staff	Service provision Monitors and evaluate the activities Follow up the project	Knowing their patient caring behavior To update their knowledge	Source of data Utilization of finding Describing the project	Review meeting Discussion Email Telephone	H

	beneficiaries				
Project beneficiaries	Service utilization	Receiving quality services Receiving information	Sources of data	Face to face Interview	H

2.2 Project goal and objectives

Project goal

To contribute for the reduction of morbidity, mortality and improve quality life of OVCs and people living with HIV/AIDS in Jimma town.

General objective

To improve the life of OVCs and PLHIVs in Jimma town by the end of 2018.

The specific objectives

1. To provide financial & material support for 140 project beneficaries to help them meet their basic needs in Jimma town by the end of 2018.
2. To cover medical expense of 140 project beneficaries in Jimma town by the end of 2018.
3. To engage 40 beneficaries income generating activities to improve their livelihoods in Jimma town by the end of 2018.
4. To conduct home visits for 140 project beneficaries by volunteers to increase their sense of belongingness in Jimma town by the end of 2018.
5. To render psychological counseling for 140 beneficiaries in Jimma town by the end of 2018.
6. To involve 140 direct beneficiaries through health education and trainings in Jimma town by the end of 2018.

2.3 Project Implementation Strategy

To attain project goal and objectives, the project uses different approaches (Methodologies) of implementing general and detail activities. These are;

- Setting criteria selection
- Develop and use referral format for health institutions
- Conducting trainings
- Production and dissemination of IEC materials(brochures , leaflets and posters)
- Strengthening close collaboration with towns and kebeles administration
- Strengthening networking with different governmental and nongovernmental (GOs and NGOs) for technical support, experience sharing and information exchange

2.4 Project resource and activities

2.4.1 Project resources

Major resources required to implement the project are:

- Human resource: (MPH, nurses, social worker accountant, and supporting staffs)
- Office equipments: (desk top computers, lap top, printers)
- Office furniture: (Shelves, file cabinets, Tables, chairs)
- Reporting formats (formats like counseling, home visit, referral, annual plan , quarter an annual reporting formats) and
- Recording files (Beneficiaries registration book and beneficiary history taking, beneficiary's' personal files)
- Infrastructure (rooms)
- School uniform
- Food (oil and flour)
- Sanitary material (Soap)
- Finance for monthly, medical fee and IGA

2.4.2 Project activities

- Select project beneficiaries using preset selection criteria with stakeholders
- Provide financial support for 140 direct beneficaries
- Provide martial supports to 140 direct beneficaries
- Provide medical/treatment fee support
- Provide psychosocial support to 140 direct beneficaries
- Conduct health education on hygiene, ART, nutrition, personal and environmental sanitation.
- Select and train 15 Home Based Care Provider volunteers who provide care and home-to-home visit for OVC and bedridden patients.
- Promote income generating activities
- Production and dissemination of IEC materials
- Supportive supervision
- Reporting

2.5 Project outputs

- Number of beneficiaries supported with financial on monthly basis.
- Number of beneficiaries supported with materials
- Number of beneficiaries supported with medical fee
- Number of beneficiaries referred for advanced medical treatment
- Number of health education sessions given
- Number of beneficaries trained and engaged in IGA
- Number of counselors trained on counseling and home based care at least once per a year
- Number of counseling sessions conducted
- Number of home visit conducted.
- Number of IEC materials produced and distributed
- Number of supervisions conducted
- Number of reports timely sent

2.6 Project outcome

Project outcomes are:

1. Increased awareness and knowledge.
2. Improved living condition.
3. Increased satisfaction.
4. Improved service utilization.
5. Improved health condition.
6. Improved services and data quality.

2.7 Project impact

Reduced morbidity and mortality, and improved quality life of OVCs, and people living with HIV/AIDS.

2.8 Logic model of EECMY DASSC HIV/AIDS Prevention, Care and Support Project

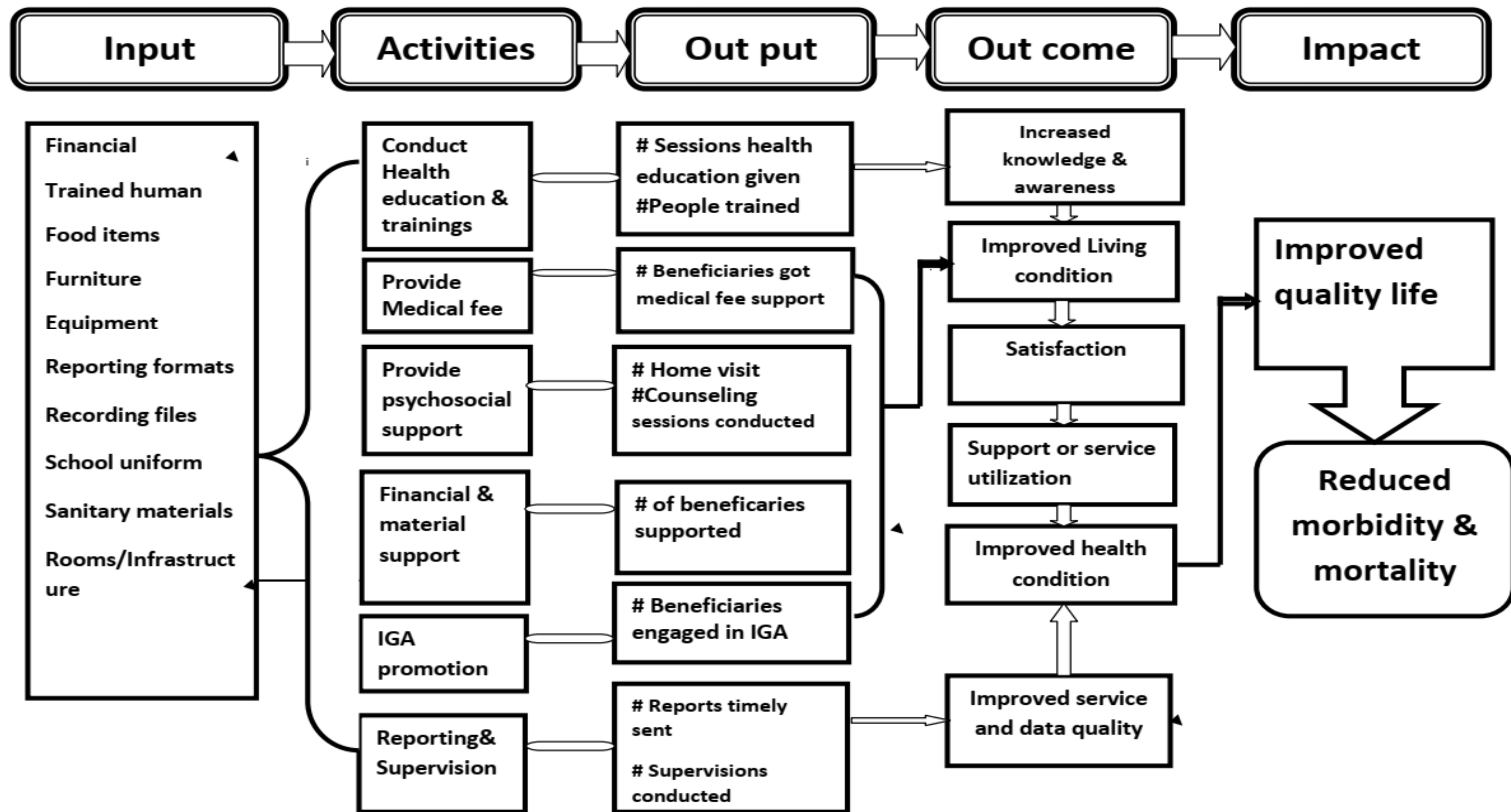


Fig 1. EECMY DASSC HIV/AIDS Care and Support Project Logic Model in Jimma Town of 2018

2.9 Stage of project development

The Commission/DASSC was established as an institution in a year 2000; and has received license as an Ethiopian Resident Charity Organization from the government agency for Charities and Societies in November 2009. The Commission is responsible for coordinating the various development activities that are focusing on mitigating the economic, social, and psychological challenges of the people in the country. It has been given due attention to HIV/AIDS prevention and control program through commission the branch offices.

Jimma branch office was established in 2014 and has been working on HIV/AIDS prevention and control activities and Child development projects. In 2016 the branch office was fully started the HIVAIDS Prevention and Support project to address the need of people living with HIV/AIDS and orphan and vulnerable children. The Commission has developed and using the new Strategic Plan (SP) 21 (2017-2021) is prepared and its implementation is underway. As stated in the five year (2017-2021) SP of the organization, overall institutional goals of the EECMY-DASSC comprised four thematic areas (Livelihood Development, Education &Child Development, Health & Nutrition and Humanitarian Responses) and two cross cutting issues (Gender & Development; Disaster Risk Reduction, Care for Environment & Climate Change).

Jimma HIV/AIDS prevention and support project is one of the projects are operating in Jimma town. The objective of the project is to improve the life of OVCs and PLHIVs in Jimma town through the provision of counseling, medical service, financial and material support and IGAs.

In the new strategic plan, there are strategic shifts in various components including program, administration, documentation, and utilization of appropriate technologies. The new project proposal from 2017-2020 was designed in line with new strategic plan of the commission. Furthermore, EECMY DASSC has developed and applied different policies and guidelines that ensure the implementation of projects and quality services rendered to the newly registered beneficiaries.

CHAPTER 3: Literature review

3.1 Availability

A literature review conducted by WHO reported that, many low and middle countries face many challenges in health delivery service including supply deficiencies, unfair distribution of workers and poor infrastructure and meager financial resources. The African region has the greatest burden of disease (24%) with only 3% of world's health workers and 1% of the financial resources (26).

Assessment of Community-and Family-Based Alternative Child-Care Services in Ethiopian showed that there was a significant shortfall in the availability of staff with specialized qualifications(27). Needed resources (human, infrastructure, financial, IEC, files, formats, etc.) were listed in detail in the project document. The project expected to fulfill resources mentioned in the document for the effective implementation of the project (28).

An assessment conducted in Ethiopia of Yekokeb Berhan Program showed that there were capacity gaps or inadequate with implementing partners in human resources, infrastructures and logistics. Limitation of financial, operational guidelines, materials, weak data base management and supportive supervision were also a number of gaps identified (29).

The study conducted in Cape Town also showed that there were organizations do not have their own rooms /space in which to run the program (30). According to the a study conducted in Kenya on Successes and Challenges in Kakamega, Kilifi, and Kisumu Counties, shows in addition to a lack of financial resources, respondents in Kisumu also pointed to the lack of equipment ,such as laptops, as well as the lack of knowledge to use data software(31)**.** On the other hand, the finding of study conducted in Tanzania shows , Infrastructure resource was good availability compared to other resources and structures (32).

3.2 Fidelity

There are numbers of stakeholders working in the area of care and support. While each governmental, non-governmental or community-based organization has independently operate/implement care and support programs, there has not been a unified approach. This gap has made it difficult to measure progress in achieving overall outcomes of the programs. The development of the Standard Service Delivery Guidelines and implementation manual sets a

framework within which stakeholders involved in the area of care and support ensures that the desired outcomes are achieved(14).

Assessment of Community-and Family-Based Alternative Child-Care Services in Ethiopian dictates the capacity of staff involved in providing services, there was a significant shortfall in the availability of staff with specialized qualifications(27).

On the other hand, the finding of an evaluation of Yekokeb Berhan Program in Addis Ababa indicated that the proportion of caregivers who received counseling, advice or emotional support was decline compared to planned activities (20). The finding of an evaluation conducted in Addis Ababa reported that training was planned for 450 project volunteers; however, achievement of the project on training of volunteer HBC providers was only 70% (21).

The study conducted in Cape Town revealed that facilitators of the program do not equipped with enough counseling skill to offer to the beneficiaries as a part of the psychosocial support(30).

A study conducted on Implementation of HIV/Prevention in Lusaka, Zambia showed that in the workshop training, 74% of facilitators were retained and 21% of the original facilitators continued to provide the intervention. (34) Another study conducted in Tanzania, showed that some nutrition counseling and education topics are discussed compared to some, which are discussed frequently. Further from document revise, results also show that 98% of the education and topic covered during period of 2013-2014 were non- nutrition discussion compared to 2% nutrition and nutrition related topics covered in the same period (32).

Different literatures showed that inadequate external financial support, lack of proper referral systems between different care providers were among the problems for care and support activities(19, 20, 21,22, 23).

The National Social Protection Policy of Ethiopia also indicates that the country has an array of policies, legislations, strategies , programs and interventions that serve variety of social protection purposes it does not have comprehensive and integrated social protection framework. Additionally, there have been a lack of implementation guidelines and action plans(33).

On the other hand, an evaluation conducted in Botswana showed that the program implementation had limitation compared to the guideline. The implementation was not aligned with the program guideline stated in the document(22).

3. 3 Satisfaction

A study conducted in Addis Ababa showed beneficaries dissatisfied with the medical services for the treatment of opportunistic infections (18). A study conducted in Gondar reported that majority of the respondents in the study were dissatisfied by the comfort and convenience of private counseling area. (35).

A study conducted in Nairobi City, Kenya on NGO's quality services provision focused on client satisfaction in health NGOs, shows that the service delivery met the expectation of beneficiaries. (36) Another study conducted in Jordan indicated that there was a fair satisfaction of clients on NGOs services. (37)

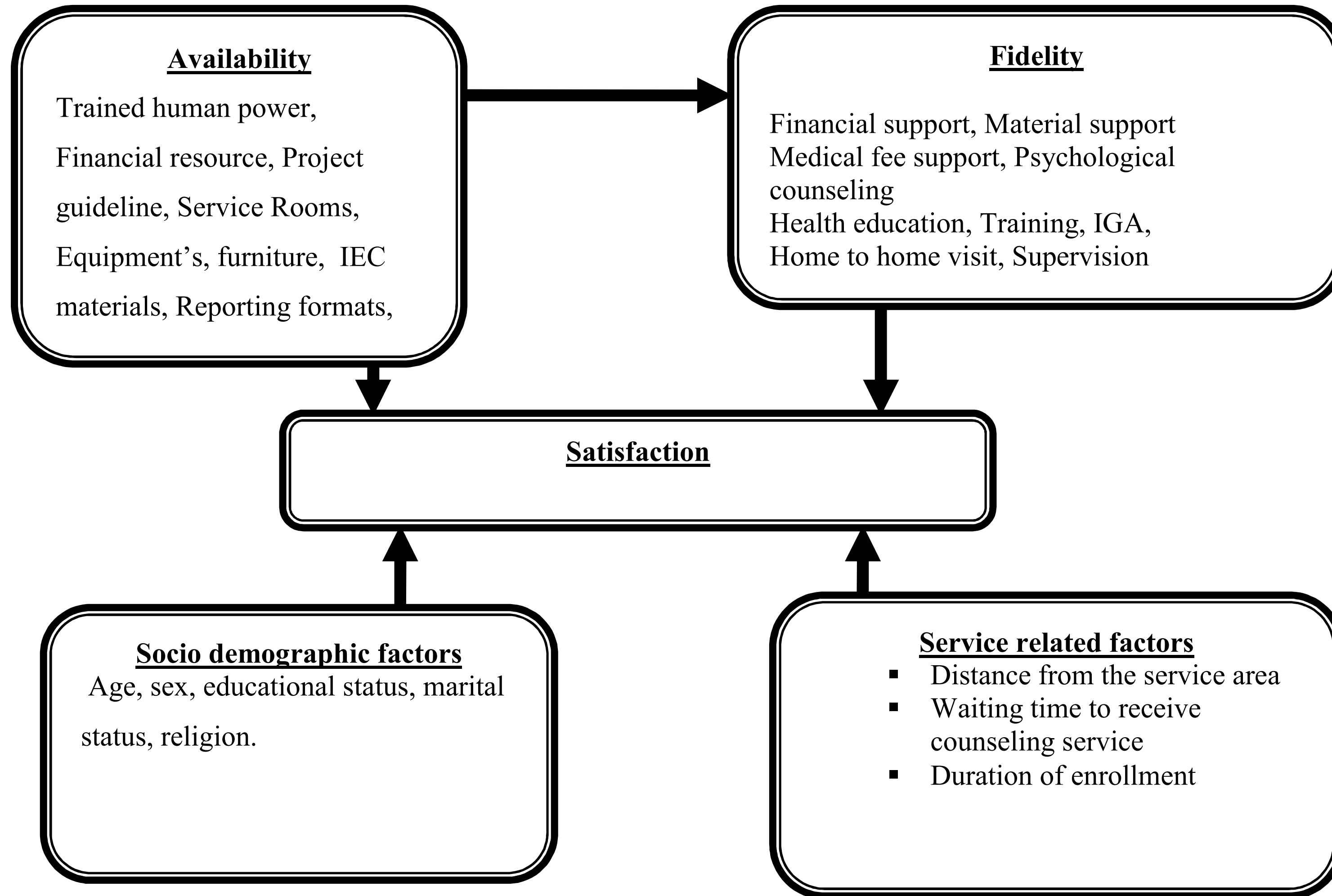
A study conducted in Gondar also showed that more than half (56.1%) of the participants were dissatisfied with the comfort and convenience of service area (35).

Regarding factors associated with satisfaction of client's service delivery, a study conducted in Tigray revealed that age, marital status, occupation, income, information provision and guidance, privacy, and interpersonal communication as significantly associated variables with patient's satisfaction on service delivery(24).

A study conducted in Kenya revealed that majority of the participants 78.6% were fully satisfied by the kind of services provided. On the other hand, the patient socio demographic characteristics gender characteristics gender (female) and marital status(divorced) influenced clients satisfaction(38).Being divorced was significantly associated with patients' satisfaction(38). On the other hand, this study showed that waiting time was not significantly associated with patients' satisfaction.

On the other hand, a study conducted in Cape Town, South Africa showed that distance from home to the service center was significantly associated with people living with HIV/AIDS satisfaction. Clients traveled long minutes /hours were dissatisfied and exposed to further transportation cost (39).

Fig 2. Conceptual Framework Evaluation of EECMY DASSC HIV/AIDS Prevention and Support Project in Jimma Town, 2018.



CHAPTER 4

Evaluation Questions and Objectives

4.1 Evaluation Questions

1. Are the resources needed to provide HIV/AIDS prevention and support services available? If yes, how? If not why?

2. Are the planned activities being implemented according to the project document of EECMY DASSC Jimma HIV/AIDS Prevention and Support Project? If yes, how? If not, why?

3. Are the target beneficiaries of EECMY DASSC Jimma HIV/AIDS Prevention and Support project satisfied with the services provided to them? If yes, how? If not why?

4. What are the factors associated with beneficaries satisfaction towards HIV/AIDS prevention and support services?

4.2 Evaluation objectives

General Objective

To evaluate the implementation status of EECMY DASSC HIV/AIDS Prevention and Support Project in Jimma town, 2018.

Specific Objectives

1. To evaluate the availability of resources required to provide project support services in Jimma Town.
2. To evaluate the extent the project services provisions are reaching the target beneficaries according to the project document in Jimma Town.
3. To determine the level of satisfaction of project beneficiaries in Jimma Town.
4. To identify factors associated with beneficaries satisfaction in Jimma Town.

CHAPTER 5

Evaluation Method

5.1 Study area

Jimma town administration is located in the Southwestern part of Oromia National Regional state. It is 356 KMs from the capital city of the country. It is bordered by Kersa Woreda in the east, with Mana Woreda in the north, and Manna &Seka Chokorsa in the west and Dedo in south direction. The town is the largest town in south Western Ethiopia. Jimma is commercial center for coffee production region. The total population of the town is estimated 186,148 (92,767 male and 93,381female)(40). Currently the town undertakes its administrative duties and responsibility with municipality with three-sub city, and 13 town kebeles& 4 rural kebeles. The town has also the total area of 100.2km^2. The main health problems of the town are malaria, HIV/AIDS, acute respiratory infections problems eye diseases and diarrhea(8). According to the health town report, it was estimated that 8,277 people are living with HIV, and 4280 patients are enrolled for ART. There are also 7000 OVCs in the town (4). There are 2 international and 30 national nongovernmental organizations which are operating in a various programs in the town (41). EECMY DASSC HIV/AIDSPCSP is one of the national NGOs operating in Jimma town.

5.2 Evaluation period

Evaluability assessment was conducted from Dec.15/2017 to Dec.25/2017 and the Evaluation was conducted from March 01-30 /2018.

5.3 Evaluation approach

The primary purpose of this evaluation is for project improvement. So, formative evaluation approach was used. It is ideal for assessment of, the materials required, how activities have been implemented for the purpose of identifying gapes for program improvement (42).

5.4 Evaluation design

Case study design method was used. The case of this evaluation was EECMY DASSC HIV/AIDS Prevention and Support Project. Case study design is the preferred study design for answering "why" study questions and when the study need to focus the current observable facts (43). The study also used both qualitative and quantitative data from variety of source for triangulation of the findings.

5. Focus of evaluation and dimension

5.5.1 Focus of evaluation

The focus of the evaluation was process. Process evaluation provides an in-depth understanding about input of the project and the immediate outputs of the activities. Moreover, it considers some outcome of project services (beneficaries satisfaction of the Project). It is also important in assessing the overall activity and level of implementation of the project(44). It examines whether the intended activities are taking place, whether adequate inputs have been allocated and who is covered by program(45).

5.5.2 Evaluation dimension

The dimensions of this evaluation were availability, fidelity and acceptability.

Availability: The relationship of the volume and type of existing services and resources to the clients' volume and types of needs. It refers to the existing of the supplies, service providers and service delivering infrastructures with their respective beneficaries (46).

Fidelity: refers to the extent to which the delivery of an intervention adheres to the project model originally developed (47). This particular dimension will examine the extent to which the activities was implemented according to the project document (48).

Acceptability: It is important to examine how the beneficaries view the services they received to measure the overall satisfaction towards project services (49).

5.6 Indicators and variables

5.6.1. Variables

Dependent variables

Beneficiaries' satisfaction with the project.

Independent Variables

Socio demographic factors

Age, sex, family size, educational status, marital status, monthly income, religion and ethnicity.

Service related factors

Distance from the service area, waiting time to receive counseling service and duration of enrollment.

5.6.2 Indicators

Availability indicators

1. Number of available project staffs
2. Availability of school uniform
3. Number of rooms available for service provision
4. Availability of office equipment (at least one desktop, printer and photocopy machine)
5. Availability of office furniture (at least three tables, two shelves, eight chairs
6. Availability of IEC materials (at least 100 brushers, 100 leaflets, and 50 posters)
7. Availability of reporting formats (counseling, home visit, referral, quarter an annual reporting formats)
8. Availability of recording files (beneficiaries' registration book and beneficiary history taking, beneficiaries personal files)

Fidelity indicators

1. Proportion of individuals who received financial support (250 birr/month) from April 1/2017- March 30/2018.
2. Proportion of individuals who received materials support (once/year) from April 1/2017- March 30/2018.
3. Proportion of beneficiaries who received medical fee support at least once from April 1/2017- March 30/2018.
4. Proportion of beneficiaries referred for advanced medical treatment at least once from April 1/2017- March 30/2018.
5. Proportion of health education sessions given from April 1/2017- March 30/2018.
6. Proportion of trained beneficaries engaged in IGA (petty trade, shop, Mimi café, poultry) from April 1/2017- March30/2018.
7. Proportion of volunteers trained on home based care from April 1/2017- March 30/2018.

8. Proportion of psychological counseling sessions conducted from April 1/2017- March 30/2018.
9. Proportion of home visit conducted from April 1/2017- March 30/2018.
10. Proportion of beneficiaries engaged in the project meeting four times from April 1/2017- March 30/2018. .
11. Number of supervisions conducted by Jimma town health office from April 1/2017- March 30/2018.
12. Number of reports timely (quarterly at the last month day 30) sent from April 1/2017- March 30/2018.

Satisfaction indicators

1. Proportion of beneficiaries satisfied on the convenience of the counseling room.
2. Proportion of beneficiaries who are satisfied with counseling session.
3. Proportion of beneficiaries who are satisfied with home-to-home visit.
4. Proportion of beneficiaries who are satisfied with politeness of the project staff.
5. Proportion of beneficiaries who are satisfied on meetings.
6. Proportion of beneficiaries who are satisfied with the project referral system.
7. Proportion of beneficiaries who are satisfied with amount of monthly financial support.
8. Proportion of beneficiaries who are satisfied with material provision.
9. Proportion of beneficiaries who are satisfied with medical fee support.
10. Proportion of beneficiaries who are satisfied with health education given.
11. Proportion of beneficiaries who are satisfied with the appointment time.

5.7 Populations and sampling

5.7.1 Source population

For Quantitative

All project beneficiaries and all records of beneficiaries.

For Qualitative

All stakeholders (focal persons from Jimma town health office, Jimma town Children and Women Affair Office, Jimma Town Finance Economic Development Office, kebele administration), project staff and volunteers.

5.7.2 Study population

All direct beneficiaries who have been supported by the project in Jimma town during the study period were study population. Reports, beneficiaries' files, registration book were reviewed from April 1/2017- March 30/2018. Selected project staffs, volunteers, stakeholders (focal persons from Jimma town health office, Jimma town Children and Women Affair Office, Jimma Town Finance Economic Development Office, kebele administration) were also study population.

5.7.3 Study units

Individual stakeholders, users/beneficiaries, project staff, volunteers and document were study units.

Exit Interview

There were 140 project beneficiaries (60 PLHIV and 9 OVCs, 51 OVCs guardians and 20 high-risk women) all of them were taken.

Document review

All one year (April 1/2017- March 30/2018) records of beneficiaries files, activity performance report, monitoring and supportive supervision reports and project staff and volunteers reports documents were reviewed.

Resource inventory

Availability of resources (staff, equipment, furniture, reporting formats, IEC, etc.) and infrastructures like rooms availability were counted and checked.

Key informants interview

A total of 14 key informants including 4 project direct beneficiaries , 2 project volunteers, 4 selected stakeholders(focal persons from Jimma town health office, Jimma town Children and Women Affair Office, Jimma Town Finance Economic Development Office, kebele administration), and 4 project staff were involved in key informants interview. In general, they were nine males and five females.

5.7.4 Sampling procedure/technique

Beneficiaries Exit Interview: All the project beneficiaries who fulfilled the inclusion criteria were directly involved in the exit interviewed.

Key informants' interview: Purposive sampling technique was used for key informants. They were selected for the reason that they were more relevant information sources for the issues related to the project services such as availability, fidelity aspect and their perception on satisfaction.

Document review

All project service related documents were reviewed to ensure that the project was implemented with appropriate technical and material resources.

Resource inventory

Availability of resources (staff, equipments, furniture, vehicles, IEC materials, guideline, etc.) and infrastructures like rooms availability were counted and checked.

5.7.5 Inclusion and exclusion criteria

Inclusion criteria

All target beneficiaries of the project who have been supported by the project.

5.8 Development of data collection tools

Beneficiary exit interviewee questionnaire: Structured questionnaires, which contained beneficiary socio demographic characteristics and patient satisfaction questions, were used.

Key Informants Interview guide a semi-structured interview guide, that incorporated project services more related to availability, fidelity, and beneficaries satisfaction was used.

Document review checklist: Beneficiaries' files and project documents like project plans, reports and other related documents were checked to assess fidelity to the project document services as guideline.

Resource inventory checklist; contained variables related with infrastructure (rooms), human resource, equipments, furniture, IEC materials etc, were used to assess the availability of the required resources for the project services provision.

5.8.1 Data collectors

Two data collectors were (diploma holders in clinical nursing) and one supervisor (BA holder in Sociology and Social Work field) who had a minimum of one year experience on the provision of HIV prevention and support services. A supervisor and data collectors were recruited from non-

study projects to minimize bias. The principal evaluator conducted key informants interview. He also did document review. On the other hand, data collectors conducted exit interview. A supervisor, further to his supervision role, he inventoried the project resources using the checklist.

5.8.2 Data collection field work

The Project's documents were reviewed at project office. The beneficaries exit interview was conducted at the project site while they came for services. However, interview of stakeholders who were involved in key informants' interview was done at their work places at convenient time. Data related with availability of resources were obtained from the project office using inventory checklist. During data collection, based on the consent of the informants their sound will be recorded in addition to note taking.

5.8.3 Data quality control

Two day training was given for data collectors and supervisor. Questionnaires translation to local language (Afan Oromo) and retranslation (to English) by two language experts was made. The data collection tools of this study were pre-tested in Agaro town (using seven individuals; 5% of population). The whole process of data collection was supervised closely. The questionnaires were examined for completeness each day after data collection.

5.9 Data management and analysis

5.9.1 Data entry and Cleaning

Quantitative data was reviewed and checked for omissions, legibility of handwriting, and completeness by principal investigator and a supervisor on daily basis. After checking, the data was coded and entered into Epidata version 3.1. Qualitative data from field note and audio records was transcribed with the same language, and then it was translated to English for further analysis.

5.9.2 Data analysis

Quantitative data: The quantitative data were exported into SPSS version 20 software for analysis. missing value and outlires was checked. Univariate, Bivariate and multivariate analysis were conducted. Univariate analysis was carried out to describe beneficaries demographic and socio-economic characteristics and service related variavles. Bivariate analysis was used to see simple association between the dependent and independent variables. Further, because of the complexity of relationships between the dependent and independent variables, multivariate analysis was also employed. To estimate the effect of the clients' satisfaction, Odds ratio (OR) and 95% confidence interval (CI) were computed.

Descriptive statistics was conducted to see the frequency, percent and mean of study variables. Satisfaction was rated by 11 items each having five point Likert scale from very dissatisfied 1(one) to Very satisfied 5 (five). The Likert scales dictomized in to two items of "Satisfied" and "Dissatisfied" by using the mean value. Eventually, Clients were categorized as Dissatisfied for they scored below the mean point and satisfied as they scored greater than or equal to mean point satisfaction score (50). The results of quantitative data were mainly presented by using frequency, tables and figures.

Qualitative data: Qualitative data was analyzed manually, thematic analysis technique was used. First, the translated data was coded in to different codes then each code was thematized in to respective dimensions. The results was narrated and triangulated with the respective dimensions.

5.10 Judgment parameter and Matrix of Analysis

According to Rossi et al., and Patton's suggestion involvement of program stakeholders to reach to the consensus of the final judgment is very important to better conclusion of the final implementation of evaluation.(41, 48)

Judgment Criteria: the criteria were agreed up with the interest of stakeholders. The cut of point was set by referring different literatures. The agreed parameter of judgment during evaluation a score of ≥85% of the indicator, components or overall project implementation was judges as Very Good implementation, then any score of 75% -85% of the project services was judged as Good implementation level and 60%-74.9% scores of the project activities or components judged as fair implementation and 50%- 69.9% scores of the project activities judged as poor while any score below 50% judged as no implementation level. The overall level of evaluation of project services was judged based on above-mentioned criteria.

Weighting of dimensions and Indicators: weight was given for each dimension in terms of their relative importance in the evaluation. It was decided as 30% for Availability, 40% for Fidelity and 30% for Acceptability dimensions by stakeholder agreement.

Table 2: Summary of Matrix of Relevance and Judgment of EECMY DASSC HIV/AIDS Prevention and Support Project in Jimma Town, 2018.

Dimensions	Number of indicators	Value given(x)	Expected Value (X)	Achieved value (Y)	Percentage Achieved	Judgment criteria
Availability	8	30	X	Y	y/x *100	≥85% Very Good 75-85% Good 60- 74.9% Fair 50 - 59.9% Poor Below 50% - not implemented
Fidelity	12	40	X	Y	y /x *100	
Acceptability	11	30	X	Y	y /x *100	
Total	39	100	Total value of X	Total value of Y	y /x *100 TY/TX*100	

5.11 Ethical Issues

Ethical clearance was secured from Jimma University Health Institute Review Board before the beginning of data collection activity. Support letter to the project was received from the top structure of the project (EECMY DASSC Jimma Bethel Synod Branch Office). Informed verbal consent also obtained from interviewee and service providers at data collection time. In addition, participants were informed that the participation is voluntary and that they can with draw at any time without any precondition and codes to be used instead of names on questionnaires to maintain confidentiality. The evaluation team was trained on how to handle sensitive and emotional issues and on the importance of keeping confidentiality and on identifying conflict of interests and dealt with openly and honestly.

5.12 Evaluation dissemination plan

The finding of this evaluation will be presented to Jimma University, Institute of Health and Department of Health Economics, Management and Policy, health monitoring and evaluation unit. In addition, the result will be communicated with project, and other stakeholders in soft copy and hard copy, as it will help them to identify their area of strength and weakness and use it for their performance improvement. Finally, efforts will be made to publish this evaluation finding on the national or international journals.

CHAPTER 6: RESULTS

Description of the study participants

Overall total 140 project beneficiaries for exit interview with response rate 100%. Fourteen key informants (9 male and 5 female) were participated in the study. Project documents and project resources (staffs, equipments, furniture, IEC materials, project main document and infrastructures) were included.

6. 1 Availability Dimension

Human Resource

Seven project staffs were planned to deploy and among these, three of them were trained on HIV prevention and support training at least one times from April 1/2017- March 30/2017.

This finding is supported by result obtained from key informants' interview.

One of a 40-year-old male focal person among the stakeholders said:

"*…the project has shortage of trained manpower. The existing project staffs have burden of work load to provide care and support for the project target beneficiaries…*'

A 28-year-old female project staff key informant also explained: *one of the project staffs was left the project and the project could not also employed SRH officer and IGA expert due to budget cut happened by the donor.*

Table 3: Availability of Trained Human Resource

S.No	Item Description	Did he/she received training
1	Project manager(n=1)	Yes
2	Senior Social Worker (n=1)	Yes
3	Social worker (n=1)	Yes
4	SRH Officer (n=1)	No
5	IGA Expert (n=1)	No
6	Accountant (n=1)	Yes
7	Cashier (n=1)	No

Equipments and Infrastructure

Regarding to the project availability of project rooms; no separate counseling room, three staff offices were available on the time of evaluation. However, separate counseling room was not available.

A 42 year old male project staff involved in the study described "… *we have shortage of rooms. As a result, we could not render confidential psychological counseling service for our beneficaries."*

Another 32-year-old female participant explained, "…sometimes *project staffs have given advice and counseling in their own office …"*

A 37 year old female project staff involved in the study described "… *the project has shortage of rooms. Because budget limitation forced the project not to have separate room for counseling service. To solve the problem we have been using Church chapel for discussion, health education and counseling "*

Regarding the availability of office equipment's; 3 desktop, 1 laptop, 1 printer and 1 photocopy machine were available and functional on the time of evaluation. Furthermore, 2 shelves for putting different program related files, 1 file cabinet, 4 tables and 8 Chairs were available and functional on the time of evaluation. Furthermore, required IEC materials were available on the time of evaluation.

Table 4: Availability of Equipment's and Infrastructure on the Time of Evaluation

SNo.	Category	Items	Total number of items available	Total number of items functional
1	Office equipments	Desktop computers	3	3
		Lap top	1	1
		Printer	1	1
		Photo copy machine	1	1
2	Furniture	Shelves	2	2
		File cabinets	1	1
		Tables	4	4
		Chairs	8	8
3	IEC materials	Brushers,	100	150
		Leaflets	100	180
		Posters	50	97
4	Rooms	Counseling room	-	
		Staff offices	3	3

Recording and reporting formats

The study also showed that the project materials needed for record keeping like beneficiary's registration book, beneficiary history taking, and beneficiary's personal files recording formants were available on the time of evaluation. In addition, reporting formats like referral recording formats, and supervision report format were available on the time of evaluation.

Table 5: Recording and Reporting Formats

S.N	Category	Items	Available
1	Recording formats/books	Beneficiaries registration book	Yes
		Beneficiary history taking	Yes
		Beneficiaries personal files	Yes
		Counseling recording format	Yes
		Home visit recording format	Yes
		IGA registration book	Yes
		Referral recording format	Yes
2	Reporting Formats	Health education reporting format	Yes
		Supervision report format	Yes
		Quarter and annual performance reporting formats	Yes

In general, when the implementation level of the availability dimension compared with judgmental parameter, it was very good implementation.

Table 6: Judgment Matrix of Availability Dimension on Evaluation of EECMY DASSC HIV/AIDS Project Compared with Judgmental Criteria at Jimma Town, 2018.

S.No	**Indicators**	**Expected In Number**	**Weight**	**Observed value**	**Achieved value**	**Judgment Level**
1	Number of project deployed	7	14	4 (57 %)	8	**≥ 85% Very Good** 75 – 85 % Good 60– 74.9 % Fair 50-59.9 % Poor <50% not implemented.
2	Availability of school uniform on the day of assessment	60	12	60 (100 %)	12	
3	Number of rooms required for service provision on the day of assessment	5	12	3 (60 %)	7.2	
4	Availability of office equipment(at least one desktop, printer and photocopy machine) on the day of assessment	6	12	6 (100 %)	12	
5	Availability of office furniture (at least three tables, two shelves, eight chairs) on the day of assessment	15	12	15 (100 %)	12	
6.	Availability of IEC materials (at least 100 brushers, 100 leaflets, and 50 posters) on the day of assessment	140	12	100 (71 %)	8.6	
7	Availability of reporting formats (Health education, supervision, quarter an annual	4	8	4(100 %)	8	
8	Availability of recording files (beneficiaries registration book and beneficiary history taking, beneficiaries personal files, counseling, IGA and referral)	6	18	6 (100 %)	18	
Over all Availability Dimension			**100**		**85.8**	

6.2 Fidelity dimension

The result showed that, all beneficiaries (100%) received both financial (250 birr per month) and materials support (blanket, bed sheet, and sanitation materials once a year). All key informants were agreed on the result. However, they responded that financial support was not adequate as the cost of market increases from time to time.

A 36 years old female respondent said that, *"... every month we receive 250 birr as .the financial support. However, it is not adequate. Given that the cost of goods increased as time goes. So, the projects should improve its support."*

One of the project staff involved in the key informants explained that "…. the financial support was in adequate because of the limited budget we had…"

One of the beneficiary involved in KII reported that*," per the plan of the project every year the project provides school materials for the children who attend school."*

Among the expected 80 beneficiaries planned for providing medical fee support, 74(92.5%) beneficiaries received free medical service at least one time, and from expected 70 beneficiaries planned for referring for advanced free medical service, 44(78.57%) of them received the service.

A 42-year-old male project staff involved in the key informants interview agreed on the result and explained as "… *medical fee support has been given for beneficiaries who got sick and visited health institutions. Thus, all beneficaries who were sick and requested for medical support were supported"*

Among 12 planned health education sessions in one year, 10(83.3%) sessions were conducted and documented. Similarly, from 24 psychological counseling sessions planned, 19 (79.1%) were conducted. The remaining sessions were not conducted because of absence of convenient places. Regarding to conducting home visit, it was conducted 12 times in a year, which gives performance of 100%. In addition, from the total beneficiaries (140), 90(64.2%) of them were participated in the project meeting four times in a year. Training about HIV prevention and control was given for 46 individuals, which gives a performance of 92%.

Regarding counseling and home based care training, key informants agree on it, but majority of them responded that the duration of the project was not adequate.

A 39 years male key informants among volunteers said, "*….the training was very good. Nevertheless, the duration was very limited to gain more knowledge. Maximum of training duration was two days*."

Furthermore, one of the staff involved in key informants explained "*…volunteers' training was given by professionals. However, training days were very short to equip them with adequate knowledge"*

Regarding to income generating activities (petty trade, shop, Mini café), among planned, 92% were engaged in IGAs in one year. Beneficaries engaged in IGA confirmed that the project provided them materials and start up money to generate their income. However, there was a compliant among those engaged in IGA that their business has been falling down.

One of the stakeholders involved in the key interview explained that*".... some of the beneficaries engaged in IGA did not get good market area. As a result their business is failing…"*

Another 38 years female key informants among beneficaries said, "… *there were beneficiaries engaged in IGA to generate their income to be self reliant. Because of less amount of money given them as start up and lack of market places, their business has no progress*…"

The project was received three supportive supervision sessions from Jimma town health office.

In general, when the implementation level of the fidelity dimension compared with judgmental parameter, the project implementation was good.

Table 7: Judgment Matrix of Fidelity Dimension on Evaluation of EECMY DASSC HIV/AIDS Project Compared with Judgmental Criteria at Jimma Town, 2018

S.N	Indicators	Expected #	Weight	Observed value n(%)	Value achieved	Judgment
1	Proportion of individuals who received financial support (250 birr/month) from April 01/2017 to March 30/2018.	140	12	140(100)	12	**≥ 85% Very Good** 75 – 85 % Good 60–74.9 % Fair 50-59.9 % Poor <50% Not implemented.
2	Proportion of individuals who received material support from April 01/2017 to March 30/2018.	140	12	140(100)	12	
3	Proportion of beneficiaries who received medical fee support at least once from April 01/2017 to March 30/2018.	80	12	74(92.5)	11	
4	Proportion of beneficiaries referred for advanced medical treatment at least once from April 01/2017 to March 30/2018.	70	8	55(78.6)	6.3	
5	Proportion of health education sessions given from April 01/2017 to March 30/2018.	12	7	10(83.3)	5.8	
6	Proportion of trained beneficiaries engaged in IGA (petty trade, shop, Mimi cafe) from April 01/2017 to March 30/2018.	25	9	23(92)	8.3	
7	Proportion of volunteers trained on home based care from April 01/2017 to March 30/2018.	15	7	10(66.7)	4.7	
8	Proportion of psychological counseling sessions conducted from April 01/2017 to March 30/2018.	24	7	19(79.2)	5.5	
9	Proportion of home visit conducted from April 01/2017 to March 30/2018.	12	7	12(100)	7	
10	Proportion of beneficiaries engaged in the project meeting four times from April	140	7	90 (64.3)	4.5	

	01/2017 to March 30/2018.					
11	Number of supervisions conducted by Jimma town health office from April 01/2017 to March 30/2018.	4	7	2(50)	3.5	
12	Number of reports timely (quarterly at the last month day 30) sent from April 01/2017 to March 30/2018.	4	5	4(100)	5	
Overall implementation on fidelity dimension (100%)			**100**		**85.6**	

6.3 Satisfaction

Socio-demographic Characteristics of the Respondents

The mean age of the participants was 35.39 and SD 11.45; 56(40%) of participants age was <30 years old while 84(60) were ≥30. 32(22.9%) of beneficiaries were married. Majority (75%) of the beneficiaries' family size were ≤ 4. Regarding religious background, 54(38.6%) of the beneficiaries were orthodox. The ethnicity group, 56(40%) were Oromo while 36(25.7%). The education levels of the study participants include 44(31.4%) were primary education. Regarding the participants occupation, 40(28.6%) were engaged in small-scale businesses while 63 (45%) were daily laborers. With regard to the beneficiaries' income status, majority of the participants earn monthly income less than 806 birr. (Table 8)

Table 8: Socio-demographic and Economic Characteristics of Respondents of Exit Interview for Evaluation of EECMY DA SSC HIV/AIDS Prevention and Support Project in Jimma, 2018.

Variables	**Categories**	**Frequency(N=140)**	**Percent**
Sex	Male	42	30
	Female	98	70
Age	<30	56	40
	≥30	84	60
Marital status	Never married	33	23.6
	Married	40	28.6
	Divorced	39	27.9
	Widowed	28	20.0
Family size	≤4	105	75
	5-8	30	21
	≥9	5	4
Religious status	Orthodox	54	38.6
	Muslim	43	30.7
	Protestant	42	30
	Catholic	1	.7
Ethnicity	Oromo	56	40
	Amharic	26	18.6
	Tigre	4	2.9
	Gurage	9	6.4
	Dawro	36	25.7
	Others	9	6.4
Educational status	Unable to read and write	73	52.1
	Primary school	44	31.4
	Secondary school and above	23	16.4
Occupational status	Student	15	10.7
	Small scale trade	40	28.6
	Housewife	22	15.7
	Daily laborers	63	45.0
Income status (Monthly)	≤ 806	122	87.1
	≥ 807	18	12.9

Service Related Characteristics

Among all beneficiaries, half (50.7%) of them were served for more than two years. Regarding waiting time to receive counseling service, half of them received the service with in 30 minute of arrival. (Table 9)

Table 9: Service Related Characteristics of Respondents of Exit Interview for Evaluation of EECMY DA SSC HIV/AIDS Prevention and Support Project in Jimma, 2018.

Variables	Categories	Frequency	Percent
Duration of enrollment (year)	>2 years	71	50.7
	<2 years	69	49.3
Weighting time to receive counseling service.	>45mimiute	70	50.0
	<45mimiut	70	50.0
Distance from the service area	<30 minutes	61	43.5
	>30 minutes	79	56.5

Beneficiary's satisfaction on services provided

The result showed that the beneficiaries who were satisfied with the convenience of the counseling room were found to be 48(34.3%) while the majority 92(65.7%) were dissatisfied. With respect to the psychological counseling session, 6 6 (47.1%) respondents were satisfied while 74(52.9%) were dissatisfied.

KII interviewee result also supports the result,

A 28 years old female project staff involved in the key informant's interview explained, "....*the project has no independent room for this service. I counsel my client in my office, which does not give comfort. There are many interruptions, which harm confidentiality. As a result, there were beneficiaries who felt discomfort with the counseling session"*

A 38 years old female beneficiary said, "*The problem is the project has no good room for the counseling service. Sometimes noise disturbs us and other beneficiaries interrupt the session. I fear to talk all secretes there. The office is not good to share your feeling and secrete. Because of this, sometimes I upset and get angry to come for this service."*

Another 45 years old male beneficiary involved in the KII stated:

However, the place is not good for counseling. The project staff counsels us in the office, which is not good to talk freely. Sometimes people come and disconnect our talking. Even though, I like the counseling service, I hate the place. You cannot talk your secrete. "

According to the result of the study, 131(93.6%), 122(87.1%) and 107(76.4) were satisfied with politeness , project meeting and referral system , respectively. Majority of the beneficiaries 129 (92.1%), were also satisfied with home-to-home visit service.

Project beneficiaries who were dissatisfied with monthly financial support were found to be 111 (79.3%) while the other 29(20.7%) were satisfied. The data from the key informants showed that the project financial support for the beneficiaries was not sufficient to meet their basic needs. The entire key informant's who participated in the interview clearly explained that most of the time the project beneficiaries have been complaining about the inadequacy of monthly financial support.

A 36 years old male respondent participated in the KI interview said:

"… *We have been provided with materials and financial supports by the project. Every month we have been getting 250 birr. However, the financial support was not adequate to cover my expenses. I am widow and have three children. We live in rented house. I send my children to school. I have no further income except the project support. In addition, the current market situation is unspeakable. Everything you buy is much cost. Hence, monthly financial support we get from the project is not adequate to cover my family expenses. "*

Another a 29 years female respondent involved in the in KII added:

"Things are expensive today. How can I cover the need of my family with 250 birr? The project should revise the support it renders to the beneficiaries."

According to the result of the study, 106(75.7%), 127(90.7%) and 104(74.3%) were satisfied with medical support, health education and project services appointments respectively. About 78(55.7%) of the respondents were satisfied with materials provision while 62(44.3%) were dissatisfied.

A 24 years old female KI said" … *the materials support helped me a lot. However, it was provided once a year. The materials support was not sufficient. Only soap provision has been made once a quarter.*

One of the volunteers involved in the key informants' interview said, "*Materials provision is good. However, the beneficaries get once per year. This is not enough seeing that the beneficaries are very poor. I would suggest if the project make the provision two or three times per a year."*

A 19 years old female student said, *"... the project supports us once a year with school materials like school uniform, stationery, school bag...“*

Besides, a 20 year male respondent involved the interview reported*, "the school materials support I have been getting from the project enabled me to continue my education“*

Medical support was one of the crucial activities carried out by the project. The beneficaries were very pleasant with medical fee payment. Because of this support health condition of the project, beneficaries has improved.

Results show, 131(93.6%) and 122(87.1%) and 107(76.4) were satisfied with politeness and privacy discussion and communication with project staff respectively.

A 34 years old female respondents said, *"... the project staffs and volunteers are very good for me. They do not discriminate us. We have good relationship with them…."*

In general, when the implementation level of the acceptability dimension compared with judgmental parameter, the project implementation was good.

Table 10: Summary of Level of Satisfaction Category of Beneficaries for Evaluation Implementation of EECMY DASSC HIV/AIDS Prevention and Support Project in Jimma Town, 2018.

S No.	Measurements	Satisfaction Category	
		Satisfied	**Dissatisfied**
1	How much are you satisfied on the convenience of the counseling room?	48(34.3)	92(65.7)
2	How much are you satisfied on the psychological counseling session?	66(47.1)	74(52.9)
3	How much you satisfied on home-to-home visit service.	129(92.1)	11(7.9)
4	How much you satisfied on politeness of the project staff.	131(93.6)	9(6.4)
5	How much you satisfied project meetings	122(87.1)	18(12.9)
6	How much you satisfied with project referral system	107(76.4)	33(23.6)
7	How much are you satisfied with monthly financial support?	29(20.7)	111(79.3)
8	How much you satisfied on the material provisions.	78(55.7)	62(44.3)
9	How much you satisfied on the medical support.	106(75.7)	34(24.3)
10	How much you satisfied with the health education or awareness raising.	127(90.7)	13(9.3)
11	How much you satisfied on projects project services appointment time	104(74.3)	36(25.7)
	Overall satisfaction		

In summary, the overall satisfaction dimension compared with judgmental parameter the project implementation was fair.

Table 11: Judgment Matrix of Acceptability dimension on evaluation of EECMY DASSC HIV/AIDS Project compared with judgmental criteria at Jimma Town, 2018

SNo.	Indicators	Expected %	Weight	Observed value %	Achieved Value	Judgment
1	Proportion of beneficiaries satisfied on the connivance of the counseling room.	100	8	34.3	2.74	≥ 85% Very Good 75 – 85 % Good **60–74.9 % Fair** 50-59.9 % Poor <50% not implemented
2	Proportion of beneficiaries who are satisfied with counseling session.	100	8	47.1	3.77	
3	Proportion of beneficiaries who are satisfied with home-to-home visit.	100	9	92.1	8.29	
4	Proportion of beneficiaries who are satisfied with politeness of project staff.	100	6	93.6	5.62	
5	Proportion of beneficiaries who are satisfied on privacy discussion with project staff	100	8	87.1	6.97	
6	Proportion of beneficiaries who are satisfied on the way of communication the project staff	100	10	76.4	7.64	
7	Proportion of beneficiaries who are satisfied with amount of monthly financial support.	100	12	20.7	2.48	
8	Proportion of beneficiaries who are satisfied with material provision.	100	12	55.7	6.68	
9	Proportion of beneficiaries who are satisfied with medical support.	100	12	75.7	9.08	
10	Proportion of beneficiaries who are satisfied with health education given.	100	8	90.7	7.26	
11	Proportion of beneficiaries who are satisfied with the appointment system	100	7	74.3	5.20	
Overall implementation on Acceptability dimension (100%)			**100**		**65.73**	

Table 12: Summary of overall Dimensions Evaluation of the implementation of EECMY DASSC HIV/AIDS Prevention and Support Project in Jimma Town, 2018

Dimensions	Indicators	Value given (Wt)	Scored Values	Value Achieved	Level of implementation	Judgment criteria
Availability	8	30	85.8	25.74	Very Good Implementation	≥ 85% Very Good 75 – 85 % Good 60– 74.9 % Fair 50-59.9 % Poor <50% Not implemented
Fidelity	12	40	85.6	34.24	Very Good Implementation	
Acceptability / Satisfaction/	11	30	65.73	19.72	Fair Implementation	
Over all implementation status	**31**	**100**		**79.7**	**Good Implementation**	

6.4 Factors associated with Beneficiaries satisfaction with EECMY DASSC HIV/AIDS Prevention and Support Project

In the bivariate analysis age, marital status, average perceived monthly income, duration of enrollment in the project, waiting time to receive counseling service and distance from the project service area were considered as a candidate for multivariate analysis having P-value ≤ 0.25.

Table 13. Bivariate Analysis Result of Satisfaction Survey EECMY DASSC HIV/AIDS Prevention and Support Project, Jimma 2018.

Variables		**Category**		**COR**	**95CI**	**P-value**
		Satisfied	Dissat			
Sex	Male	14	28	2.356	1.1, 5	0.026*
	Female	53	45	1	1	
Age	<30	24	32	1.398	0.7, 2.7	0.33
	≥30	43	41	1	1	
Marital status	Never married	14	19	3.393	1.1, 9.9	0.025*
	Married	11	29	6.591	2.2, 19.2	0.001*
	Divorced	22	17	1.932	0.68, 5.4	0.213
	Widowed	20	8	1	1	
Ethnicity	Oromo	27	29	1	1	
	Amharic	16	10	0.582	0.22,1.5	0.263
	Tigre	2	2	0.931	0.01,7.08	0.945
	Gurage	2	7	3.259	0.62,17	0.162
	Dawro	13	23	1.647	0.69,3.88	0.255
	Others	7	2	0.266	0.05,1.39	0.117
Educational status	Unable to read	37	36	0.42	0.15, 1.1	0.09
	Primary	23	21	0.39	0.13,1.1	0.09
	Secondary and	7	16	1	1	
Occupational status	Student	6	9	1	1	
	Small scale trade	17	23	0.90	0.26,3	0.86
	Housewife	9	13	0.96	0.25,3.6	0.95
	Daily laborer	35	28	0.53	0.17,1.6	0.28
Monthly income	≥806	58	42	4.7	2, 11	<0.0001
	<807	9	31	1	1	
Weighting time to receive counseling service.	>45 minutes	43	27	3	1.53, 6.08	0.002*
	<45 minutes	24	46	1	1	
Duration of enrollment	> 2 years	53	41	2.9	1.3,6.24	0.005*
	< 2 years	14	32	1	1	
Distance	<30 minutes	36	25	2.23	1.13, 4.4	0.021*
	>30 minutes	31	48		1	

In multivariable logistic regression, marital status, weighting time to receive counseling service, duration of enrollment , distance from the project services areas are factors associated with beneficiary satisfaction. Accordingly, beneficiaries who were married were 6.6 times more satisfied with the service as compared to those who were widowed [AOR=6.6, 95%CI%2,22.11), p- value=0.002]. Those beneficiaries who were received the service within 30 minutes were 3.58 times more satisfied with the project than their counter parts [AOR=3.58 95% CI percentage1.63, 7.85), p-value=0.002]. Beneficiaries who were being member for more than 2 years were 2.69 times more satisfied than those who were involved in the project within the last two years [AOR=2.69, 95%CI:(1.14,6.34), p-value=0.014]. Beneficiaries who spent less than 45 minutes were 2.63 times more satisfied than those who were spent more than 45 minutes AOR=2.6,95%CI:3(1.19,5.85), p-value=0.016] (Table 14)

Table 14: Multivariate Analysis Result of Satisfaction Survey EECMY DASSC HIV/AIDS Prevention and Support Project, Jimma 2018

Variables		**Category**		**COR 95%CI**	**AOR 95%CI**
		Satisfied	Dissatisfied		
Sex	Male	14	28	2.356 (1.1,	2.1(0.87, 5.36)
	Female	53	45	1	1
Marital status	never	14	19	3.393 (1.1,	2.91(0.84,10)
	Married	11	29	6.591(2.2,19.2	**6.6(2,22.11)***
	Divorced	22	17	1.932 (0.68,	1.8(2.57,5.82)
	Widowed	20	8	1	1
Monthly income	>=806	58	42	4.7 (2, 11)	1.89(0.71,5.02)
	<807	9	31	1	1
Waiting time to receive counseling service.	<45 minute	43	27	3(1.53, 6.08)	**3.58(1.63,7.85)***
	>45 minute	24	46	1	1
Duration of enrollment	>2 years	53	41	2.9(1.3,6.24)	**2.69(1.14,6.34)***
	<2 years	14	32	1	1
Distance from service area	<30 minute	36	25	2.23(1.13, 4.4)	**2.63(1.19,5.85)***
	>30 minute	31	48	1	1

CHAPTER 7

DISCUSSION

Based on the judgment parameter, the overall level of implementation of the project was 79.7%, which showed the implementation was good according to judgment parameter. The availability of resources scored 85.8% and fidelity scored 85.6%. Moreover, beneficiaries' satisfaction was scored 65.73%.

7.1 Availability

According to the finding, the project had available resources for its implementation. Resources were available in the project site except infrastructure and trained human power(28) . In general, according to pre set judgment criteria the availability dimension had judgment value of 85.8%, which was very good implementation.

The study showed that the availability of trained human power was 57% to implement the project activities. The stakeholders and the project staff involved in the key informants' interview confirmed that the project has been working by a few trained technical staff as compared with the project document(28). This finding supported by a study conducted Ethiopia of Yekokeb Berhan Program which showed that the program had in adequate trained human resource(29). Another assessment was conducted in Ethiopia also identified a gap of staff with specialized qualifications(27). Least number of the staff may result in poor implementation of project services.

Regarding the infrastructures, the study result showed that 60% of service rooms were available. Counseling room was not available. The project staff involved in key informants interview reported that they were using the Church chapel and sanctuary for training and discussion of beneficiaries. Psychological counseling needs separate room to counsel the project beneficiaries to secure confidentiality and privacy issues. Lack of the room affects the service as well as the living condition of the target beneficiaries. WHO report confirmed that, many low and middle income countries face challenge of infrastructures for delivery service(26). A study conducted in Tanzania showed that , Infrastructures were good availability compared to the project(32). Another study conducted in Cape Town also showed that there were organizations had lack of space or rooms to run the program which supports the project finding (30).

On the other hand, the result indicted that the project fulfilled office equipment and materials for the implementation of the project. Sufficient budget was allocated office equipment and materials to run the project activities. This finding was contrary to finding of a study conducted in Kenya Kisumu , indicated that there were lack of equipments, such as laptops due to budget problem (31).

7.2 Fidelity Dimension

The findings were supported by the results obtained from the key informants. In general, this dimension had 12 indicators and judgment value of 85.6 %. The implementation was very good based on judgment parameter. This dimension value was the second highest compared to other dimensions.

The finding showed that all beneficiaries were provided with financial and material supports. Key informants confirmed that the project has been supporting the beneficiaries with monthly subsidy with 250 birr per month. During the budget year, once a year materials such as bed sheet and sanitation materials, school uniform and stationeries were provided for people living with HIV/AIDS and for vulnerable orphans (28). Even though, the he project beneficiaries were accessed to financial and materials support, the result of key informants' interview indicated that the project supports were inadequate. A study conducted in Jimma zone supported the result of this study that the amount of financial support provided by some NGOs for the target beneficaries was meager and the support could not help them to fulfill their basic needs (16).

Volunteers were trained on home based care and psychological counseling to serve the project beneficiaries. Volunteers involved in the key informants' interview said that the training they got was very important and helped them in their service provision. Conversely, they commented that duration of training days was very short and they could not gain more detail knowledge in the area.

The study conducted in Cape Town supported the result that the organizations program facilitators did not equip with enough counseling skill to offer to the beneficiaries as a part of the psychosocial support(30).

The finding pointed out that psychological counseling session and home-to-home visits conducted were 100% successful. Besides, 90(64.3%) beneficiaries were engaged in the project discussion or meetings. Key informants confirmed that they have been involved in the project, counseling

meetings and discussions on various relevant issues. A study conducted in Tanzania, showed that some nutrition counseling and education topics are discussed frequently (32).

Income generating activities is one of the important activities for the project beneficaries to improve their income and livelihood. The finding showed that majority number of planned beneficaries engaged in various IGAs. The project provided training, materials and start up money to run their business. However, the qualitative finding confirmed that some of IGAs were failing because of lack of appropriate market place and less amount of start up money given by the project. The finding of an assessment conducted in Addis Ababa supported this study finding that IGAs were inadequate and not successful(7).

Supportive supervision was fully implemented and project reports were timely sent to concerned bodies. This finding supports a study conducted in Lusaka, Zambia which showed regular reports were provided and periodic visits/supervisions were held(34).

7.3 Satisfaction

The acceptability/beneficiaries satisfaction dimension with 11 indicators had judgment value of 65.73% and showed that it was fair implementation according to judgment parameter. This dimension scored the least judgment parameter value when compared with other dimensions.

The study conducted in Nairobi City, Kenya on NGO's services provision shows that the service delivery met the expectation of beneficiaries which was satisfied the beneficaries (36). Another study conducted in Jordan indicated that there was a fair satisfaction of clients on NGOs services provision (37). A study conducted in Kenya also revealed that majority of the participants 78.6% were fully satisfied by the kind of services provided satisfaction(52).

In this, particularly study, more than half of the beneficiaries involved in this study were dissatisfied with the convenience of the counseling room and the sessions. Majority of the respondents involved in the key informant's interview mentioned that the project had no independent counseling room for the confidentiality of beneficiaries' affairs. This result supported a study conducted in Gondar that majority of the respondents in the study were dissatisfied by the comfort and convenience of private counseling area(35). Psychological counseling is very important for people living with HIV/AIDS and their affected families. Orphans who lost their parents due to HIV/AIDS also highly needed psychological counseling to lead normal life.

The project staff and volunteers have rendered home visit service, and 92% of the beneficaries were satisfied with home service given. A study conducted in Kenya, Machakos district is different from this evaluation finding that among 165 HIV/AIDS patients, 127(77.0%) of the respondents were not satisfied with home visit by staff according to the study conducted in Kenya(53). The reason revealed for this was that they had fear of stigma and discrimination.

Majority of the beneficiaries were satisfied on the politeness, discussion and communication with the project staff and volunteers. The result of key informant's interview supported the result that there was good interaction between the beneficiaries and project staff as well as volunteers. Contrarily, the study conducted in Gondar revealed that OVCs had poor social life and communication with people around them.(54) This might be mistreatment and isolation influences the life of OVCs as they could have poor social life and communication.

In this evaluation also, most of beneficiaries were dissatisfied with the monthly financial support of the project. Respondents involved in the key informants' interview reported that though the project tried a lot to support the target beneficaries with various supports, the financial support was in adequate to cover their basic needs. Recent report of Jimma Town Finance and Economy Development office reported that the minimum monthly income of an individual is 806 birr (41). It is possible to understand how much the project financial support was less than the minimum income other individuals earn. Furthermore, according to the report of World Bank national accounts data, the Gross Domestic Product per capita in Ethiopia was 706.76 $ in 2016(55). The report shows an individual monthly income was about $58.9 (1590 birr) which was greater than the project monthly financial support. Inadequacy of the support made the beneficaries unhappy. The study conducted in Jimma Zone agreed with this result that the amount of financial support provided for orphan and vulnerable children by NGOs was meager. (16) .

With respect to the material support, 78(55.7%) of the beneficiaries were satisfied while 62(44.3%) were dissatisfied. The material included educational materials for orphans. The key informants confirmed that support was provided once a year, which limited beneficiary's satisfaction. The study conducted in Jimma Zone supported the result of this evaluation that some of the faith based and the secular non-governmental organizations were offering school uniform and other educational materials for OVCs on a yearly basis (16).

7.4 Factors affecting beneficiary's satisfaction

Beneficiaries who were married were 6.6 times more satisfied with the service as compared to those who were widowed. This finding was different from a study conducted in Kenya that those who were divorced more satisfied than others (38).

Those beneficiaries who were traveled with distance less than 30 minutes were 2.63 times more satisfied than their counter parts. This study supports a study conducted in Cape Town, South Africa showed that distance from home to the service center was significantly associated with people living with HIV/AIDS satisfaction. Clients traveled long minutes /hours were not felt well (39). Because they have been charged for further transportation cost and confront with to physical fatigue.

Beneficiaries who were being member for more than 2 years were 2.69 times more satisfied than those who were involved in the project within the last two years.

Beneficiaries who were spend less than 45 minute were 2.63 times more satisfied than those who were spend more than 45 minute. The finding of this study was completely different from a study conducted in Kenya that waiting time was not significantly associated with patients' satisfaction (38).

7.5 Limitation of the evaluation

- Due to social desirability bias, beneficiaries may fear to disclose the overall provision of the project.

CHAPTER 8

CONCLUSION AND RECOMENDATION

8.1 CONCLUSION

Based on judgment parameter the availability of resources for providing project services was Very Good. Majority of the required resources were available. Moreover, recording and reporting formats were available on the time of evaluation. However, there were shortage of trained project staff and rooms for psychological counseling service.

According to the judgment parameter, the fidelity implementation of the project services was Very good. Planned activities were implemented according to the project document(28).However, the project had limitation in providing adequate supports to the target beneficiaries. The financial was inadequate to meet the current need of the beneficaries. Moreover, material provision was one of the areas that the beneficiaries reported that the support was inadequate. Very short duration of training schedule for the volunteers' made them knowledge on home based care and counseling insufficient.

Moreover, according to the finding evaluation of the level of beneficaries satisfaction towards the project service was fair based on the judgment parameter. Most of the beneficaries were dissatisfied with the inconvenience of counseling room and psychological counseling session. Besides, they were also dissatisfied with the financial and materials supports.

Marital status, membership, waiting time, and distances from the project services areas are factors associated with beneficiary satisfaction. For that reason, beneficiaries who were married were more satisfied than widowed. Beneficiaries who were being member for more than two years were satisfied than those who were involved in the project within the last two years. Furthermore, Beneficiaries who were spent less than 30 minutes were satisfied than those who were spent more than 30 minutes.

8.2 RECOMMENDATIONS

To the project staff

- Separate rooms for psychological counseling should be fulfilled.
- Further trained project staff should be assigned to reduce burden of on counseling service.
- Duration of trainings should be increased/extended for volunteers as they could gain further knowledge.
- Amount of financial support should be increased considering the current market situation.
- Materials support provision should be increased at least twice a year.
- The project should agreed or negotiate with the donor on budget increment of the project.
- The income generative scheme initiatives should be strengthened with appropriate initial capital.
- Time utilization for service provision should be improved.
- Project site should be arranged for beneficaries who travel from distant areas.

Jimma Town health office

- The office has to give technical support for the project.
- The office should assist the project in conducting relevant trainings for the project staff and volunteers.
- The office should contact with other organization as the project beneficaries will be able to get further support (materials, nutritional food and financial) for service for the project beneficaries.

Jimma town Finance and Economic Development Office

- The office should contact with other NGOs so that the project beneficaries will be able to get further support (materials, nutritional food and financial) for service for the project beneficaries.
- Training should be given for beneficaries who engaged in IGAs on the effective business management.

Kebele administration

- The kebele administration should provide market places for beneficiaries engage in IGA's.

CHAPTER 9

META EVALUATION

Meta evaluation standards such as utility, feasibility, propriety, and accuracy were used to determine the worthiness of evaluation. The quality of the study was evaluated from starting of evaluation till the end of evaluation based on Meta evaluation standards(56). The checklist was adapted from "*Program Evaluations Meta evaluation Checklist*" developed by Daniel L. Stufflebeam.(57)

9.1 Utility

Stakeholders were engaged and actively participated throughout the evaluation process and agreement was reached with major stakeholders to utilize the finding of the evaluation.

9.2 Propriety

Ethical clearance was received from Jimma University Health Institute Ethical Review board. Interviewers were trained on how to handle sensitive and emotional issues and on the importance of keeping confidentiality. Informed written and verbal consent was obtained from the study subjects, by explaining the purpose of the study objective. Issues related to confidentiality and any potential risk and benefits from participation in the study was discussed.

9.3 Feasibility

A feasibility standard considers the practicality of an evaluation procedurally and in economic terms. The required budget to undertake the study was used efficiently according to the plan.

9.4 Accuracy

The evaluation process was focused from design to the end of evaluation to assure quality of data. Sound contents of the training was given for supervisors and data collectors that they could play a significant role in assuring data quality. Editing and examining questionnaires also assured for completeness and consistency each day after data collection. All the data collection, analysis and presentation techniques were carried out based on scientific methods .Quality control strategies applied. Data was collected from multiple sources using multiple methods to enable triangulating different data collection methods to ensure good quality information to be generated and maximize accuracy.

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ANNEXES

Annex 1. English Evaluation Tools

Tools to assess the implementation status of EECMY DASSC Jimma HIV/AIDS Prevention, Care and Support Project

JIMMA UNIVERSITY PUBLIC HEALTH FACULTY,

DEPARTMENT OF HEALTH ECONOMICS MANAGEMENT AND POLICY, HEALTH MONITORING AND EVALUATION UNIT

12. Instructions for the interviewers:

Prior give greetings to the project beneficiaries in the project office while they come for care and support services. Ask them whether they are willing to be asked some questions about the services they received today. If they accept, make sure that you are in a place that comfortable and privacy for the interview. Ask them for their informed consent to be interviewed (read the form below). Please, interview only project beneficaries who give their informed consent. For each item in the interview, circle the code of the appropriate response.

1. Consent form of beneficiaries Exit Interview

Beneficaries Exit Interview Tool to Assess Beneficaries Satisfactionon EECMY DASSC HIV/AIDS Prevention, Care and Support Project Services

Region _________________________ Zone _____________________ Town______________

Name of the Project: _________________________________

Good morning /Afternoon dear beneficiary! My name is ______________________. I came from Jimma University, Faculty of Public Health, Department of Health Economics Management and Policy, Health Monitoring and Evaluation Unit. I am a member of evaluation research team on implementation evaluation on EECMY DASSC Jimma HIV/AIDS Prevention, Care and Support Project in Jimma Town.

The purpose of this evaluation is to assess the implementation status EECMY DASSC HIV/AIDS Prevention, Care and Support Project service provided and level of satisfaction of services users and finally to give important recommendations that will help to strengthen and improve the project service in general and particularly to meet the beneficiaries need or interest.

To do this, your information is very important. I would like to ask you a few questions about your visit to the project to find out your experience today. I would be very grateful if you could spend a less than 20 minutes to answer questions related to the project service. I will not put your name or registration number in the format. All the information you give will be kept strictly confidential. Your participation is voluntary, you are not obliged to answer any questions you do not want, and you can stop interview at intervals if you are not comfortable. By giving your response in this evaluation, you cannot get incentive but your honest participation will contribute to generate information that can be used to improve the implementation of EECMY DASSC HIV/AIDS Prevention, Care and Support Project.

Do I have your permission to continue? 1. Yes 2. No

If yes, Thanks for your cooperation!

Code number of the beneficiary _____________

Interviewer:

Name Cod number

Cheeked by supervisor /investigator Signature___________________

Part I: Socio-demographic characteristics of respondent

S. N.	Questions & filter	Coding category	Skip to
V101	Sex of beneficiary	1)Male_______2) Female_____	
V102	How old are you?	1) ___________ old	
V103	What is your current marital Status?	1) Single 2) Married & live together 3) Married but not live together 4) Divorced	
V104	Family size?	____________________	
V105	What is your educational level?	1) Unable to read and write 2) Write & read only 3) Primary school(1-8) 4) Secondary school completed 5) Higher education	
V106	What is your ethnicity?	1) Ormo n 2) Amara 3) Tigre 4) Gurage 5. Dawro 6) Others/specified ____________________________________	
V107	Religion	1) Orthodox 2) Muslim 3) Protestant 4) Catholic 5. Adventist 6) Wakefeta 7) Others	
V108	What is your current occupation?	1) Student 2) Small scale businesses 3) Daily laborer 4) House wife 5) Others/specified____________	
V109	What is your monthly income?	____________Eth. Birr (use annual income in kind & change to birr)	

Service Related Variables

SNo.	Variables	Categories	Skip
V110	Duration of enrollment (year)	>2 years	
		<2 years	
V111	Weighting time to receive counseling service.	>45mimiute	
		<45miniute	
		No	
		No	
V112	Distance from the service area	<30 minutes	
		>30 minutes	

Part II: Satisfaction questions for beneficaries of the project for evaluation implementation of EECMY DASSC HIV/AIDS Prevention and Support Project in Jimma Town, 2018.

s/n	**Measurements**	**Very dis Satisfied (1)**	**Dis satisfie d (2)**	**Un Decided (3)**	**Satisfied (4)**	**Very Satisfied (5)**
A1	How much you satisfied on the convenience of the counseling room.	1	2	3	4	5
A2	How much you satisfied on the psychological counseling session.	1	2	3	4	5
A3	How much you satisfied on home-to-home visit service.	1	2	3	4	5
A4	How much you satisfied on politeness of the project staff.	1	2	3	4	5
A5	How much you satisfied project meeting	1	2	3	4	5
A6	How much you satisfied with the project referral system	1	2	3	4	5
A7	How much you are satisfied with monthly financial support.	1	2	3	4	5
A8	How much you satisfied on the material provisions.	1	2	3	4	5
A9	How much you satisfied on the medical support.	1	2	3	4	5
A10	How much you satisfied with the health education or awareness rising?	1	2	3	4	5
A11	How much you satisfied on project appointment time.	1	2	3	4	5

Data collector's name: _________________________ Sig.___________ Date _____________

Supervisor's name: __________________________Sig.___________ Date ______________

Part III: Tool for key informant interview

Name of the project___________________________

Cod of the participant______________________

Sex ___ Age _____ Educational status and profession ____

Hello. My name is ___________________ I am a member of Jimma University research team. We are conducting evaluation research on EECMY DASSC HIV/AIDS Prevention, Care and Support Project in Jimma town. The information from the assessment will be used to improve the services rendered for the beneficiaries through this particular project in Jimma town. I would like to ask you some questions to get information from your experience on the service provision of the project. To do this, your information is very important. I would like to ask you few questions about this project. We would be very grateful if you could spend a less than 20 minutes to answer questions related to the service. Your participation is extremely important, but it is voluntary and you are not obliged to answer any questions you do not want and you can stop interview at intervals if you are not comfortable. By giving your response in this evaluation, you cannot get incentive but your honest participation will contribute to generate information that can be used to improve the implementation of EECMY DASSC HIV/AIDS Prevention, Care and Support Project. Don't worry about information confidentiality, both your name and your institution name will not be stated.

May I continue? Yes__________ No _______________

Thank you!

I. For the project staff

1. How long have you been working in the project?

2. What kind of trainings have you ever attended? /on Job training/

3. How do you see the training you have received? (Probe duration, the quality...)

4. How do you see the availability of inputs for the project services?

5. What kind of care and support services have you been providing?

6. How do you see beneficiaries' monthly subsidy /financial support? (Probe adequacy, timeliness, importance)

7. What types of material support are provided to beneficiaries? (Probe adequacy, timeliness, appropriateness, importance, need based)

8. How do you counsel the beneficiaries? How many beneficiaries do you counsel per a month? (Probe: continence of room and session, training…)

9. How do you often conduct home-to-home visit? How many beneficiaries do you visit at home per a month?

10. How do you often conduct health education? What topics have been covered?

11. How the project involve volunteers?

12. How does the project implement medical fee support?

13. How the projects engage the beneficaries in to IGA? What kinds of IGAs that are the beneficiaries engaged in?

14. How do you see the project beneficaries satisfaction with care and support services provision?

15. What are the challenges in providing care and support for the beneficiaries?

16. What do you suggest for the improvement of the project care and support service provision?

II. For the volunteers

1. How long have you been serving in the project?

2. What kind of services have you been providing?

3. What kind of trainings have you ever attended?

4. How do you see the training you have received? (Probe duration, the quality...)

5. Do you know services or supports the project has been rendering for the beneficiates?

6. How do you serve the project beneficiaries? What are you roles in the project? How many beneficiaries you have addressed monthly?

7. How do you feel about the supports the project beneficiaries receive from the project (probe about adequacy, appropriateness, timeliness, staff attitude, etc)?

8. How do you see the satisfaction of beneficiaries with the project care and support services provision?

9. What changes have you been observed in the lives of beneficiaries with the intervention of project?

10. What should be done to improve the project care and support service provision?

III. For the stakeholders - (Jimma Town Finance and Economy Development Office , Jimma Town Health Office Focal Persons, Jimma Town Women and Children Office and Three Kebeles Social Affair Focal Persons)

1. How long have you been working with the project?

2. What kind of roles have you been carried out? (Probe: supervision, follow up, duration ...) 3. How do you see the project resources? (Probe; Trained human power, financial...)

4. How is the project budget utilization? (Probe; Plan Vs achievement, budget line, over and under utilization)

5. What kind of materials the project has been provided for beneficiaries? (Probe: for whom? Need based, adequacy ...)

6. How do you feel about the supports /services the project beneficiaries receive from the project (probe about adequacy, appropriateness, timeliness, staff attitude, etc)?

7. What have you been observed beneficiaries who engaged in IGAs? (Probe: training given, market assessment, appropriateness, success and failure...)

8. Which project interventions satisfied beneficaries? Which are not?

9. What changes have you been observed in the life of beneficiaries?

10. Which types of project components are very important for the target beneficiaries?

11. Have you been receiving timely reports from the project? How often?

12. What should be done to improve the project care and support service provision?

Part IV: Tool for Beneficaries

13. Sex: ______ Age: ______
14. Region: Oromia Zone: _________ Woreda: ______ Kebele: __________________
15. Marital Status (married, un married, separated, divorced, widowed, other):____________________ _______________

Hello. My name is ___________________ I am a member of Jimma University research team. We are conducting evaluation research on EECMY DASSC HIV/AIDS Prevention, Care and Support Project in Jimma town. The information from the assessment will be used to improve the services rendered for the beneficiaries through this particular project in Jimma town. I would like to ask you some questions to get information from your experience on the service provision of the project. To do this, your information is very important. I would like to ask you few questions about this project. We would be very grateful if you could spend a less than 30 minutes to answer questions related to the service. Your participation is extremely important, but it is voluntary and you are not obliged to answer any questions you do not want and you can stop interview at intervals if you are not comfortable with. By giving your response in this evaluation, you cannot get incentive but your honest participation will contribute to generate information that can be used to improve the implementation of EECMY DASSC HIV/AIDS Prevention, Care and Support Project. Don't worry about information confidentiality, both your name and your institution name will not be stated.

May I continue? Yes__________ No _______________

Thank you!

1. How many years/months have you been under this project support?

2. What supports do you receive from the project (probe about monthly subsidy, medical support, material supports, educational, psychosocial support, IGA)?

3. How do you feel about the supports/services you receive from the project (probe about type, adequacy, appropriateness, timeliness, staff attitude, etc)?

4. How do you see the counseling service? (Probe: convenience of the room and the session…)

5. How about your satisfaction by the care and support of the provision?

6. What kinds of things do you do at the project?

7. What contributions did the support have to your today's living condition? Probe if there is any visible/spectacular change in the lives.

8. Which type of support/service is exceptional in affecting your living?

9. How do you see the way of your communication by project staff?

10. How do you see the project appointment situation?

11. How do you participate in the project? (Probe: meetings, discussion and trainings)

12. What improvement suggestions do you have for the project?

Part V: document and record review

Documents and records review checklist on review on project care and support service given from January 2017 to December 2017

Name of the project __

S/N	Activities and services	Expected	Observed	Remark
				If not why?
B1	Proportion of beneficiaries supported financially.			
B2	Proportion of beneficiaries provided with material support.			
B3	Proportion of beneficiaries got medical fee support			
B4	Proportion of beneficiaries referred for advanced medical treatment.			
B5	Proportion of health education sessions conducted.			
B6	Proportion of beneficiaries trained engaged in income generating			
B8	Proportion of volunteers' trained on counseling and home based care trainings.			
B9	Proportion of counseling sessions conducted.			
B10	Proportion of home visit sessions conducted.			
B11	Proportion of beneficaries engaged in the project meeting			
B14	# Supervisions conducted.			
B15	# Reports timely sent.			

Part VI: Resource Inventory Checklist

This checklist will be used to conduct an inventory availability of infrastructure and program resources in the project site or office. In addition, it will be answering by interviewing the project coordinator / representatives and observing the existence or the availability of the materials.

Date of Assessment _______________

Region________________ Town _______________District/worked________________

Name of the project______________________________________

Informed Consent Form

I would like to thank you in advance for allowing me to observe your project office today. My name is __________________________________and I will be checking on the availability project resources for the provision of care and support services. I am going to inventor /check or observe the availability of the needed resources according to your project document. This observation is valuable to plan and fulfill the necessary resources, which are needed to provide better services for the project beneficaries.

Is there any question about what I have just explained?

Are you willing to allow me to start observation now? Yes ( ), No ( )

___________________ ___________________ ___________________

Interviewee Data collector Date

SNo.	Questions	Yes	No	If no, why?
A1	Are there school materials?			
A2	Are there trained project staff?			
A3	Does the project have staff with the following profession?			
	1. Project manager			
	2. Senior Social Worker			
	3. Social worker			
	4. SRH Officer			
	5. IGA Expert			
	6.Accountant			
	7. Cashier			
A4	Do the following rooms are available?			
	1. Counseling room			
	2. Staff offices			
A5	Do the following office equipments are available?			
	1. Tow desk top computers			
	2. Laptop			
	3. Printers			
	4. Photo copy machine			
A6	Do the following furniture are available?			
	1. Shelves			
	2.File cabinets			
	3. Tables			
	4. Chairs			
A7	Are there IEC materials?			
	1. Brushers			
	2. Leaflets			
	3. Posters			
A8	Are there reporting formats?			
	1. Health education			
	2. Supervision			

	3. Quarter and annual performance			
A9	Are there recoding files?			
	1. Registration book			
	2. Beneficiary history taking			
	3. Beneficiary personal file			
	4. Counseling			
	5. Home visit			
	6. IGA registration			
	7. Referral			
A10	Does the project have available budget for the following activities?			

ANNEX 2. Meeshaalee Madaallii Afaan Oromoo

Meeshaalee madaalli Sadarkaa Raawwii Waldaa Warra Wangeelaa Makaana Yesuus Koomishinii Misoomaa fi Tajaajila Hawaasummaatti Projectii Ittisa HIV/AIDS, Kunuunsaa fi Deeggarsa Magaalaa Jimmaa

YUNIVARSIITII JIMMAATTI FAAKAALTII FAYYAA UUMMATAA, QAJEELCHA GAGGEESSAA IKONOMIKSII FAYYAA Fi POOLISII KUTAA MADAALLII FI HORDOFFII FAYYAA

16. Qajeelfama Kanneen Gaafannoo Godhaniif :

Jalqaba itti fayyadamtootni pirojektii gara waajjira pirojektii deeggarsaaf yemmuu dhufan nagaa dhiyeessiiif. Har'a waa'ee tajaajila argantanii gaaffii muraasa akka isaan gaafattu fedha isaanii tahuu isaa gaafadhuun. Yoo tole jedhan, iddoo gaafannoof mij'aa fi qophaatti adda bahuu isaa mirkaneeffadhu. Gaaffii gaafatamuu walii galtee isaanii tahuu isaa gaafadhu(Unka kanaa gadii dubbisi). Tajaajilamtoota pirojektichaa warra walii galan yookaan fedha isaanii kennan qofaa gaaffannoo keessatti hirmaachis. Tokko tokkoon gosoota gaaffii fi deebiitiif deebii siirrii taheetti itti geengeessi.

1. Unka walii galtee fayyadamoota pirojektii Gaaffanoo Gargaarsa Boodaaa

1. Consent form of beneficiaries Exit Interview

Meshaalee Gaafannoo Tajaajilamtootaa Tajaajila Boodaa Meeshaalaa Qoranoo Itti Gammadiinsa Tajaajilamtootaa Waldaa Warra Wangeelaa Makaana Yesuus Koomishinii Misoomaa fi Tajaajila Hawaasummaatti Projektii Ittisa HIV/AIDS, Kunuunsaa fi Deeggarsa Magaalaa Jimmaa Itti Addaan Baasan

Naannoo ___________________________ Godina ______________________ Magaalaa _______________ Maqaa Pirojektiii: ____

Akkam bultani/Akkam ooltani kabjamaa/kbajamtuu itti fayyadamaa/tuu Pirojektii kanaa. Maqaaan koo____________________________________jedhama. Kaniin dhufe Yunivarsiitii Jimmaatti Faakaaltii Fayyaa Uummataa, Qajeelcha Gaggeessaa Ikonomiksii Fayyaa, Kutaa Madaallii fi Hordoffii Fayyaa irra ti. Ani miseensa garee madaallii qorannoo raawwii madaallii Waldaa Warra Wangeelaa Makaana Yesuus Koomishinii Misoomaa fi Tajaajila Hawaasummaatti Projektii Ittisa HIV/AIDS, Kunuunsaa fi Deeggarsa Magaalaa Jimmaa hojjetu keessaa ti.

Kaayyoon madaalli kanaaa sadarkaa itti gammadiinsa tajaajilamtootaa W/W/W/ Makaana Yesuus Koomishinii Misoomaa fi Tajaajila Hawaasummaatti Projection Ittisa HIV/AIDS, Kunuunsaa fi Deeggarsa Magaalaa Jimmaa qorachuu tahee xumura irratti tajaajila pirojektichaa fooyyeessuuf fi keessumattuu fedhii gargaaramtootaa gutuuf yaadota fayyadan eeruuf.

Kana gochuuf, odeeffanoon isin kennitan baay'ee barbaachisaa dha. Har'a gara pirojektii kanaaa dhufuu keessan ilaalchisee muuxannoo qabdu irraa gaaffii muraasa isin gaafachuun jaalladha. Tajaajila pirojektii kanaan wal qabatee yoo daqiiqaa digdamaa gadi gaaffileen ani qabuuf deebii akka naa kennitan gammachuu guddaatu natti dhaga'aama. Unka kan irratti maqaa keessan yookin kan lakkoofsa galmee keessanii hin barreessu. Odeeffannoon isin naaf kannitan marti iccitiin isaa kan eegame taha. Hirmaannaan keessan fedhii irratti kan hundaa'ee fi gaaffii kamiif deebii kennuuf hin dirgisifamtan akkasumas bakka isinitti hin tolleetti kamitti iyyuu gaafannoo kana addaan kutuu dandeessu. Madaallii kan keessatti ijaa deebii keessan kennitaniif onnachiiftuun kaffalamu kan hin jirree tahee garuu amanamummaan hirmaachuun keessan odeeffannoo maddisiisuun fooyya'iinsa raawwii W/W/W/ Makaana Yesuus Koomishinii Misoomaa fi Tajaajila Hawaasummaatti Projektii Ittisa HIV/AIDS, Kunuunsaa fi Deeggarsa Magaalaa Jimmaatiif ni gumaacha.

Itti fufuu nan danda'aa? 1. Eeyyee 2. Lakki

Yoo deebiin keessan eeyye tahe, Deeggarsa kessaniif baay'ee galatoomaa!

Lakkoofsa Koodii Tajaajilamaa ____________________________

Nama gaafannoo godhe:

Maqaa Lakkofsa Koodii

Kan qulqulleeffate Signature___________________

Part I: Ibsa Hawaasummaa fi Dingdee Hirmataa

T.L	Gaaffii fi & qulqulleeffachuu	Ramaddii Koodii	Irra darbi
V101	Saala fayyadamaa	1)Dhiira _____2) Dhalaa_____	
V102	Umuriin kee meeqa?	1) ____________ old	
V103	Gaa'illi kee ammaa maal fakkata?	1) Kan hin fuune 2) Kan fuudhee fi waliin jiraatu 3) Kan fuudhee garuu kan waliin hinjiraanne 4) Kan hiike/hiikte 5) Gursummaa	
V104	Baay'ina maatii?	____________________	
V105	Sadarkaan barumsa keetii hammam?	1) Dubbisuu fi barressuu kan hin dandeenye 2) Barressuu fi dubbisuu qofaa 3) Sadarkaa tokkoffaa (1-8) 4) Sadarkaa 2ffaa kan xumure 5) Higher education	
V106	Qomoon kee maali?	1) Oromoo 2) Amaraa 3) Tigraay 4) Guraagee 5) Daawuroo 6) Kan biroo/adda baasi ibsi ____________________________________	
V107	Amantaa	1) Ortodoksii 2) Musliimaa 3) Protestaantii 4) Caatolikii 5) Adventistii 6) Waaqeffataa 7) Kan biroo	

V108	Hojiin kee amma irra jirtu maali?	1) Barataa 2) Daldalaa xixiqqaa 3) Hojii humnaa 4) Haadha warraa 5) Kan biroo/adda baasi ibsi _____________	
V109	Galiin kee ji'aa meeqa?	Qarshii___________ (Galii waggaa gosaan jiru gara qarshiitti jijjiiruu)	

Jijjiiramoota Tajaajilaan Walqabatan

TL	Jijjiiram	Ramaddii	Irra cehi
V110	Turtii projekticha kessatti qabdu (waggaan)	> waggaa2	
		< wagga 2	
V111	Yeroo turtii tajaajila fudhachuuf fixe	>daqiiqaa45	
		<daqiiqaa45	
V112	Fagenya bakka tajaajilli itti kennamurraa fagaatu	>daqiiqaa30	
		<daqiiqaa30	

Kutaa II: Gaaffilee Tajaajilatti gammaduu Tajaajilamtootaa madaalli raawwii Waldaa Warra Wangeelaa Makaana Yesuus Koomishinii Misoomaa fi Tajaajila Hawaasummaatti Projektii Ittisa HIV/AIDS, Kunuunsaa fi Deeggarsa Magaalaa Jimmaa , 2018.

S/n	Measurements	Baa'yee hin gammadne (1)	Hin gamadne (2)	Hin murteessine (3)	Gammadeera (4)	Baay'ee gammadeera (5)
A1	Kutaa waliin mariin gaggeeffamuutti hammam gammaddan?	1	2	3	4	5
A2	Wayitii waliin marii irratti hammam gammaddan?	1	2	3	4	5
A3	Tajaajila daawwii mana manaatti hammam gammaddan laata?	1	2	3	4	5
A4	Gara laafina hojjetoota pirojektichaatti hammam gammaddan ?	1	2	3	4	5
A5	Wal gahii pirojektiittii hammam gammaddan?	1	2	3	4	5
A6	Riifaraaliii pirojektiiti hammam gammaddan?	1	2	3	4	5
A7	Deeggarsa qarshii ji'a ji'aatti hammam gammaddan laata?	1	2	3	4	5
A8	Dhiyeessa meshaaleetti hammam gammaddan ?	1	2	3	4	5
A9	Gargaarsa kaffaltii fayyaatti hammam gammaddan ?	1	2	3	4	5
A10	Hubanno Barumsa fayyya yookan hubannoo cimsuu hammam gammaddan	1	2	3	4	5
A11	Beellam tajaajila projektichi kennuutti hamma gammaddan?	1	2	3	4	5

Kutaa III: Meeshaalee Gaafanno Hirmaattota Filatamoo /Key Informants/

Maqaa Pirojektichaa _

Koodii Hirmataa______________________ Saala _______ Umurii _________ Educational status and profession ______

Akkam bultani/Akkam ooltani kabjamaa/kbajamtuu itti fayyadamaa/tuu Pirojektii kanaa. Maqaaan koo__________________________________jedhama. Kaniin dhufe Yunivarsiitii Jimmaatti Faakaaltii Fayyaa Uummataa, Qajeelcha Gaggeessaa Ikonomiksii Fayyaa, Kutaa Madaallii fi Hordoffii Fayyaa irra ti. Ani miseensa garee madaallii qorannoo raawwii madaallii Waldaa Warra Wangeelaa Makaana Yesuus Koomishinii Misoomaa fi Tajaajila Hawaasummaatti Projektii Ittisa HIV/AIDS, Kunuunsaa fi Deeggarsa Magaalaa Jimmaa hojjetu keessaa ti.

Kaayyoon madaalli kanaaa sadarkaa itti gammadiinsa tajaajilamtootaa W/W/W/ Makaana Yesuus Koomishinii Misoomaa fi Tajaajila Hawaasummaatti Projektii Ittisa HIV/AIDS, Kunuunsaa fi Deeggarsa Magaalaa Jimmaa qorachuu tahee xumura irratti tajaajila pirojektichaa fooyyeessuuf fi keessumattuu fedhii gargaaramtootaa gutuuf yaadota fayyadan eeruuf.

Kana gochuuf, odeeffanoon isin kennitan baay'ee barbaachisaa dha. Har'a gara pirojektii kanaaa dhufuu keessan ilaalchisee muuxannoo qabdu irraa gaaffii muraasa isin gaafachuun jaalladha. Tajaajila pirojektii kanaan wal qabatee yoo daqiiqaa soddomaa gadi gaaffileen ani qabuuf deebii akka naa kennitan gammachuu guddaatu natti dhaga'aama. Unka kan irratti maqaa keessan yookin kan lakkoofsa galmee keessanii hin barreessu. Odeeffannoon isin naaf kannitan marti iccitiin isaa kan eegame taha. Hirmaannaan keessan fedhii irratti kan hundaa'ee fi gaaffii kamiif deebii kennuuf hin dirgisifamtan akkasumas bakka isinitti hin tolleetti kamitti iyyuu gaafannoo kana addaan kutuu dandeessu. Madaallii kan keessatti ijaa deebii keessan kennitaniif onnachiiftuun kaffalamu kan hin jirree tahee garuu amanamummaan hirmaachuun keessan odeeffannoo maddisiisuun fooyya'iinsa raawwii W/W/W/ Makaana Yesuus Koomishinii Misoomaa fi Tajaajila Hawaasummaatti Projektii Ittisa HIV/AIDS, Kunuunsaa fi Deeggarsa Magaalaa Jimmaatiif ni gumaacha.

Itti fufuu nan danda'aa? 1. Eeyyee 2. Lakki

Yoo deebiin keessan eeyye tahe, Deeggarsa kessaniif baay'ee galatoomaa!

I. Hojjettoota Pirojektichaaf

1. Pirojektii kana keessa hojiin hammam turtet?

2. Tajaajila kunuunsaa fi deeggarsaa akkamii kennaa turte?

3. Leenjii akkamii fudatte? (Gaafachuu: leenjii hojii irraa)

4. Leenjii fudhatte akkamitti ilaalta? (Gaafachuu: yeroo hammamiif , qulqullina...)

5.Deegarsa qarshii ji'an grgaaramtootaaaf kennamu akkamitti ilaalta? (Gaafachuu: ga'eessumma isaa,yeroon kennamuu isaa , faayidaa isaa)

6. Tajaajiltootaaf meshaalee gosa akkamiitu kennamaafii ture?? (Gaafachuu: ga'eessumma isaa,yeroon kennamuu isaa , fudhatammaa , faayidaa isaa, fedhii irratti kan hundaa'e tahuu isaa)

7. Tajaajila pirojektichaatiif argamuu yookaan jiraachuu naqa (meshalee, qarshii, humna namaa....) akkamitti ilaalta?

8. Akka nama goraa tokkootti akkamitti tajaajilamtoota gorita? Ji'atti namootaa meeqaaf waliin marii goota?

9. Hammamiin daawwii manaa manaa gaggeessita? Ji'atti namoota meeqa daawwatta?

10. Hammamiin barumsa fayyaa kennita?Mata duree maaliifaa irratti?

11. Pirojektichi akkamitti tajaajilamtoota isaa leenjisa? Mata duree maaliifaa irratti?

12. Pirojektichi akkamitti deeggarsa kaffaltii mana yaalaa raawwata?

13. Pirojektichi akkamitti tajaajilamtoota sochii madda galii argamisiisuutti galcha? Hojii akkamitti bobba'ani?

14.Kenninsa tajaajila kuunuunsaa fi deegarsaa pirojektichaa irratti tti gammada tajaajilamtootaa akkamiiti ilaalta?

15. Rakkooleen kenninsa tajaajila kuunuunsaa fi deegarsaa tajaajilamtootaa maal fa'i?

16. Fooyya'iinsa Kenninsa tajaajila kuunuunsaa fi deegarsaa projektichaaf yaada maalii kennita?

II. Namoota Pirojekticha fedhii isaaniitin tajaajilan

1. Pirojekticha keessatti hammamiif tajaajilte?

2. Tajaajiltoota akkamii kennaa turte?

3. Kanaan dura leenjii akkamii fudhatte?

4.Leenjii fudhatte akkamitti ilaalta? (Qorachuu: baay'ina guyyootaa,qulqullina leenjiichaa...)

5. Pirojektichi tajaajila akkamii fayyadamtootaaf akka kennaa ture beektaa?

6.Deegarsa qarshii ji'an grgaaramtootaaaf kennamu akkamitti ilaalta? (Gaafachuu: ga'eessumma isaa,yeroon kennamuu isaa , faayidaa isaa)

7. Tajaajiltootaaf meshaalee gosa akkamiitu kennamaafii ture?? (Gaafachuu: ga'eessumma isaa,yeroon kennamuu isaa , fudhatammaa , faayidaa isaa, fedhii irratti kan hundaa'e tahuu isaa)

8.Gargaaramtoota pirojekticha akkamitti tajaajilaa turte? Pirojekticha keessatti gahee akkamii bahaa turte? Ji'atti tajaajilamtoota hamma ta'an bira geessetta?

9.Kenniinsa kunuunsaa fi deeggara pirojektichaa keessatti gargaaramtootni hammam gammadaniiru jettee yaadda?

10. Hojii gidduu galuu pirojektichaan kan kahe jijjiirama itti fayyadamtoota irraatti dhufe akkamitti ilaalta?

11. Kenniinsa kunuunsaa fi deeggara pirojektichaa foyyeessuuf maaltu hojjetamuu qaba jettee yaadda?

III. Qaamota (stakeholders) Pirojektichaa waliin hojjetaniid - (Waajjira Misooma Mallaqaa fi Dinagdee Magaalaa Jimmmaa, Waajjira Fayyaa Magaalaa Jimmmaa, Waajjira Dhimma Dubartootaa fi Daa'immanii Magaalaa Jimmmaa fi Dhimma Hawaasumma Gandoota Sadii namoota bakka bu'an)

1. Pirojektichaa waliin hammmiif hojjettan?

2. Gahee maalii bahaa turtan? (Qorachuu: to'achuu, hordoffii, yeroo akkamii ...)

3. Qabeenya pirojektichaa akkamitti ilaaltu? (Sakatta'uu; Humna namaa leenji'e, qarshii(baajata)...)

4. Itti fayyadama baajata pirojektichaa akkamitti ilaaltutu? (Qorachuu: Karoora akkasumas Raawwii isaa , toora baajataa, itti fayyadama baajataan ol yookaan gadi ....)

5. Pirojektichi meeshaalee gosa akkamii tajaajilamtoota isattif kenna ture? (Qorachuu: eenyuuf? fedhii irratti kan hundaa'e tahuu isaa, ga'eessa tahuu isaa ...)

6. Deegarsa qarshii ji'an grgaaramtootaaaf kennamu akkamitti ilaalta? (Gaafachuu: ga'eessumma isaa,yeroon kennamuu isaa , faayidaa isaa)

7. Gargaaramtoota warra sochii madda galii argamsiisuu irraatti bobba'an akkamitti hubatte? (Gaafachuu: waa'ee leenjii kennamee, qorannoo gabaa, sirriitti namoota hojjechuu danda'an tahuu isaa , fiixaan bahiinsaa fi and galma gahuu dhabuu isaa...)

8. Hojii giidu gala pirojektichaa keessa kamtu itti fayyadamtoota gammachiise? kanmtu isaan hin gammachiisin hafe?

9. Jireenya gargaaramtootaa keessatti jijjiirama maalii hubatte?

10. Gosa hojii pirojektichaa keessaa tajaajilamtootaaf kamtu irra caalaa barbaachisoo daha?

11. Gabaabasa hojii pirojektichaa yeroo isaatti argachaa turtanii? Yeroo hammamiin?

12. Kenniinsa kunuunsaa fi deeggara pirojektichaa foyyeessuuf maaltu hojjetamuu qaba jettanii yaaddu?

IV Tajaajilamatootaaf

1. Pirojektiii kuunuunsaa fi deegarsa kan keessa hamma turte?

2.Pirojektichaa deeggarsa maalii faa fudhachaa turte?(Gaafachuu; waa'ee deegarsa qarshii ji'aa ,deeggarsa yaalii, deeggarsa meeshaalee, deeggarsa mana barumsaa, deegarsa xin sammuu , Sochii madda galii IGA)?

3.Waa'ee deeggarsa pirojekticha irraa fudhachaa turteef maaltu sitti dhagahama(Gaafachuu: Gosa, ga'eessa tahuu isaa , kallattiin sirrii tahuu isaa,yeroon gaggeeffamuu isaa, yaada hojjettoota pirojektichaa , kkf)?

4. Kenninsa kuunuusaa fi deeggarsa prirojektichaa ilaalchisee itti gammaddeettaa?

5. Pirojektichja keessatti wanta akkam akamiifaa hojjechaa turte?

6. Jireenya kee har'aa keessatti deeggarsi pirojektichaa maal gumaache?Gaafadhu: Tarii yoo jiijjiramni addaa jirrenya isaanii keessatti tahe ykn mul'ate.

7. Deegarsa yookaan tajaajila isa kamtu jirrenya kee irratti dhiibbaa gaarii umme?

8. Walitti dhufeenyaa kee fi hojjettoota pirojektichaa giiduu jiru akkamitti ilaalta?

9. Bellama tajaajila pirojektichaa akkamitti ilaalta?

10. Akkamitti projekticha keessatti hirmaatta? (Sakkattauu: wal gahii, leenjii fi maree)

11. Fooyya'iinsa pirojektichaatiif yaada maalii qabdu?

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Annex 3. Matrix of Information for Implementation Evaluation of EECMY DASSC HIV/AIDS Prevention and Support Project in Jimma Town, 2018.

Information Matrix Fidelity Dimension

	Indicator	Nominator	Denominator	Data Source	Method
1	Proportion of individuals who received financial support	Number of individuals who received financial support.	Total number of project beneficiaries planned for financial support (n=140)	Project Payment sheet document	Document review
2	Proportion of individuals who received material support	Number of individuals who received material support	Total number of project beneficiaries planned material support (n=140)	Material distribution list	Document review
3	Proportion of beneficiaries who received medical fee support at least one	Number of beneficiaries who received medical fee support at least once	Total number of project beneficiaries planned for medical fee support (n=140)	Monthly medical service report	Document review
4	Proportion of beneficiaries referred for advanced medical treatment at least once.	Number of beneficiaries referred for advanced medical treatment at least once.	Total number of project beneficiaries planned for referred service (n=140)	Monthly medical referral report	Document review
5	Proportion of health education sessions given	Proportion of health education sessions given	Total number of planned sessions (n=12sessions)	Health education reporting format	Document review

6	Proportion of trained beneficiaries engaged in IGA (Petty trade, shop, Mimi cafe)	Number of trained beneficiaries engaged in IGA	Total number of planned beneficiaries for IGA(n=40)	IGA registration book	Document review
7	Proportion of volunteers trained on home based care	Number of volunteers trained on home based care	Total number of planned volunteers trained for home based care (n=15)	Participants training attendance sheet	Document review
8	Proportion of psychological counseling sessions conducted	Number of psychological counseling sessions conducted	Total number psychological counseling sessions planned (n=24)	Psychological counseling report	Document review
9	Proportion of home visit conducted from April 1/2017 to March 30/2018.	Number of home visit sessions conducted	Total number of home visit session planned (n=12)	Home visit report	Document review
10	Proportion of beneficiaries engaged in the project meeting four times in a year	Number of beneficiaries engaged in the project meeting four times in a year	Total number of beneficiaries planned to engage in the project meeting(n=140)	Participants training attendance sheet	Document review
11	Number of supervisions conducted by Jimma town health from April 1/2017 to March			Supervision report	Document review

	30/2018.				

Information Matrix Availability Dimension

Sno.	Indicator	Data Source	Method
1	Number of project staffs deployed rom April 1/2017 to March 30/2018.	Participants training attendance sheet	Resource inventory
2	Availability of school uniform on the day of assessment	Project document	Resource inventory
3	Number of rooms required for service provision on the day of assessment	Office	Resource inventory
4	Availability of office equipment(at least one desktop, printer and photocopy machine) on the day of assessment	Office	Resource inventory
5	Availability of office furniture (at least three tables, two shelves, eight chairs) on the day of assessment	Office	Resource inventory
6	Availability of IEC materials (at least 100 brushers, 100 leaflets, and 50 posters on the day of assessment	Office	Resource inventory
7	Availability of reporting formats (counseling, home visit, referral, quarter an annual reporting formats)	Office	Resource inventory

Information Matrix Satisfaction Dimension

Sno.	Indicator	Nominator	Denominator	Data Source	Method
1	Proportion of beneficiaries satisfied on the connivance of the counseling room.	Number of beneficiaries satisfied on the connivance of the counseling room.	Total number of beneficiaries	beneficiaries	Exit Interviewee
2	Proportion of beneficiaries who are satisfied with counseling session.	Number of beneficiaries who are satisfied with counseling session.	Total number of beneficiaries	beneficiaries	Exit Interviewee
3	Proportion of beneficiaries who are satisfied with home-to-home visit.	Number of beneficiaries who are satisfied with home-to-home visit.	Total number of beneficiaries	beneficiaries	Exit Interviewee
4	Proportion of beneficiaries who are satisfied with politeness of the project staff.	Number of beneficiaries who are satisfied with politeness of the project staff.	Total number of beneficiaries	beneficiaries	Exit Interviewee
5	Proportion of beneficiaries who are satisfied on project meeting.	Number of beneficiaries who are satisfied on privacy discussion with project staff	Total number of beneficiaries	beneficiaries	Exit Interviewee

6	Proportion of beneficiaries who are satisfied on the project referral system	Number of beneficiaries who are satisfied on the way of communication the project staff	Total number of beneficiaries	beneficiaries	Exit Interviewee
7	Proportion of beneficiaries who are satisfied with amount of monthly financial support.	Number of beneficiaries who are satisfied with amount of monthly financial support.	Total number of beneficiaries	beneficiaries	Exit Interviewee
8	Proportion of beneficiaries who are satisfied with material provision.	Number of beneficiaries who are satisfied with material provision.	Total number of beneficiaries	beneficiaries	Exit Interviewee
9	Proportion of beneficiaries who are satisfied with medical support.	Number of beneficiaries who are satisfied with medical support.	Total number of beneficiaries	beneficiaries	Exit Interviewee
10	Proportion of beneficiaries who are satisfied with health education given.	Number of beneficiaries who are satisfied with health education given.	Total number of beneficiaries	beneficiaries	Exit Interviewee
11	Proportion of beneficiaries who are satisfied with the appointment system.	Number of beneficiaries who are satisfied with the	Total number of beneficiaries	beneficiaries	Exit Interviewee

		appointment system.			

ANNEX 4: Meta-Evaluation judgment checklist

Checklist for Judging Evaluation Designs and Reports

Title of Evaluation document: Implementation Evaluation of EECMY DASSC HIV/AIDS Care and Support Project

Evaluator: Project Key stakeholders

This judgment checklist contains the four Meta evaluation standards (Utility, feasibility, propriety and accuracy) with their total 30 sub-standards. Each sub-standard also has checkpoints and total points of 93 listed.

17. The Requirements for Utility Standard

Sub-Standards and checkpoints	Met criteria			Elaboration
	Yes (1)	No (0)	NA	
U1: Stakeholder Identification	5	0		
Specific Criteria:				
Does clearly identified the evaluation client?	1			
Does consult potential stakeholders to identify their information needs?	1			
Do arrange to involve stakeholders throughout the evaluation?	1			
Are address stakeholders' evaluation needs?	1			
Does the information to be provided allow necessary decisions about the program to be made?	1			
U2: Evaluator credibility	3	1		
Specific Criteria				
Does the evaluator can address stakeholders' concerns?	1			
Does the evaluation plan responds to key stakeholders' concerns?	1			
Do the given stakeholders information technical quality and practicality?	1			
Do appropriately attend stakeholders' criticisms and suggestions?			NA	
U3: Information scope and selection	3	0		
Specific Criteria				
Are the client's evaluation requirements understood?	1			
Assign priority to the most important stakeholders?	1			
Does the stakeholders' questions addressed?	1			
U4: Values identification	3	1		
Specific Criteria				
Do alternative sources of values consider for interpreting findings	1			

Are a clear, defensible basis for value judgments provide		0		
Do identify pertinent customer needs	1			
Do the stakeholders' values take into account?	1			
U5: Report clarity	2	0		
Specific Criteria:				
Do reports focus on contracted questions?	1			
Are conclusions and recommendations having support?	1			
U6: Report timeliness and Dissemination	1	1		
Specific Criteria:				
Are make timely interim reports to intended users?	1			
Does the presentations appropriately briefed?			NA	
U7: Evaluation Impact	2	1		
Specific Criteria:				
Does stakeholders' use of findings encourage and support?	1			
Does make sure that reports are open, frank, and concrete?	1			
Does supplement written reports with ongoing oral communication?		0		

18. The Requirements for Feasibility Standards

Sub-Standards and checkpoints	Met criteria			Elaboration
	Yes(1)	No(0)	NA	
F1: Practical Procedures	3	0		
Specific Criteria:				
Do data burden minimized?	1			
Does competent staff appoint?	1			
Does make evaluation procedures a part of routine events?	1			
F2: Political Viability	2	1		
Specific Criteria:				
Do bias or misapply the findings counteract attempts?	1			
Do agree on editorial and dissemination authority			NA	
Does any corrupted evaluation terminate	1			
F3: Cost Effectiveness	3	1		
Specific Criteria:				
Does program improvement foster?			NA	
Does accountability information provide?	1			
Do new insights generate?	1			
Do effective practices spread?	1			

19. The Requirements for Propriety Standards

Sub-Standards and checkpoints	Met criteria			Elaboration
	Yes(1)	No(0)	NA	
P1: Service Orientation	2	2		
Specific Criteria:				

Does excellent service promote?		0		
Does the evaluation's service orientation clear to stakeholders?	1			
Are program strengths to build on Identify?		0		
Are harmful practices exposing?	1			
P2: Formal Agreement	2	0		
Specific Criteria:				
Do evaluation procedures and schedule agreed.	1			
Do confidentiality/anonymity of data formal?	1			
P3: Rights of Human	3	0		
Specific Criteria:				
Do make clear to stakeholders that the evaluation will respect and protect the rights of human subjects?	1			
Do stakeholders informed?	1			
Are participant values understood?	1			
P4: Human Interactions	3	1		
Specific Criteria:				
Are relate to stakeholders in a professional manner?	1			
Does effective communication with stakeholders maintain?	1			
Does the institution's protocol follow?	1			
Are sensitive to participants' diversity values and cultures?		0		
P5: Complete and Fair Assessment	3	0		
Specific Criteria:				
Do give account of the evaluation's process?	1			
Do have the draft report reviewed?	1			
Is acknowledge the final report's limitations?	1			
P6: Disclosure of Findings	3	1		
Specific Criteria:				
Do define audiences right-to-know the finding?	1			
Are report all findings in writing?		0		
Do disclose the evaluation's limitations?	1			
Do assure that reports reach their audiences?	1			
P7: Conflict of Interest	2	1		
Specific Criteria:				
Are potential conflicts of interest identify	1			
Do engage independent parties to assess the evaluation	1			
Do engage uniquely qualified persons, even if they have a potential conflict of interest			NA	
P8: Fiscal Responsibility	2	1		
Specific Criteria:				
Are specify the budget for items expense?			NA	
Do assign responsibility for managing the evaluation finances?	1			
Does expenditure summary as part of evaluation report?	1			

20. The Requirements for Accuracy Standards:

Sub-Standards and checkpoints	Met criteria			Elaboration
	Yes(1)	No(0)	NA	
A1:ProgramDocumentation	2	1		

Specific Criteria:				
Do collect the intended program descriptions	1			
Does describe how the program was intended to function	1			
Are discrepancies between the various descriptions analyses			NA	
A2:ContextAnalysis	2	0		
Specific Criteria:				
Do multiple sources of information use to describe the program's context?	1			
Do estimate context of program outcomes effects?	1			
A3:Described Purposes and Procedures	2	0		
Specific Criteria:				
Do identify points of agreement among stakeholders regarding the evaluation's purposes	1			
Does the actual evaluation procedures record	1			
A4:DefensibleInformation Sources	2	1		
Specific Criteria:				
Are variety sources of information obtained?			NA	
Do employ a variety of data collection methods?	1			
Do define the population for each source?	1			
A5:Valid Information	2	2		
Specific Criteria:				
Do the evaluation focus on key questions	1			
Do the data collectors train and calibrate	1			
A6:ReliableInformation	3	0		
Specific Criteria:				
Does the unit of analysis specify?	1			
Do levels of reliability of measuring devices acceptable?	1			
Are the consistency of scoring, categorization, and coding check and report?	1			
A7:SystematicInformation	3	1		
Specific Criteria:				
Do establish protocols for quality control of information?		0		
Are check the accuracy of scoring and coding?	1			
Do data tables generated from computer output proofread and verify?	1			
Do have data providers verify the data they submitted?	1			
A8:AnalysisofQuantitative Information	3	1		
Specific Criteria:				
Are choose appropriate procedures for evaluation questions and nature of the data	1			
Do examine variability as well as central tendencies			NA	
Do identify and examine outliers and verify their correctness	1			
Do identify and analyses statistical interactions	1			
A9:AnalysisofQualitative Information	2	1		
Specific Criteria:				
Do define the boundaries of information to be used	1			
Do choose appropriate analytic procedures and methods of summarization	1			

Do test the derived categories for reliability and validity		0		
A10:JustifiedConclusions	2	0		
Specific Criteria:				
Do conclusions focus directly on the evaluation questions?	1			
Do reflect the evaluation findings?	1			
A11:ImpartialReporting	2	0		
Specific Criteria:				
Do establish and follow appropriate plans for releasing findings to all audiences?	1			
Do report perspectives of all stakeholder groups?	1			
A12:Meta-evaluation	3	1		
Specific Criteria:				
Do define the standards to be used judging the evaluation?	1			
Do assign responsible body for documenting and assessing the evaluation process and products?	1			
Do evaluate the instrumentation, data collection, data handling, coding, and analysis against the relevant standards?	1			
Do maintain a record of all Meta evaluation steps, information, and analyses?		0		

Total score of specific criteria were - Yes=75, No= 9 NA=9

Table: Summary of meta-evaluation standards and specific criteria checklist for evaluation of implementation status of EECMY DASSC HIV/AIDS Care and Support Project in Jimma Town, April 2018

Standards	Sub-standard	Total number of specific criteria	# specific criteria met	Percentage
Utility (7 sub-standard)	U1: Stakeholder Identification	5	5	
	U2: Evaluator credibility	4	3	
	U3: Information scope and selection	3	3	
	U4: Values identification	4	3	
	U5: Report clarity	2	2	
23	U6: Report timeliness and Dissemination	2	1	
	U7: Evaluation Impact	3	2	
	Total	23	19	82.6%
Feasibility (3 sub standards)	F1: Practical Procedures	3	3	
	F2: Political Viability	3	2	
	F3: Cost Effectiveness	4	3	
10	Total	10	8	80.0%
Propriety (8 sub-standards)	P1: Service Orientation	4	2	
	P2: Formal Agreement	2	2	
	P3: Rights of Human	3	3	
	P4: Human Interactions	4	3	
	P5: Complete and Fair Assessment	3	3	
26	P6: Disclosure of Findings	4	3	
	P7: Conflict of Interest	3	2	
	P8: Fiscal Responsibility	3	2	
	Total	26	20	76.9%
Accuracy (12 sub-standards)	A1:ProgramDocumentation	3	2	
	A2:ContextAnalysis	2	2	
	A3:Described Purposes and Procedures	2	2	
	A4:DefensibleInformation Sources	3	2	

34	A5:Valid Information	2	2	
	A6:Reliable Information	3	3	
	A7:SystematicInformation	4	3	
	A8:AnalysisofQuantitative Information	4	3	
	A9:Analysis of Information	3	2	
	A10:JustifiedConclusions	2	2	
	A11:ImpartialReporting	2	2	
	A12:Meta-evaluation	4	3	
	Total	34	28	82.4%
Grant total value		93	75	80.6%
Total judgement parameter		(75/93)*100 = 80.6%: the value is >75%; Judged as Very Good		

Judgment parameter

≥85% *Very Good* Implemented **75-85 *Good Implemented***

60- 75% Partially Implemented 50 - 60 Poorly Implemented

ANNEX 5. Ethical Approval Letter

JIMMA UNIVERSITY
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ቁጥር Ref.No IHRPGD/36/2018
ቀን Date 14/03/2018

Institutional Review Board (IRB)
Institute of Health
Jimma University
Tel: +251471120945
E-mail: zeleke.mekonnen@ju.edu.et

To: Solomon Shiferaw

Subject: Ethical approval of research protocol

The IRB of institute of health has reviewed your research project entitled:

"Implementation Evaluation of Ethiopia Evangelical Church Mekane Yesus Development and Social Service (EECMY DASSC) HIV/AIDS Prevention. Care and Support project in Jimma Town South West"

This is to notify that this research protocol as presented to the IRB meets the ethical and scientific standards outlined in national and international guidelines. Hence, we are pleased to inform you that your protocol is ethically cleared.

We strongly recommended that any significant deviation from the methodological details indicated in the approved protocol must be communicated to the IRB before they are implemented.

With regards!

Fax: +2514711114 50 P.O.Box. 378 E-mail:ero@ju.edu.et
website:http://www.ju.edu.et

JIMMA UNIVERSITY
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Ref.No HEM/1 3/0/ 2018
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Date March 15- 2018

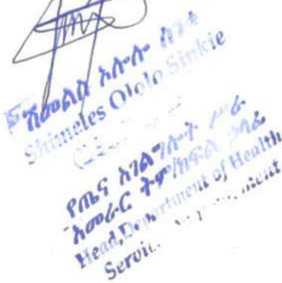
To: EECMY- DASSC HIV/AIDS Prevention, Care & Support Project
Jimma

Subject: Support Letter

Our MSc in Health Monitoring and Evaluation graduating class student whose name is Solomon Shiferaw has got ethical approval from Jimma University Institutional Review Board on March 13, 2018 for his thesis proposal entitled as "Implementation Evaluation of EECMY- DASSC HIV/AIDS Prevention, Care & Support Project in Jimma Town South West".

Therefore, we kindly request your good office to support his research endeavour by providing financial and material support since he didn't get any budgetary support from our University.

With regards,



Tel. +251-47 11 114 57 Fax: +2514711111450 P.O Box 378

W/K/W/W MAKAANA YESUUS ITOOPHIYAA
S/B/J/ KOOMISHINII MISOOMAA FI TAJAAJILA HAWAASUMMAA
PIROJEKTII ITTISA HIV/AIDS KUNUUNSAA FI DEEGGARSA JIMMAA
የኢትዮጵያ ወንጌላዊት ቤተክርስቲያ መካነ ኢየሱስ
ጅማ ቤቴል ሲኖዶስ ልማትና ማህበራዊ አገልግሎት ኮሚሽን
የጅማ ኤች.አይ.ቪ/ኤድስ መከላከያ እንክብካቤና ድጋፍ ሰጪ ፕሮጀክት
THE ETHIOPIAN EVANGELICAL CHURCH MEKANE YESUS
J/B/S DEVELOPMENT AND SOCIAL SERVICE COMMISSION
JIMMA HIV/AIDS PREVENTION, CARE AND SUPPORT PROJECT

Ref.No/Lakk/ቁጥር JAPCS1236/2018
Date/Guyyaa/ ቀን 21 - 03 - 2018

ለአቶ ሰለሞን ሺፈራው

ጅማ

ጉዳዩ፡ የፕሮጀክታችንን ግምገማ ወይም ጥናት እንዲያካሄዱ ስለ ማሳወቅ ይሆናል፡፡

በጉዳዩ ላይ ለመግልፅ እንደተሞከረዉ ከጅማ ዩኒቨርስቲ በደብዳቤ ቁጥር HEMP13/0,2018 በቀን 15 March 2018 ዓ.ም በተላከልን ደብዳቤ መሰረት የኢ/ወ/ቤ/መካነ ኢየሱስ ልማትና ማህበራዊ አገልግሎት ኮሚሽን ኤች አይ ቪ/ኤድስ ፕሮጀክት ሰራተኞች እና የፕሮጀክቱ ዋና ዋና ባለ ድርሻ አካላት ባደረግነዉ ዉይይት መሰረት የፕሮጀክቱ በአዲስ መልክ ከ 2016 ዓ.ም ጀምሮ ከተደራጀበት እና የኮሚሽኑ አዲሱ የስልታዊ እቅድ ተግባራዊ እንዲሆን ከተወሰነበት ጊዜ ጀምሮ የፕሮጀክቱ ግምገማ ባለመካሄዱ ከጅማ ዩኒቨርስቲ በተጠየቅነዉ መሰረት ጥናቱ ወይም ግምገማዉ ቢካሄድ ለፕረጀክቱ ስራ እንቅስቃሴ መሻሻል አስተዋጽኦ ስለሚያደርግ ከባለ ድርሻ አካላት ጋር በመስማማት ጥናቱ ወይም ግምገማዉ እንዲካሄድ እና የግምገማዉም ዉጤትም እንዲደርሰንም በጋራ በመስማማት ወስነናል፡፡

ስለዚህ እርሶም ይህን በማወቅ በቀረበልን ጥያቄ መሰረት የኛ የፕሮጀክቱ ሰራተኞች እና ባለ ድርሻ አካላት በጋራ በመስማማት ጥናትዎን ወይም ግምገማዎን እንዲያካሄዱ በአክብሮት እናሳዉቅዎታለን፡፡ በተጨማሪም አስፈላጊዉን ትብብርና እገዛ የምናደርግ መሆኑን እናሳዉቃለን፡፡

ከሰላምታ ጋር

Tel/Bilbila/ ስልክ 047-111-1080 P.O.Box /L.S.P/ ፖ.ሳ.ቁ 1310
E-mail Address:- makydeginet@gmail.com

Since through God's mercy we have this ministry, we don't lose heart 2 Cor. 4:1
Kanaafis,akkuma araara Waaqayyoo fudhaneetti, hojii ergaa kanaa hojjechuudhaaf abdii hin kutannu.Qor. 2[ffaa] 4:1
ምህረት እንደተሰጠን መጠን ይህ አገልግሎት ስላለን አንታክትም፡፡ 2 ቆሮ 4:1