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Practices and Challenges of Monitoring and Evaluation
(M&E) in Primary Health Care Projects
The case of CCRDA –Ethiopian Civil Society Health Forum
Members

By: Yohannes Lemma

A Research Project Submitted in Partial Fulfillment of the Requirements
for Obtaining the Degree of Masters of Project Management

June, 2017

Addis Ababa, Ethiopia

**ADDIS ABABA UNIVERSITY
COLLEGE OF BUSINESS AND ECONOMICS
SCHOOL OF COMMERCE
DEPARTMENT OF PROJECT MANAGEMENT**

**Practice and Challenges in Monitoring and Evaluation of Primary
Health Care Projects.
Case of health projects managed by Ethiopian civil society health -
forum**

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Requirements for the Degree of Masters of Project Management**

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Research Adviser: Solomon Markus (PhD)

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SCHOOL OF GRADUATE STUDIES
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Practice and Challenges in Monitoring and evaluation of health care
projects

Case of “Projects Implemented by Ethiopian Civil Society Health-
Forum members” under CCRDA

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Approval Board Committee

Signature

Examiner

Research Advisor

DECLARATION

I, the undersigned, declare that the study entitled “Practice and Challenges in Monitoring and Evaluation of Primary Health Care Projects. Case of health projects managed by Ethiopian civil society health -forum”

Is the result of my own effort and study that all sources of materials used for the study have been acknowledged. I have conducted the study independently with the guidance and comments of the research advisor.

This study has not been submitted for any degree in any university. It is conducted for the partial fulfillment of the Master of Arts Degree in Project Management

Yohannes Lemma

Date

LETTER OF CERTIFICATION

This is to certify that Yohannes Lemma has conducted this project work entitled “Practice and Challenges in Monitoring and Evaluation of Primary Health Care Projects taking the Case of health projects managed by Ethiopian civil society health –forum under CCRDA ” under my supervision.

This project work is original and suitable for the submission in partial fulfillment of the requirement for the award of Master of Arts Degree in Project Management.

Name of research advisor: Solomon Markus (PhD)

Signature _____

Date _____

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ABSTRACT

The study was carried out to assess the practice of monitoring and evaluation activities of health related projects. The overall status of monitoring and Evaluation practice, knowledge and attitude of respondents from Ethiopian civil society health-form members, who are implementing health related projects are sought. This descriptive study is based on survey instrument and semi-structured in-depth interview. The perceptions of the respondents are captured in a likert scale which is a key tool in this approach. 33 personnel working as M&E experts, project managers and executive directors are targeted for the survey and 3 key informant interviews was undertaken, the survey result is then analyzed using SPSS and interview results analyzed with themes. The research reveals that the M&E practice varies considerably across projects. Big projects M&E organization tends to be relatively better than small projects. The study also indicates that the majority of NGOs M&E practice are mainly donor driven and are less concerned about internal program improvements and external downward accountability towards beneficiaries. The study also identified constraints and challenges in practicing M&E as well as key factors affecting M&E system establishment and practice such as Lack of resource, lack of in-house M&E expertise, inadequate documentation practice, lack of data quality management practice & failure to involve stakeholders in M&E. Finally the study forwarded recommendations to NGOs on the ways to strengthen the M&E system and information use.

Key words: *Indicator, Monitoring and Evaluation, projects, RBM, Accountability, data quality. HMIS*

ABBREVIATION AND ACRONYMS

AIDs	Acquired Immune Deficiency Syndrome
CCRDA	Consortium of Christian Relief and Development Association
CREAM	Clear, Relevant, Economic, Adequate, Monitorable
CSA	Civil Society Law
CSOs	Civil society organizations
DAC	Development Assistant Committee
DFID	Department for International Development
ECSHF	Ethiopian Civil Society Health Forum
HIV	Human Immunodeficiency virus
HMIS	Health Management Information System
HSDP	Health Sector Development plan
ICT	Information Communication Technology
IFAD	International Fund for Agricultural Development
ILO	International Labor Organization
KNASP	Kenya National AIDs Strategic Plan
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MOH	Ministry of Health
NGO	Non-Governmental Organizations
OECD	Organization for Economic C
OVC	Orphan and Vulnerable Children
PM	Project Manager
RBM	Result Base Monitoring and Evaluation
RIF	Reproductive Innovative Fund
SMART	Specific, Measurable, Achievable Relevant and Time bound
SPSS	Statistical Package for Social Science
SWA	Sector Wide Approach
UNESCO	United Nation Educational, Scientific and Cultural Organization
UNICEF	United Nations International Children's Emergency Fund
USAID	United Sates Agency for International Development
WHO	World Health Organization

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CHAPTER ONE

INTRODUCTION

1.1. Background of the study

Effective project management is integrally linked to well-designed monitoring and evaluation (M&E) system. Several studies show M&E as a main part of critical success factors which contribute to project success. A study by Prabhakar (2008) pointed that Monitoring and Feedback was one of factors leading to project success. Likewise Papke-Shields et' al (2010) also noted that the probability of achieving project success seemed to be enhanced among other factors, by constantly monitoring the progress of the projects. For project management, monitoring and evaluation can help demonstrate accountability and project impact, an increasingly important function in the current climate of budgetary constraints

The issue of monitoring & evaluation, and assessing impact for project is becoming a hive of development and debate. There are constant and growing pressures on organizations around the world to be more responsive to demands from internal and external stakeholders for good accountability and transparency, greater development effectiveness and delivery of tangible results (Görgens and Kusek, 2010).

Following the Paris declaration of aid effectiveness agenda in 2005, NGOs adopt rigorous monitoring & evaluation systems focused on results based management to show their results and demonstrate accountability, efficiency and effectiveness to their donors, beneficiaries and other stakeholders. Hence, practice in M&E for project is currently being developed rapidly and new techniques and tools being developed in some international NGOs. Measurement, quantification and evidence-based policy making are becoming increasingly dominant features in the approach of many NGOs.

Demand for results is no longer a donor –driven but also a pressing need for implementing organizations faced with competition for donor funding. As demand for greater results grow so do the demands for effective and functional monitoring, evaluation (M&E) and learning system to support program management. A functioning M&E and learning system, at any level, provides a continuous flow of information that is useful internally and externally.

Therefore, this study focus on Monitoring and Evaluation (M&E) practice of health care projects implemented by those Civil Societies organized under Ethiopian Civil Society Health Forum (ECSHF). The type of projects covered under this study is primary health related projects and the focus is on the monitoring and evaluation aspect of project management.

The study is presented as follow, the first chapter discusses on the overall introduction of Ethiopian Civil Society Health Forum (ECSHF) and unique nature of health care projects. This chapter also highlights the research problem, research questions, aims and objectives, as well as the significance and limitations and delimitations of the research. And this would be followed by literature review, which would then be followed by the methodological approach for the study. Chapter four discusses the presentation of the study finding and lastly chapter five summarizes and concludes the study findings and end up with recommendation.

1.2. Information on the organizations and the project understudy

The Consortium of Christian Relief and Development Association (CCRDA) is the biggest and an oldest Civil Society umbrella operating in Ethiopia for the last four decades. It is the most experienced civil society network in the area of capacity building and coordination of civil society's collective efforts for common good. Currently, CCRDA embosoms 403 member organizations, of which 297 (73.7%) are local organizations while the 106 (26.3%) are international organizations. With this capacity, CCRDA represents nearly 12% NGOs in Ethiopia

CCRDA coordinates the efforts of mentioned member CSOs and non-members through cluster of thematic forums established for the purpose of joint learning and sharing.

As de facto representative of CSOs in Ethiopia, CCRDA has facilitated the establishment of eight forums, these forums are: Food Security and environment forum, Urban development forum, water and sanitation forum, Child and youth welfare and development forum, women development forum, Health forum, HIV and AIDs forum, leadership forums are among the forums working for mutual learning, sharing and setting advocacy and policy influencing agenda.

Ethiopian Civil Society -Health Forum (ECSHF) is one of the thematic forums operating under the auspices of CCRDA since 2012.ECSHF was established from emerging motivation coming from Civil Society working for the health Sector in Ethiopia. The overall objective of this forum

is to coordinate and represent the collective efforts of CSOs to contribute towards the achievement of the national health sector development agenda in Ethiopia.

Due to large number of CSOs working in the health sector in Ethiopia coupled with lack of adequate data, this study is focused on registered members of Ethiopian Civil Society health forum under CCRDA which is currently reached 160. The study aimed at health forum members implementing health care projects (completed or ongoing) in the past few years (1 to 5 years).

Based on the data from CCRDA- Ethiopian civil service society health form directory of 2013, most of the NGOs are involved in integrated health service programs. Partial list of intervention areas undertaken by the forum member organizations are identified in table 1 below

Table 1: Major Project Intervention areas of Ethiopian CSOs Health -form members

Area of intervention /project	Number of organizations implementing The intervention
Newborn and child health services	64
Malaria	87
Hygiene and environmental health services	65
Neglected tropical diseases prevention and control	3
HIV prevention	7
Maternal and adolescent health services	79
Supporting health service	124
Tuberculosis	53
Disease surveillance	20
Trachoma	15
Food security	4
polio	5

Source: - CCRDA- Ethiopian CSOs Health forum Directory 2013

1.3. Characteristics of Public Health Development projects

Health related development projects are unique in many aspects from projects in any other industry. More so than in other industries, the success or failure of health projects can mean the difference between life and death.

Project management in the healthcare environment is unique from project management in other industry in several ways. The first, and a compelling reason, is a difference in the skill set of the practitioners rather than a difference of technology or methodology, it is that healthcare professionals already have the people skills required to be good project managers. In contrast, while Information technologists may have a good grasp of project management and the technical issues of their projects, they may need to hone their "people skills".

Additional complexities, such as regulatory limitations and varied stakeholders, increase the need for project management in healthcare. Project managers must be mindful of countless processes and regulations around client's safety, quality, and privacy. All industries have their own rules, but healthcare is notably complex, with the government and private agencies, NGOs watching closely. These increased restrictions place all the more importance on project planning and M&E.

As with most businesses, healthcare success is based on results of customer satisfaction surveys. Rather than focusing on how a product works, healthcare professionals focus on how the customer feels and how the experience feels to the customer.

Therefore, efficient M&E processes are vital, not just to decrease costs and increase revenues and gain a competitive edge, but to offer the highest quality care. They also face much more scrutiny from various stakeholders, such as government and private agencies, health insurance companies, and of course, patients. These demands mean that healthcare organizations need to make an effort to run more efficiently to be able to manage the increasing demands for health care.

1.4. Statement of the Problem

The increased focus of donors and the public on outcomes creates an environment where NGOs are under pressure to measure and communicate impact and results. In the current environment, the diversity of the instruments and approaches are contested. Lack of standardized definition of indicators results in inconsistent, non-comparable reports coming from different sources.

NGO leaders have expressed concerns about how best to develop a standardized model for measuring outcomes that is equivalent to the business concept of return on investment, while also being adaptable to the hugely diverse activities within the NGO community.

Most NGOs and government departments face challenges in producing data of sufficient quality to permit the regular tracking of progress in up scaling health interventions and strengthening health systems. The Ethiopian MOH, HMIS strategic plan (2008) in the health sector identified the following weakness of the M&E to supply reliable data:

- Incomplete institutionalization
- Unstandardized data collection
- Weak information use and
- Limited resource for M&E

As per researchers knowledge, NGOs focus their monitoring and reporting on documenting results to satisfy the donor rather than to learn lessons or inform strategic planning. Greater time, energy and resources are invested in “upward “accountability to donors than in improving “downward “accountability to communities and other stakeholders that is vital for strengthening NGO legitimacy. The unequal power relationship between donor and recipient can distort local priorities and undermine local capacities. For example the provision of expert advice to design M&E may reduce the incentive for NGOs to develop their own expertise (Oxfam poverty report).

The other problem is related with the Ethiopian Charities and Societies law categorization of monitoring and evaluation cost as administrative has been most challenging in bringing the desired change in monitoring and evaluation practice of most NGOs.

In light of the above problems, the study sought to identify and assess the quality of M&E practices as well as the challenges in NGOs implementing primary health projects. The focus of the study is not in the technical quality of the activities, but rather on M&E system, and how these facilitate or act as obstacle to the flow of information between actors

1.5. Research Questions

This paper find answers for the following research questions

- ✓ Q1: How and to what extent monitoring and evaluation of projects are practiced in Ethiopian Civil Society Health Forum (ECSHF) members?
- ✓ Q2: What are the key factors that affect the establishment of good monitoring and evaluation system for health care projects?
- ✓ Q3: What major challenges were faced in conducting monitoring and evaluation of primary health related projects?
- ✓ Q4: Do organizations exercise result base monitoring and evaluation practice ?
- ✓ Q5: What are the coping mechanisms NGOs adopt to overcome challenges they face in relation with monitoring and evaluation?

1.6. Objective of the study

General Objectives: - The general objective of this paper is to study how well the monitoring and evaluation function of health care projects are managed in Ethiopian Civil Society Health Forum (ECSHF) under CCRDA.

The Specific Objectives are

1. To assess the practice of M&E activities in ECSHF members implementing primary health care projects
2. To investigate the major challenges faced in practicing & establishing monitoring and evaluation system for primary health care projects.

1.7. Significance of the study

This research is aimed to contribute for establishment of a comprehensive, strong and functioning project Monitoring and Evaluation (M&E) system, that goes beyond the undertaking of a few specific ad hoc activities to provide systematic and continuous information for internal

improvement and external accountability for project implementing organizations. The research provides a more comprehensive overview of M&E practice in the health related projects.

In general it is useful for community development through project success; it helps to increase the scope of knowledge on this area for those who want to study further in monitoring and evaluation system of projects to bring improvement on M&E system of the organization.

1.8. Scope of the study

Due to its descriptive nature, this study in no way claims to be exhaustive. Instead, it is an attempt to understand the complex nature of public health care projects M&E practice in some NGOs. As such, the study proposes to pave the way to broader and more detailed studies that will devise programs to help primary health care systems operate more effectively and to make people healthier. The study focused only on those organizations currently is members of CCRDA and as the same time are active in ECSHF & is implementing health care projects. Geographically: The study is conducted on ECSHF active members implementing health care projects in their head office at Addis Ababa

Methodologically: Descriptive research design with quantitative and qualitative mixed approach employed

1.9. Limitation and of the study

The NGOs selected to be analyzed in this study cannot in any way claim to fully represent the wider reality. Nevertheless, they illustrate certain key characteristics of M&E practice in health related projects in Ethiopia. The study also emphasis on management of the M&E system at head office level in Addis Ababa and is limited in assessing detail technical applicability of M&E at field level. The time given to do this study is quite short and this makes difficult the data collection process.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1. Definition and Conceptualization of M&E

Monitoring and evaluation refer to a process of measuring changes in projects, programs or policies and assessing their impact. Although monitoring and evaluation are viewed as related, they are distinct functions. Monitoring is viewed as a process that provides information and ensures the use of such information by management to assess project effects – both intentional and unintentional – and their impact. It aims at determining whether or not the intended objectives have been met.

Monitoring: Is the continual and systematic collection of data on specified indicators to show the managers and main stakeholders how a development intervention is progressing and whether objectives are being achieved using allocated funds, OECD (2002).

Monitoring is a continuous function that aims to provide project staff and other players with early indications as to whether or not there is progress towards achievement of project objectives

Evaluation: The systematic and objective assessment of an on-going or completed project, program or policy, which looks at its design, implementation and results. The aim is to determine the relevance and fulfillment of objectives, development efficiency, effectiveness, impact and sustainability. OECD (2002)

Evaluation is a time-bound exercise that assesses systematically and objectively the relevance, performance and success of ongoing and completed program at selected stages of the programs. It uses information arising from monitoring and reporting, but may also involve data collection that serves to verify and complete such information

Review: An assessment of the performance of an intervention, periodically or on an ad hoc basis. Frequently “evaluation” is used for a more comprehensive and/or more in-depth assessment than “review”. Reviews tend to emphasize operational aspects. Sometimes the terms “review” and “evaluation” are used as synonyms

Learning: Learning is the use of data and insights from a variety of information gathering approaches including monitoring and evaluation to inform strategy and decision making

Audit : Audit are different from evaluation in that they tend to focus more on organizational and financial aspects, such as adherences to the rule of sound financial management and good governance

Project control: Project controlling as a process seeks to ensure that project objectives are met by monitoring and measuring progress regularly to identify variance from plan so that corrective actions may be taken. The project management institute (Horine: 126) defines project controlling process as such actions that ensure project objectives are met by monitoring and evaluation (M&E) progress regularly to identify variance in order to employ corrective actions.

Relationship between Monitoring and Evaluation

Monitoring and evaluation are intimately related. Both are necessary management tools to inform decision-making and demonstrate accountability (Gudda.2011). They are mutually supportive and equally important. Both use the same steps; however, they produce different kinds of information. Systematically generated monitoring data is essential for successful evaluations. An evaluation also supports monitoring. It can serve as a source of lessons that can be applied in the development of conceptual or methodological innovations for use in refining the monitoring function. It may be argued that excellent monitoring preclude the need for evaluation

2.2. Purpose of Monitoring and Evaluation

In many organizations, “monitoring and evaluation” is something that is seen as a donor requirement rather than a management tool. Donors are certainly entitled to know whether their money is being properly spent, and whether it is being well spent. But the primary (most important) use of monitoring and evaluation should be for the organization or project itself to see how it is doing against objectives, whether it is having an impact, whether it is working efficiently, and to learn how to do it better.

According to Rossi & Freeman (1982), the purpose of M&E is to improve planning, administration, implementation, effectiveness, and utility of social interventions.

The monitoring system provides ongoing information based on selected indicators, on the direction of change, the pace of change, and the magnitude of change achieved as a result of implementing a project/program/policy, while also identifying unanticipated changes. Through such routine data gathering, analysis and reporting, monitoring provides management, staff and other stakeholders with information on whether progress is being made towards achieving

results. In this regard, the objectives of monitoring can be categorized as follows (Anandajayasekaram et al. 2004):

- Record inputs, activities and outputs
- Identify deviations from work plans
- Identify constraints/bottlenecks
- Assess overall efficiency
- Assess overall effectiveness
- Assess suitability of new methods and technologies under testing
- Assess the long-term impact
- Learn from achievements and mistakes
- Increase capacity to perform better
- Take corrective actions
- Share progress and results with others

Monitoring can be progress or process monitoring. Process monitoring is different from progress monitoring in that the latter focuses on physical, financial and logistic aspects of projects/programs, while process monitoring deals with critical processes which are directly related to the projects/ Programs objectives. For example, progress monitoring looks at the number of training sessions held, or the percentage of work completed; while process monitoring evaluates the quality of training or the level of community involvement. Elliott et al. (2005) defined process monitoring as ‘a set of activities of consciously selecting processes, selectively and systematically observing them so as to compare them with others and communicating on that in order to learn how to steer and shape the processes.’ Process monitoring helps to learn from own experience and adapt to improve effectiveness over time. An ideal M&E system contains elements from both progress and process monitoring.

At project level monitoring and evaluation can: Burke, R., (1999)

- ✓ Provide regular feedback on project performance and show any need for ‘mid-course’ corrections
- ✓ Identify problems early and propose solutions
- ✓ Monitor access to project services and outcomes by the target population;
- ✓ Evaluate achievement of project objectives

- ✓ Measure the impact of the project on various indicators (including those relating to project objectives and other areas of concern)
- ✓ Incorporate stakeholder views and promote participation, ownership and accountability

Knowing what difference programs are making motivates workers and their supporters to renewed effort. Although evaluations may be retrospective, they are essentially forward looking with regard to their purpose. Evaluation applies the lessons of experience to decisions about current and future programs. Good evaluation presents alternatives for decision-makers to consider. Evaluation can be an excellent learning tool as well as a means to improve program performance and demonstrate accountability. Rodin and Mac Pherson (2012) have argued that evaluations should address accountability and also advance learning at the same time.

Thus, the key reasons for M&E can be summarized under four headings.

(1)For accountability: demonstrating to donors, taxpayers, beneficiaries and implementing partners that expenditure, actions and results are as agreed or can reasonably be expected in the situation.

(2)For operational management: provision of the information needed to co-ordinate the human, financial and physical resources committed to the project or program, and to improve performance

(3)For strategic management: provision of information to inform setting and adjustment of objectives and strategies.

(4)For capacity building: building the capacity, self-reliance and confidence of beneficiaries and implementing staff and partners to effectively initiate and implement development initiatives.

Marsden and Oakley (1990), for instance, pointed out that there needs to be a ‘fundamental realignment of the relationship between donor agency and beneficiaries’. They propose building partnerships between these major stakeholders, which would allow reciprocal evaluation to take place, so those donors themselves are subject to some form of accountability. In this context, accountability becomes a two way exchange relationship between those who provide financial resources and those who legitimize the disbursement of those resources. This alignment would allow beneficiary groups to better present and articulate their own needs, criteria and expectations, thus providing them with wider opportunity to negotiate their objectives with donors and supporting institutions.

2.3. Evolution of Monitoring and Evaluation

The evolution of project monitoring and evaluation mechanisms in the context of project management is highly linked to the development stages of project management as a science of its own, emerged from the combination of specific elements of management, civil engineering, engineering, and military and defense activities (Cleland & Gareis, 2006).

The more the science of project management evolved, in terms of complexity and applicability, the more the monitoring and evaluation processes gained a higher importance, their methods and techniques developing also, from simple control tools, to sophisticated mechanisms, that combine one or more known methods of tracking project progress

The basics of monitoring and evaluation mechanisms have been established by Henry Gantt (who developed Gantt Diagram, recognized as the first tool for project planning and monitoring) and by Henry Fayol, who defined the five management functions, of which control – evaluation function that still represents the base for the monitoring and evaluation processes.

Currently, on the background of amplifying the concerns for using efficient mechanisms for monitoring and evaluation of the projects, there emerged and manifest a set of approaches for upgrading the use of monitoring and evaluation mechanisms, taking into consideration the fact that both internal and external stakeholders of a project are aware of the impact of exerting complete and coherent processes of monitoring and evaluation of the project results. In this context, professional literature reflects **three major approaches** that manifest within the exertion of monitoring and evaluation processes and that generate a significant positive impact also on the tools used for exercising these two utterly important processes.

I. Correlation of monitoring processes with the project lifecycle

Starting with the project lifecycle, defined by PMI (1996), the theoreticians and the practitioners came to the conclusion that each stage of the project lifecycle has certain features that demand using some monitoring and evaluation tools, to the detriment of others, in terms of their advantages and disadvantages. Furthermore, the correlation of the monitoring and evaluation processes with the project lifecycle does not only regard the differentiate selection of the tools used for exerting monitoring prerogatives, but also regard the intensity of which these processes are exerted, through relating to other processes that are specific to the project management cycle.

II. Correlation of the monitoring and evaluation tools in complex mechanisms designed to these projects exertion

Each of monitoring and evaluation methods and techniques, individually approached, represent tools that facilitate the exertion of monitoring and evaluation processes and that substitute both the traditional *direct observation* (the oldest monitoring method) and the *direct comparison* evaluation method). Each of these tools presents advantages and limits, their individual use being efficient only on short term. On the other hand, using an unstructured mix of monitoring and evaluation tools is not indicated, this process being time consuming, and in most of the cases, human resources and financial consuming.

In these circumstances, the professional theory and practice put the problem of identification a sequence in using certain monitoring and evaluation tools, sequence that, through the combination of its elements, determines a **monitoring and evaluation mechanism** applied within a project, based on the principles of synergy effect. This approach manifests more and more significantly in the context of project management, the monitoring and evaluation mechanisms being organized either in terms of project team preferences, or in terms of the specific of the developed project.

III. The emergence of new professions in the context of project management with attributions in monitoring and evaluation sphere

Taking into consideration the fact that the monitoring process can prove time consuming and needs also capacities and personal abilities for its exertion in an efficient and compliant way, specialized companies in providing with services designed for project management generate qualified personnel in exerting monitoring processes. Additionally, more and more financing bodies (World Bank, EBRD, European Committee, commercial banks, credit cooperatives, etc.) double the guarantees claimed before grants through a monitoring process of the way the offered grants are used.

An eloquent example is represented by the situation of the projects that are financed from European funds, where to each project there is allocated a monitoring responsible, and within Management Authorities there are established committees/departments or even monitoring directions of projects implementation, being thus emphasized their importance in the context of modern project management.

The emergence and the dissemination of the three approaches, along with the obvious endeavors for repositioning the monitoring and evaluation processes in the context of project management represent sufficient arguments in order to justify the need for further study of the monitoring and evaluation mechanisms, thus to identify their applicability and vulnerabilities, so that the monitoring and evaluation processes be developed in efficiency circumstances and to achieve the goal for which they are included in the project management cycle.

2.3.1. A shift from Traditional M&E to Result based M&E

During the 1990s, the public sector was undergoing extensive reforms in response to economic, social and political pressure (UNESCO). Key milestones include the Millennium Declaration with the adoption of the Millennium Development Goals (MDGs) in 2000, the Monterrey Consensus on Financing for Development in 2002, the Rome Declaration on Harmonization in 2003, the Marrakech Memorandum on Managing for Development Results in 2004, and the Paris Declaration on Aid Effectiveness in 2005.

Growing competitiveness and globalization, a shrinking public confidence in government and growing demands for better and more responsive services as well as for more accountability were all contributing factors. A focus move from an intervention undertaken on the Nitty-gritty of day –to- day tasks to an emphasis on results require more than adoption of new administrative and operational systems, it needs above all a performance-oriented management culture that supports and encourages the use of new management approaches.

Traditional implementation-focused M&E systems are designed to address compliance– the “did they do it” question. Conventional monitoring focuses on assessing how well a project, program, or policy is being executed, and it was responsibility of a particular unit of the implementing body. However, this approach does not provide policy makers, managers, and stakeholders with an understanding about success or failure of the project, program or policy. Conventional M&E indicators do not capture critical contextual information

According to OECD/DAC, Results-based Management (RBM), which has been adopted by many development agencies since 1990s in order to improve development performance, is a management strategy focusing on performance and achievement of outputs, outcomes and impacts. Its main purposes are to improve organizational learning and to fulfill accountability obligations through performance reporting.

Understanding the Evolution of M&E in the project management sphere, will enable M&E experts and project managers to trace the development fundamental ideas and how they influence later ideas. Thus, this strategy helped clarify the general direction in which monitoring and evaluation is heading

2.3.2. Emerging Approaches to Evaluation

According to Linda Raftree and Michael Bamberge (2014), the explosive growth of mobile phones and other information and communication technologies at all levels of society around the globe, greater access to digital devices, especially the mobile phone, is changing how people access information, how they communicate, and how they engage with services and each other. Increasing attention to and sophistication of digital tools is permeating the sphere of development as well. New tools and approaches are rapidly making their way into the area of M&E, yet many M&E practitioners have not explored their potential.

These factors, in addition to greater competition for limited resources in the area of international development, are pushing donors, program participants and evaluators themselves to seek more rigorous – and at the same time flexible – systems to monitor and evaluate development and humanitarian interventions.

Also, as part of a growing trend worldwide to move towards decentralized and local governance, nations-state government and large public institutions are giving greater importance to local participation (Alcocer, Lizarraga, Delgadillo, et al. 1997:1-2).

Participatory monitoring & evaluation (PM&E) is a process through which stakeholders at various levels engage in monitoring or evaluating a particular project, program or policy, share control over the content, the process and the results of the monitoring and evaluation (M&E) activity and engage in taking or identifying corrective actions. PM&E focuses on the active engagement of primary stakeholders (WORLD BANK 2010a).

3.4. Monitoring and Evaluation as a system

Morgan (2005) discussed the idea and practice of systems thinking and their relevance for capacity and Monitoring and evaluation, with particular reference to organizations as learning entities.

International Fund for Agricultural Development (IFAD.2007) defined a monitoring and evaluation system as the set of planning, information gathering, synthesis, reflection and

reporting processes, along with the necessary supporting conditions and capacities required for the M&E outputs to make a valuable contribution to project decision-making and learning (IFAD, 2007).

The M&E system provides the information needed to assess and guide the project strategy, ensure effective operations, meet internal and external reporting requirements, and inform future programming. M&E should be an integral part of project design as well as project implementation and completion.

Jim Woodhill, through years of practical experience, indicates that any M&E system needs to fulfil the following five functions.

- 1) Accountability: demonstrating to donors, beneficiaries and implementing partners that expenditure, actions and results are as agreed or are as can reasonably be expected in a given situation.
- 2) Supporting operational management: providing the basic management information needed to direct, coordinate and control the human, financial and physical resources required to achieve any given objective.
- 3) Supporting strategic management: providing the information for and facilitating the processes required to set and adjust goals, objectives and strategies and to improve quality and performance.
- 4) Knowledge creation: generating new insights (learning & lessons) that contribute to the established knowledge base in a given field.
- 5) Empowerment: building the capacity, self-reliance and confidence of beneficiaries and implementing staff and partners to effectively guide, manage and implement development initiatives.

It means to fulfil all these functions, an effective M&E system will have interacting and interrelated elements/components. Such a systems approach to M&E system building then requires: identifying the components of the M&E system. Understanding these components are interrelated and ensuring that each component is functional so that the whole system is functional.

An M&E system is built on the key parameter of a project: Hanson K et al. (2008)

- The overall goal or desired change or effect
- The main beneficiaries or audience that the project seeks to benefit

- The hypothesis or assumption that links the project objectives to specific interventions or activities
- The project scope and Size
- The extent of participation in and capacity for M&E
- The project duration
- The overall project budget

Each project may have different M&E needs, depending on the operating context, implementing agency capacity, donor's requirements, and other factors. In preparing an M&E plan, it is important to identify these needs and coordinate the methods, procedures, and tools used to meet them; this conserves resources and streamlines M&E planning.

Although experts vary on the specific sequence of steps in building a result based M&E system, all agrees on the overall intent. For example Patrick Gudda (2011) in his book “a guide to Project Monitoring & evaluation” identified the following essential actions in building an M&E system regardless of the number of steps as follows

- Formulate outcome and goals
- Select outcome indicators
- Gather baseline information on the current condition
- Set specific targets to reach and dates for reaching them
- Regularly collect data to assess whether the targets are being met
- Analyze and report the results

Balzer, Dimalanta and Kunz (2004) aver that there is no universally applicable monitoring model. Rather, the scope of a monitoring system is defined by the units receiving and using monitoring information and the type of information provided. Furthermore, they hold that any monitoring system has to be tailored to the type, complexity and size of program, institutional set-up, and managerial responsibility, reporting requirement and date and frame conditions

3.5. Characteristics of an Excellent Monitoring System

Each project is unique. It is therefore suggested that prior to starting of a project, a discussion should ensure to try and identify these. Among them could be: simple, quickly provides information for corrective action, cost-effective, flexible, accurate, comprehensive, relevant, accessible, leads to learning, transparent, and shares information up and down.

A well-functioning M&E system manages to integrate the more formal, data-orientated side commonly associated with the task of M&E together with informal monitoring and communication, such as project field staff sharing impressions of their fieldwork with each other and their managers over lunch (or coffee).

Three defining characteristics of successful M&E systems are (Lopez-Acevedo, Gladys; Krause, Philipp; Mackay, Keith. 2012)

1. Intensive utilization of the M&E information in one or more stages of the project cycle;
2. Information that meets standards for data quality and evaluation reliability; and
3. Sustainability, by which the system will survive a change in administration, government ministers, or top officials

The World Bank result framework guidance note summarizes the key elements of good M&E arrangement placing the following criteria

- a. Beneficiaries and partners are actively involved in planning, conducting, reviewing, and interpreting performance information whenever possible.
- b. Project monitoring arrangements are integrated into the government's existing management systems (at central and local levels depending on the reach of the project).
- c. Information produced is responsive to the needs of the different users (Government, Bank Management, policymakers, beneficiaries, etc.).
- d. M&E capacity for collecting, analyzing, and reporting performance information is in place.
- e. New indicators are introduced only when there is a need for such indicators and a commitment and resources on the part of the client to continue tracking them.
- f. Costs for M&E are budgeted for. Usually M&E costs represent between 3-5% of the project cost and are budgeted as part of the borrower's administrative. If borrower requires so, said costs can be paid for by the project.

3.6. Factors Affecting Establishment of Good M&E system

The Key factors that have a critical effect on how well M&E system functions are:

Lack of clarity about strategic and operational objectives of the program; it is very difficult, if not impossible, to monitor or evaluate unless the research programmer's purpose and outputs are specified in a way which is both clear to all parties involved and which can be assessed.

M&E is not built in at an early enough stage to allow ownership by key stakeholders, methods to be developed, baselines to be established, indicators to be developed and systems for reporting data to be built in. The primary audience and users of the M&E system and its components is not always considered in advance. Linked to this, different roles of performance monitoring for accountability and management, performance improvement, lesson learning and evaluation are not clearly identified or understood

3.7. Measuring the quality of project M& E system

There is not a single, recognized industry standard for assessing the quality of an M&E system. However, some key criteria are summarized below (IFAD 2002, pp. 4-20):

Utility:-The proposed M&E system will serve the practical information needs of intended users.

Feasibility: The methods, sequences, timing and processing procedures proposed are realistic, prudent and cost-effective.

Propriety: The M&E activities will be conducted legally, ethically and with due regard for the welfare of those affected by its results.

Accuracy: The M&E outputs will reveal and convey technically adequate information

The World Bank M&E guidance note recommends the following aspects to assess M&E arrangement:

- (a) Identify current sources of data, issues, gaps, ongoing initiatives to strengthen databases, etc., for either the sector as a whole or a subsector, whichever is applicable to the project;
- (b) Identify the nature of the implementation entities (existing government agencies, decentralized government agencies, project beneficiaries, civil society organizations, and other entities) to be engaged in the project's M&E activities;
- (c) Identify, assess and build upon existing M&E systems (government, community-based monitoring, community scorecards, or citizen scorecards);
- (d) Identify M&E capacity weaknesses (such as staffing, equipment, knowledge/skills, roles and responsibilities, setup/processes) of those entities that will be involved in project M&E; and
- (f) Provide resources to strengthen capacity.

3.8. Implementing the M&E system

Norman(2005) describe the experience of how to implement M&E system, with the framework for the M&E system developed, and if an indicator matrix has been drafted, the first have been taken towards implementing a M&E system for a project.

Norman (2005) makes clear that resources are needed for implementing M&E activities. These are both human resources and financial resources. And some other material resources are also necessary, although many of these things are likely to be available in a project for use in other activities as well as in M&E. Generally, the following are the best practices associated with monitoring and evaluations

3.8.1. M&E plan

A monitoring and evaluation plan is a guide as to what you should evaluate, what information you need, and who you are evaluating for. The plan outlines the key evaluation questions and the detailed monitoring questions that help answer the evaluation questions. This allows you to identify the information you need to collect, and how you can collect it. Depending on the detail of the M&E plan, you can identify the people responsible for different tasks as well as timelines.

The Term M&E plan for some refers to planning documents for a project entire M&E system, whereas others use it to refer to a specific document that defines project indicators and how they will be measured- an indicator matrix . Scott G. Chaplowe (undated),

An M&E Plan is a document that describes a system which links strategic information obtained from various data collection systems to decisions that will improve health programs. In addition to stating how the program is going to measure what it has achieved, an M&E plan functions to document consensus, guide implementation, and preserve institutional memory

Good monitoring and evaluation design during project preparation is a much broader exercise than just the development of indicators. Good design has five components (IDS Bulletin 1996)

1. Clear statement of measurable objectives for the project and its components, for which indicators can be defined.
2. A structured set of indicators , covering outputs of goods and service generated by the project and their impact on beneficiaries

3. Provision for collecting data and managing project records so that the data required for indicators are compatible with existing statistics , and are available at reasonable cost
4. Institutional arrangement for gathering , analyzing , and reporting project data, and for investing in capacity building , to sustain the M&E service
5. Proposal for the ways in which M&E findings will be fed back into decision making

M&E plan provides (WHO 2014)

- How project activities are linked to expected outputs, outcomes and population –level impacts.
- How different types of information will be collected and used by different level of health system
- What elements need to be measured
- Appropriate indicators to be selected

3.8.2. Key Performance Indicators

Indicators are important monitoring mechanisms for assessing the progress of a plan. Indicators are measure of change(s) brought about by an activity. Indicators communicate information progress towards particular goals, provide clues about matters of large significance, or make perceptible trend or a phenomena that is not immediately detectable (Hammond *et.al*, 1995)

The indicators provide both qualitative and quantitative data that reveal the effectiveness of project implementation that is, problems encountered and success achieved so far.

Indicators can be used for many purposes, such as: Providing a framework for collecting and reporting information, providing guidance to various organizations on needs, priorities and policy effectiveness and facilitating local community efforts to undertake and strengthen development plans

The choice of indicators depends on the purpose for which they are required and on the audience. It is worth noting that indicators should be specific, verifiable, and logical and cost- effective. The ‘CREAM’ of selecting good performance indicators is essentially a set of criteria to aid in developing indicators for a specific project, program, or policy (Schiavo-Campo 1999 p.85).

Indicators should be directly linked to the level of assessment (e.g. output indicators, outcome indicators or impact indicators). Output indicators show the immediate physical and financial outputs of the project. Early indications of impact (outcomes) may be obtained by surveying

beneficiaries' perceptions about project services. Impact refers to long-term developmental change. Measures of change often involve complex statistics about economic or social welfare and depend on data that are gathered from beneficiaries. ITAD (1996).

They should also be clearly phrased to include change in a situation within a geographical location, time frame, target etc. A popular code for remembering the characteristics of good indicators is SMART.

S: Specific

M: Measurable

A: Attainable (i.e., can be checked)

R: Relevant (reflect changes in the situation)

T: Track able (can be tracked over a specific period of time)

3.8.3. Monitoring and Evaluation Budget:

To ensure effective and quality monitoring and evaluation, it is critical to set aside adequate financial and human resources at the planning stage. The project budget should provide a clear and adequate provision for monitoring and evaluation activities. A monitoring and evaluation budget can be clearly delineated within the overall project budget to give the monitoring and evaluation function the due recognition it plays in project management (McCoy et al., 2005) & UNDP 2009. Some authors argue for a monitoring and evaluation budget to be about 5 to 10 percent of the total budget (Kelly and Magongo, 2004). The intention with this practice is not to be prescriptive of the percentage that is adequate, but to come up with sufficient funds to facilitate the monitoring and evaluation activities.

Provision of a budget for monitoring and evaluation ensures that the monitoring and evaluation activities take place when they are due, it also ensures that monitoring and evaluation are not treated as peripheral function.

3.8.4. Performance Reporting

The purpose of a project monitoring report is to provide information to assist stakeholders in comparing performance against plans so that current or potential problems can be identified and analyzed.

Performance reporting is an essential component of the process where project managers are required to account as per request and required intervals and detail, on the basis of monitoring

and evaluation. Project reporting templates are designed to maintain the project progress (Oosthuizen & Venter, eds., 2012: 206). Examples of reporting documents utilized by the private sector and to be adapted by public sector entities, are provided in appendices 1 (Project Dashboard) & 2 (Overall Program Report). It should be noted that different industries have different requirements as far as their reporting information is concerned. Naturally, many factors dictate what such documents should inform upon; aspects such as project type, duration, approach, the different levels and types of audiences play a role in the design of reporting documents. Many documents are designed to provide information on the status of projects on the basis of who (management level and audience type - internal or external etc.) should receive the information. According to Portny (2001:234) reports may include information such as performance highlights, performance details, problems and issues, approved changes to the plan, risk management plan, risk management status and plans for the next period.

3.8.5. Utilization of the M&E Information

The utilization of M&E information is central to the performance and sustainability of an M&E system and depends on the nature and strength of demand for M&E information (Mackay, 2007). Utility requires that commissioners and evaluators undertake the evaluation with the intention to use its results ; that they undertake the evaluation at a time when the results can meaningfully inform decision making processes; and that evaluation be accessible (Rist, Boily & Martin,2011).

Incentives need to be introduced to encourage the use of performance information meaning that success needs to be acknowledged and rewarded, problems need to be addressed, messengers must not be punished, organizational learning is valued, and budget saving are shared (Kusek & Rist,2004). The external demand for specific information on outcomes and impacts plays a key role in promoting measurement of those aspects of development work and in keeping the system honest overall. However, where external or internal demand is lacking , or where performance information is not linked to the reward system, the incentives for generating and using performance information are deficient and, not surprisingly, M&E system are weak (Thomas,2010)

3.9. Practices of Monitoring and Evaluation in Ethiopian NGOs

NGOs have always been leading participants in development and humanitarian activities, in channeling large amounts of development cooperation money from both government funds and other sources into a range of projects and programs. Like others they are expected to show the results of their activities and for that purpose they developed systems for monitoring and Evaluation.

Being a continuous function of an organization, monitoring is usually carried out by organization's own staff or together with relevant stakeholders. In order to do effective monitoring, besides qualified personnel, an organization needs adequate planning, baseline data, indicators of performance, and practical implementation mechanisms (e.g. field visits, stakeholders meetings, documentation of activities, regular reporting).

The key steps followed in the monitoring process include:

- Recording data and information on key indicators, mainly from sources existing at the Organization, such as existing financial records, supply procurement and disbursement books
- Collection of primary data
- Computerization of data
- Analysis performed at each functional level of management
- Regular reporting, either in written form or orally, such as quarterly, semi-annually or annually
- Manual or computerized storage of data and information

The operational environment of NGOs determines the effectiveness of programs and projects undertaken by those NGOs. There are both external and internal environments that impinge on NGOs performance and output. Operational environment factors are: Economic, donor, political, social

3.10. Monitoring and Evaluation Practice in Ethiopian health sector

In Ethiopia, the Ministry of Health (MOH) puts utmost importance to strengthening the Health Information System (HIS) of which the routine Health Management Information System (HMIS) is an integral part. The government has adopted a “One plan, one budget and one report” policy

making HMIS as the core information system providing the essential information for health system monitoring. In its Health Sector Development Plans (HSDP), MOH duly recognized HMIS and M&E as the backbone of effective health care delivery in Ethiopia.

This sector approach directed towards a co-ordination process amongst the donors in the sector, led by government. The decentralized structure of government requires that project implementation by NGOs is vetted through the government bureaucratic machinery (Ethiopia HSDP-IV). However, in practice the impact of sector wide approach (SWAp) has been relatively limited, due to the fact that many participating donors fail to adhere to the SWAp principles and continue to use their own planning, budgeting and monitoring and evaluation systems (Walford 2007; Chansa et al. 2008). The reluctance of donors to rely on recipient M&E systems relates to the fact that many SWAp countries' M&E systems and statistical institutions remain weak (Boesen and Dietvorst 2007). This reluctance, however actually blocks the further development and maturation of recipient M&E systems.

The purpose of HMIS is to routinely generate quality health information that provides specific information support to the decision-making process at each level of the health system for improving the performance of health services

The HMIS indicators have been carefully selected to meet the key information needs of monitoring the performance of various health programs and services and provide a snapshot of the available health resources.

Standardized and integrated data collection and reporting. By definition, the HMIS collects data for performance monitoring from service delivery and administrative records. In Ethiopia, with the exception of some vertical programs, there are no standard instruments to collect information when clients and patients interact with care givers. Like the service delivery instruments, there is little standardization of HMIS reporting forms. The consequence is that information from one location may not be comparable to that from another location.

NGOs make a significant contribution to Ethiopia's health sector. The NGO healthcare system comprises over 300 health institutions in the country constituting 7% of the 8,236 health facilities, most of which are at the primary level(DSA 2004). They provide financing and general (curative, preventive and rehabilitative) healthcare services, HIV/AIDS and reproductive health services in clinics and through health education.

According to one source citing a household welfare survey on health utilization, 3.3% of respondents reported using NGO services (Kebede, 2004).

Table 2 Contribution of NGOs to Ethiopian Health Sector (2004)

Output	Unit	Local NGOs	International NGOs	Total
Health Facilities				
• Health Posts	#	221	445	666
• Clinics	#	11	72	83
• Hospitals built/rehabilitated	#	1	20	21
Health Personnel				
Doctors	#			578
Nurses	#			914
Health Care/Services				
Health education given	Persons	5668	8260	13928
Health Service (outpatient)	Persons	48710	106947	155657
Financing (%)				10

Source: - Development Studies Association (2004)

3.11. Constraints and Challenges to Monitoring and Evaluation

There are a number of challenges that may arise in institutionalizing and sustaining RBM&E systems (Kusek and Rist 2004). The challenges that NGOs encounter in practicing M&E can be seen from two perspectives, internally from NGOs own capacity gaps and externally from their key stakeholders. Patrik Gunda (2011, p 47), identified some of internal limitations as follow

- **Dependence on clarity of objectives and availability of indicators:** Lack of clarity in stating the objectives and the absence of clear key indicators will limit the ability of monitoring and evaluation to provide critical assessments for decision –making, accountability and learning purposes.

- **Time constraints and quality of monitoring and Evaluation:-** Program /project manager should have the flexibility to establish realistic timetables for monitoring and evaluation depending on the nature of the evaluation
- **Objectivity and independence of evaluators and their findings:-** The composition of the evaluation team is important in ensuring a balance views. It is also crucial that evaluators make a distinction between facts and opinions.
- **Learning or control :** The learning aspect of monitoring and evaluation needs to be stressed along with the role that these functions play in decision –making and accountability. In the context of the project, the contribution of learning is to the building of community capacity to manage development should be emphasized.
- **Feedback from Monitoring:** It is critical that relevant lessons be made available to the appropriate parties at the proper time. Without good feedback, monitoring and evaluation cannot serve their purpose.
- **Responsibilities and capacities :-** where the full capacity to carry out the responsibilities for monitoring and evaluation is adequately limited, the funding institution should assist the implementation agency to strengthen their M&E capacity or facilitate the engagement of external consultants

According to Robert Lahey(2015), among the common issues affecting monitoring and evaluation of large ILO projects are:- A frequent problem in the clarity and completeness of performance indicators to measure project progress and success, Lack of relevant data and feasible measurement strategies and frequent neglect in M&E plan formulation and implementation efficiency are very few of the problems identified in practicing M&E.

3.12. Review of Empirical Literature

The literature that exists in relation to M&E practice in Ethiopian context is limited. Therefore, only those studies that are directly or indirectly related to the variable or objective of this study were reviewed. The first case study that was taken as an empirical framework is a work of Francis Nyaga Karani, Walter Okibo Bichanga, and Charles Guandaru Kamau with a title *Effective use of monitoring and evaluation systems in managing HIV/AIDs related projects*, a case study of local NGOs in Kenya. This study sought to determine how effectively the HIV/AIDs projects implemented by NGOs in Kenya National AIDs Strategic Plan 2009/10-

2012/1(KNASP III). The research considered several factors that affect the effective use of monitoring and Evaluation by Project managers, in NGOs with HIV/AIDs projects in Kenya. These include lack of commitment by the project managers, incompetency on the use of M&E systems by project managers, stringent donor requirement and capacity constraint of the NGOs. A study by Eckman(1994), Lyons(2000), Temesgen(2004), Uisso(2009), Ower,et al.(2011),and Emel et.al(2012) Suggest that development projects monitoring and evaluation tools are inadequate for addressing such a complex as change in socio-economic well-being of the community. On the other hand, there is high demand for ensuring development projects results at grassroots level. This indicate that there is growing consensus that tangible benefits from development projects could result by placing and applying adequate tools and methods for projects monitoring and evaluation.

Another study by Ermias H/Mariam (2007) on projects implemented by ministry of finance and Geological survey of Ethiopia, with the overall aim of identifying the gap between expectations and practices of monitoring and evaluation system shows that the gap between expectations and practice of monitoring and evaluation was very high

This study aims to assess how well health related projects are monitored, considering the M&E system organization, use of quality indicators, setting baseline and targets, capacity development and IT usage and how well information dissemination is systematized.

In this study paper, I tried to investigate the general M&E practice on health related projects implemented by NGOs. Most of the literature I reviewed on NGOs M&E practice either seen on the holistic NGOs activity or focus on subsidiary part of M&E practice. Few researchers are conducted in an attempt to see sector wide approach of NGOs M&E practice

3.13. Conceptual Frame Work

The conceptual framework gives a description on how the variables related to one another. The variables defined here are independent, moderate and dependent variables. Independent variables influences and determines the effect of another variable (Mugenda 1999). The major independent variables in this study are categorized under five sections as follow:

1. Organization of the M&E system
2. Indicators used
3. Data collection and analysis
4. Information dissemination and use and
5. M&E capacities and necessities

The framework depicts the relationships between monitoring and evaluation and project success as mediated by enabling environment and stakeholder's involvement. Moderating variables refers to an enabling environment which include supportive policy and legal framework which promote M&E , management commitment and support at organizational level. Most developing countries lack an optimum enabling environment and must choose the many options to improve it (Rajalahti,et al,2008).

Given that the enabling environment often influences how the actors in a sector can use their knowledge; the enabling environment is an important promoter of innovation capacity.

On the other hand project success is dependent variable which depends on the level of stakeholder's involvement and enabling policy framework given to project monitoring and evaluation.

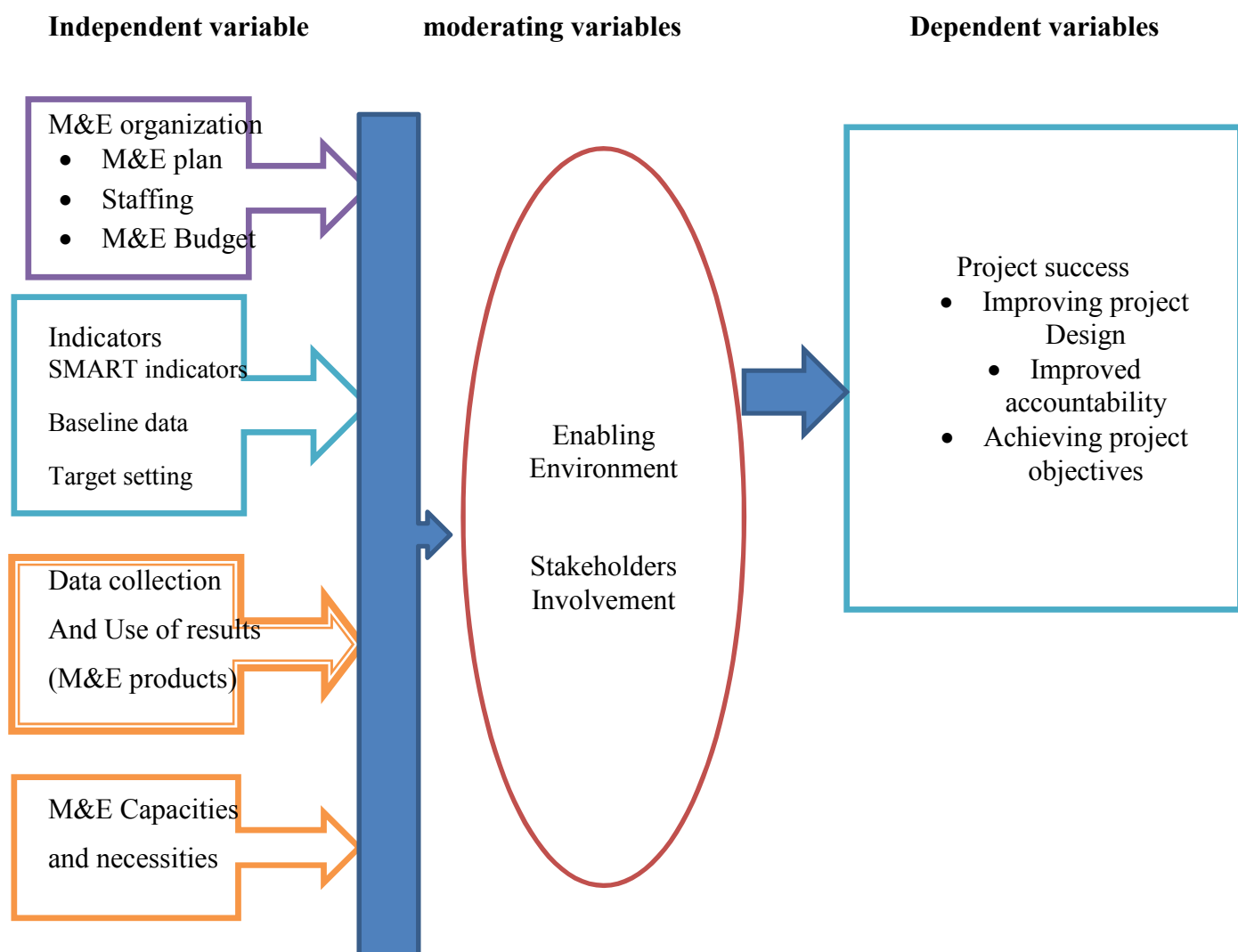


Figure 1 : Conceptual Framework

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Research Design and Approach

The study adopted a descriptive research design and utilized a survey method to collect data on M&E system organization & practices of NGOs implementing health related projects. According to Schindler et al (2003), such a study is concerned with finding out who, what, when, and how of the relevant phenomena.

The study used a mixed approach of quantitative and qualitative research approach. In the first phase of the study, survey was conducted to assess the M&E practice of health related project implementers, and in the second phase, based on the results of the quantitative study, key informant interview and document review had been employed to better understand the practices and factors affecting the M&E practice of the NGOs.

Quantitative research is a formal, objective, systematic process in which numerical data are used to obtain information about the world. This research method is used: to describe variables; to examine relationships among variables; to determine cause-and-effect interactions between variables.' (Burns & Grove 2005:23)

Using this design degree of influence those factors identified as affecting the M&E system of organizations are measured. Thus, to gather data relevant for the identification of various factors that affect M&E practice of NGOs, the study employed survey strategy. Data will be collected at one point in time using survey instrument to reach respondents at their convenient time.

Combining multiple data sources and methods help to overcome the bias that comes from one source and method of data collection. Therefore this study had made use of the qualitative approach to triangulate with the information collected by the survey. The research employed key informant interviews and program document review. Key informant interview is conducted with purposively selected 3 project managers (2 from international NGOs & 1 from local NGOs) that have M&E responsibilities.

3.2. Study Population & Location

The M&E system & practice assessment sought information from CCRDA Civil society –health forum members implementing public health projects with their head office in Addis Ababa. Castillo (2009) defines target population as, referring to the entire group of individuals or objects to which researchers are interested in generalizing the conclusions. For this research, the target populations were all members of Ethiopian Civil society –health forum members employs working as an M&E experts/or project managers. In each organization at least one employ is assumed to have an M&E practice and knowledge, therefore, the total number of population targeted for the survey was 160. These people are expected to have knowledge about M&E system either through career structure and training given or due to the responsibility and accountability they assumed.

The number of projects implemented by health forums members is changing from time to time. For this study projects that are operational for at least one year and for which respondents are very familiar are sought so as to obtain sufficient information and the practices are still important

3.3. Sampling and Selection

To assess the M&E practice of Ethiopian civil society health forum member organizations, the selection of NGOs for the survey sought to include NGOs of different size and origin (national & international) as well as NGOs with different profiles (Consortium, faith based & development NGOs)

Project personnel were considered as an informant of the study. Hence, Out of 160 NGOs that have been implementing health related projects as part of their activities, at least one M&E expert or project manager is assumed to have practice of M&E. Therefore, the sample size was arrived using the following formula

$$n = \frac{NC^2}{e^2} + (N-1) \quad \text{(Nassiuma, 2000)}$$

n= sample size

N= population size

C= coefficient of variation which is 50%

e= error margin which is 0.07%

Therefore the sample size n was calculated as follow

$$n = \frac{160 \times 0.5^2}{(0.5 \times 0.5) + (159 \times (0.07)^2)} \quad n = 40$$

Stratified random Sampling method is then employed to categorize the sample population as local NGO and international NGO. Of all the 160 health forum members 90 NGOs are found to be local and the rest 70 are internationals. The samples are then proportionally allocated, accordingly 17 respondents are chosen from internationals and 23 respondents chosen from Local NGOs. A simple random sampling technique is employed in both cases on the ground that this technique allows the researcher to gain unbiased estimates of the population's characteristics. The NGOs contacted for the study have variable size. Therefore, in this analysis attempt were made to include both large well established and developed NGOs such as CCRDA, FHI360 & save the children offices in Ethiopia. The organizations as a whole represent a diversity of NGO settings

3.4. Survey Instrument

The survey instrument is developed based on the literature review, addressing how the M&E system is organized and how result information gathered, processed, shared, and ultimately used. Therefore the survey instruments are prepared in five sections, each examining overarching questions that evaluate the various components and complexities participating NGOs M&E system. The survey is designed adopting the different M&E capacity assessment approaches (Nathalie Holvoet and Liesbeth Inberg (2013)) found in literature considering the contextual variables at hand.

- General Information on the respondent and NGO
- M&E institutionalization and coordination
- Quality of Indicator and Data collection methodology
- Analysis and use of results (M&E products)
- M&E Capacities and necessities
- Challenges in M&E

3.5. Data Analysis Method

Quantitative data were checked, entered, and analyzed using SPSS for window version 20. Descriptive analysis for utilization of information with socio-demographic and between some key variables was done. Data was described and presented using tables, charts and graphs.

Qualitative data collected during field visits were coded and analyzed as per themes emerged. Finally descriptive summaries were made based on, what participants described. They were used as supplementation for quantitative data to verify events.

3.6. Data Collection

Data was collected from respondents using semi structured self- administered questionnaires. General information was collected on organizations and selected projects as well as on respondents' socio-demographic characteristics and on their knowledge and practice of project related M&E.

3.7. Reliability

The instrument used in this research has a proven content and criterion related validity as it is a derivative of instruments used in the previous studies. However, since the measure was modified and reworded to suit the M&E practice of health related projects its validity was checked

During the pre-test exercise ten questionnaires were sent to ten volunteer respondents and the content and criterion validity was checked using SPSS version 20

The finding of the sample test for ten respondents has shown the following results for major section of the questionnaires

Table 3 Reliability Test results

S/n	Major Section of the Questionnaires	N	#Question item	Cronbach's Alpha
1	Organization of the M&E system	10	13	0.782
2	Quality of indicators and data collection methodology	10	15	0.916
3	Analysis and use of results	10	8	0.775
4	M&E capacities and necessities	10	9	0.73
5	Challenges in M&E practices	10	7	0.760

Source: own survey 2017

According to Nunnally & Berstein, 1994, Cronbach's alpha (α) > 0.6 indicates satisfactory internal consistency reliability (commonly accepted level) of the tools.

3.8. Ethical Considerations

The researcher relied on ethical issues as identified by Mugenda (2003), while undertaking this study. The research followed the three principles of ethics which include: respect, beneficence and justice. The participants were informed of the purpose of the study before the information was sought from them thus conforming to the principle of voluntary and informed consent. Further, the identity of the respondents was protected by reporting data as a block and not highlighting individual cases

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1. Introduction

This chapter comprises of data analysis, presentation and interpretation of the findings. The data presented includes response rate, background information of the respondents, organization and project information and a presentation of findings against each individual objectives of the study. The data analyzed and presented was based on the responses to the items in the questionnaires 'schedules. Descriptive statistics are also used in analyzing the findings of this research project. The findings are presented in the form of tables showing frequencies and percentages.

4.2. Questionnaire response rate

The study used questionnaires and interview guide as tools for data collection. The researcher targeted 40 M&E experts/Project managers, where 33 were able to respond to the questionnaire items. Additionally, 2 out of the 5 project managers granted the researcher an opportunity to interview them. Therefore, out of 40 questionnaires, 33 were filled and analyzed by the researcher. This represented response rate of 82.5%. The response rate was good when compared to the recommended response rates to verify consistency of measurements required for analysis

4.3. Profile of Respondents

Information regarding the respondents includes highest educational level, how long they had worked and their job position implementing the project.

Table 4 Educational Level of Respondents

	Frequency	Percent	Valid Percent
Degree	17	51.5	51.5
Valid Masters	16	48.5	48.5
Total	33	100.0	100.0

Source: - Own survey 2017

As shown in the table above, more than half of the respondents (51.5%) had first degree level education while the rest 48.5% had Master's Degree. This indicate that the respondents are well positioned to understand the overall M&E practice and can provide adequate information

Table 5 Work experience of respondents

	Frequency	Percent	Valid Percent
1-5yrs	1	3.0	3.0
6-10yrs	13	39.4	39.4
Valid 10-15yrs	14	42.4	42.4
15+	5	15.2	15.2
Total	33	100.0	100.0

Source: - Own survey 2017

Out of the 33 respondents, 42.4% had worked for over 10 years while 39.4% worked for 6-10 years, 15.2% worked above 15 years and the rest 3% had worked less for 1-5 year. This indicate that majority of the respondents have sufficient experience practicing M&E activities in different project settings. This implies that the respondents have been executing the projects for a long duration of time and therefore they are well positioned to provide adequate information to support the study and hence the conclusion.

Table 6 Job position of respondents

	Frequency	Percent	Valid Percent
M&E officer	8	24.2	24.2
Project mangers	13	39.4	39.4
Valid Project Officer	7	21.2	21.2
Other	5	15.2	15.2
Total	33	100.0	100.0

Source: - Own survey 2017

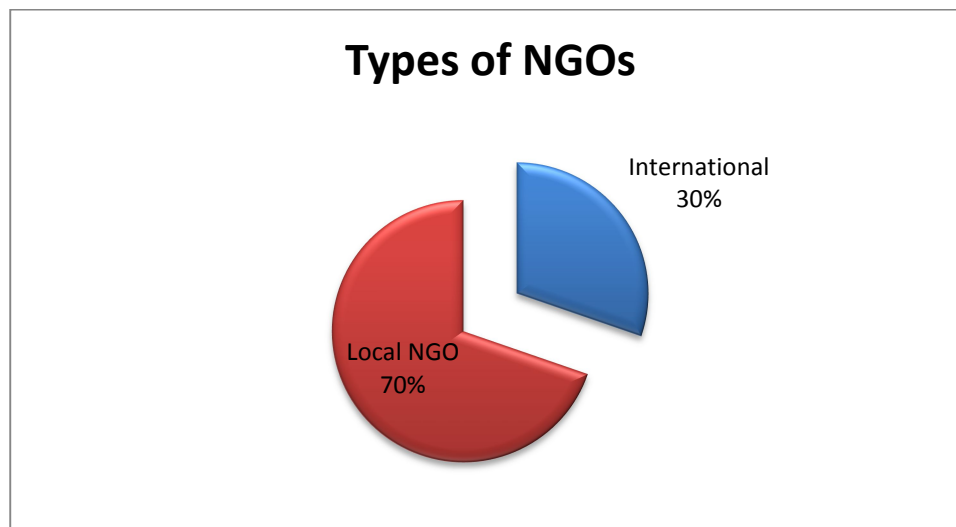
As shown in the table above, majority of the respondents work in the project as project managers and M&E experts, therefore, it is possible to consider that all of the respondents had in one way or another the M&E practical experience and knowledge to provide researchers with adequate information.

Generally it can be concluded from the profile of respondents that respondents were able to provide reliable information about the project monitoring and evaluation.

4.4. Information on the Organization and Project understudy

The background information on Organizations include: organization type, a type of project reviewed and total number of staff involved in the project implementation & duration of the project understudy.

Figure 2: Type of Organizations involved in the survey



The analysis show that 69.7% of respondents are from national NGOs while 30.3% are from international NGOs. This indicate that NGOs are relatively represented proportionally

4.4.1. Characteristics of the Projects under study

The total number of projects whose M&E system reviewed is totaled to 16. Two of them are relatively big in terms of money and organization of project implementation.

1. Yekokeb Berhan HVC project : USAID funded big project with a goal of mitigating the impact of HIV/Aids on children through improved Ethiopian system and structure
The project aimed at reducing vulnerability among OVC and their families by strengthening systems and structures to deliver quality essential service and increase resiliency. Initially, this project is implemented by 50 local NGOs. In this study four local NGOs are contacted to assess the M&E general practice employed in these organizations

2. Reproductive innovative fund (RIF) is a DFID funded project aimed at reducing maternal and neonatal mortality rate in Ethiopia. This project is also implemented by around 10 national and international NGOs with the overall management of Federal Ministry of Health (FMOH). For this study five NGOs are targeted to assess the overall M&E practice of project implementation.

The rest of the projects assessed in this study vary in their funding as well as number of project staff employed in the project. Therefore, the study tries to assess M&E practices in different project sizes and different organization settings.

4.5. Practice of Monitoring and Evaluation in Ethiopian Health-forum members

In this subsection the study results from survey respondents as well as from interview and document review is presented to show the readers what really is practiced with respect to the theoretical literature

4.5.1. How well the M&E system is organized

Respondents were asked whether the organization has a plan to guide monitoring and evaluation of projects in health related projects. As shown in the table below, the mean scale response of 3.5 indicates that majority of respondents agree on the presence of M&E plan to guide the M&E practice. A standard deviation of 1.4 indicates the variability of response from the mean.

Table 7 Response on key M&E organization activities

Organization of the M&E activities	N	Mean	Std. Deviation
There is a comprehensive separate M&E project plan, indicating what, why, how of M&E	33	3.5758	1.43680
There is a dedicated staff for M&E in the project under consideration	33	3.6970	1.51007
The purpose of your M&E plan is directed towards upward accountability (Accountability for donors)	33	3.7879	.73983
The purpose of your M&E is directed towards down ward accountability	33	2.7273	1.32930
The difference and relationship between Monitoring and Evaluation is clearly spelled out in the M&E guide /plan	33	3.5758	1.45839
Reporting is made in an explicit and consistent way	33	3.8182	.98281
There is a link between project M&E and organizational wide M&E	33	3.1515	1.46033
There is a frequent update and change in the M&E system / plan for improvement	33	3.3636	1.05529
The demand for improvement of M&E system come from project donors	33	3.3636	.69903
There is a clearly defined distribution of role for M&E.	33	3.3939	1.29758
There is sufficient budget allocated for project specific M&E	33	3.4848	1.14895
Financial capacity for project specific M&E is allocated from organizational wide budget line	33	2.4242	1.32359
Project/ program decision making process make use of M&E finding	33	3.6970	.84723
Evaluation activities are explicitly outlined in the M&E plan	33	3.481.00	
Grand mean	33	3.14	

Source: - own survey 2017

Majority of the respondents on the question whether there is a dedicated staff for M&E in the project under consideration most agree on the presence of the staff as indicated in the mean response scale of 3.6. However, interviewed informants reported that unless in the cases of big projects with sufficient earmarked budget, in most case projects do not have specialized M&E units and staff fully dedicated for M&E. according to informants, in most case the person in charge for conducting the M&E activities are the staff themselves, besides other project planning and implementation tasks delegated to them. The most cited reason for that is it raises human and administrative costs beyond the 30 % of administrative cost as per the CSA law.

The responses for the direction of accountability most commonly practiced is positive for upward accountability for donors and government, majority of respondents agree with the mean scale of 3.7 which is closer to 4 indicating that most NGOs plan for M&E tending to serve the interest of project financier and government. Interviewed informants also confirm that unless NGOs demonstrated certain level of transparency and accountability to their donors, they do not even survive in the industry. Transparency and accountability to donors enabled them to ensure sustainability of the funds and attract more future funding. Donors are demanding more formal accountability to ensure that their donations are being used properly.

There is also some similarity and coincidence with response given for subsequent related questions such as the demand for improvement of M&E system comes from donors most agree with a mean scale of 3.4. This is closer to 3, indicating that there are few projects where the M&E information demand comes from donors and governments. In addition, organizations will not allocate additional M&E budget for project specific purpose unless an earmarked approved budget is released by donors as agreed by most respondents, with a mean scale of 2.4, which indicate that respondents are not agree with the allocation of budget for project specific M&E purpose from the organization wide M&E unit budget.

4.5.2. Quality of Indicator and Data Collection Methodology

To know the extent to which NGOs are using result base monitoring and evaluation management practice using indicators as principal tool, study participants were asked to show the level of their agreement for the statements listed in the table below

Hence, respondents were asked to show their level of agreement if they had ever been using indicators to measure project results. A mean scale of 3.7 which is closer to 4 on likert of (1-5) indicates that most respondents practice measuring results using indicators.

As observed by the researcher, large projects such as RIF and Yekokeb Berhan make use of indicators to measure results at output, outcome and impact level. In some small health projects as explained by the informant, using indicators to measure project results is not a customary practice. In a related statement respondents response for using SMART indicators a mean score of 3.5 in likert scale (1-5) indicate that majority of study participants agree on the usage of SMART indicators.

Table 8 Response on Quality of Indicators

Descriptive Statistics				
Quality of indicators and data collection methodology	N	Mean	Std. Deviation	Variance
There is a trend using Indicators to measure results	33	3.7273	1.23168	1.517
SMART indicators are used to measure project results	33	3.5758	1.19975	1.439
Baseline are established for each indicators	33	3.0909	1.20840	1.460
Targets are set for each project indicators	33	3.8788	.81997	.672
Setting priority and limiting the number of indicators is acknowledged	33	3.3030	1.15879	1.343
Different level of indicators (input-output-outcome-impact) established & explicitly linked	33	3.5455	1.09233	1.193
M&E methodologies well identified and mutually integrated	33	3.3030	1.15879	1.343
Data Quality controls are implemented to minimize errors	33	3.1818	1.01411	1.028
Data collection tools are developed in consideration of project indicators	33	3.8182	1.07397	1.153
Methodologies are in place to measure Qualitative indicators	33	3.6061	.74747	.559
There is a regular formal data collection TREND at field level	33	3.6970	.68396	.468
Sources of data is mapped at operational level	33	2.8485	1.12142	1.258
There is a clear link between fields on data entry forms and summary or compilation formats to reduce transcription error	33	3.8788	.96039	.922
data collection methodologies vary according to the context in the field	33	3.4848	.87039	.758
Grand mean	33	3.4		

Source: - own survey 2017

From the table, the mean for NGOs conducting baseline data or condition is 3. This is at the middle between scales of 1 to 5 for all projects on the likert scale. This suggest that many respondents felt that conducting a baseline study is not a seldom practice in most projects. Baseline affects the effective use of monitoring and evaluation of projects in NGOs dealing with health related projects in Ethiopian civil society health forum. The standard deviation is also 1.2

which suggests there is presence of non-uniformity in response among project managers/ M&E experts in NGOs managing health projects.

In contrast, most respondents agree on their practice of setting targets for key performance indicators with the mean scale of 3.8 and with the standard deviation of 0.8 indicating that there is uniformity in the response. Meaning, most NGOs practice target setting for their project activities, in most case measurable and quantifiable targets are agreed with the project financiers.

Respondents' opinion on whether prioritizing and minimizing the number of indicator is acknowledged in their NGOs, the mean score of 3.3 indicate that most agree on the practice of prioritizing and minimizing the number of key performance indicators to minimize risks involved in goal setting.

In relation to creating logical links of indicators at different levels, a scale of 3.5 indicate that most respondents agree on the practice of setting output, outcome and impact level indicators and link and measure results .

With regard to identification of appropriate M&E methodologies and integration of the methods the mean scale of response is 3.8 which is closer to 4 indicating agreement of majority of respondents.

As seen in the table above, data quality management practice of respondents show an average response of 3.1 that is closer to 3 meaning data quality management practice is implemented on few projects only. A 2.8 mean scale of response for the level of agreement whether respondents practice mapping of data sources indicate that data source mapping is not a seldom practice for most NGOs.

Respondents' reactions for the following statement *methodologies are in place to measure qualitative indicators.*” Most agree with a scale of 3.8 which is closer to 4 meaning most have the practice to measure qualitative data.

Respondents show a positive reply for the availability of regular data collection trend & and appropriate link b/n field data collection formats and compilation forms. The mean score for both is 3.6 & 3.8 respectively which is closer to 4. Therefore, majority of the health forum members NGOs undertake data collection regularly and data is collected in integrated manner.

Table 9 response on Availability of data collection tools

	Frequency	Percent	Valid Percent
YES	18	54.5	54.5
PARTIALY	10	30.3	30.3
Valid NO	4	12.1	12.1
4.00	1	3.0	3.0
Total	33	100.0	100.0

Source: - Own survey 2017

In an effort to assess the practice of participating NGOs data collection instruments, slightly higher respondents (54.5%) agree on the presence of different data collection tools at different ladder of the organization.

4.5.3. Analysis and use of results

The study sought to explore as part of the monitoring and evaluation system, if there are a proper analysis of data and usage practices

As shown in the table below, respondent's response for the practice of having data analysis plan indicate a mean scale of 2.9 which is closer to 3, it means most respondents do not have a practice of having data analysis plan. Majority of the study participants feel that analysis and direct utilization of health data/information were left for higher levels, district level staffs and volunteer's main duty is only collecting and passing the data to the next levels. This will have a negative effect on the motivation of staffs at district level.

According to the majority of respondents with a scale of 3.8, it is a customary practice in health related projects to organize reflection sections with project stake holders. Such events are a good platform for live feedback and information dissemination. In a related issue a response for whether stakeholders are deciding on reflection sections on issues of project work a mean score of 3 indicate that stakeholders are not involved on issues of project work in most projects.

Table 10: Response on analysis and use of data

Analysis and use of data						
	N	Minimum	Maximum	Mean	Std. Deviation	Variance
There is a plan for analysis of data at different level	33	1.00	5.00	2.9394	1.24848	1.559
Different reflection events & processes are organized as part of project implementation	33	2.00	5.00	3.8788	.54530	.297
Stakeholders are involved in the reflection section as a decision maker	33	1.00	5.00	3.0606	1.24848	1.559
Finding of M&E for taking corrective measures are frequently used	33	1.00	5.00	3.5455	.97118	.943
Most of the time operational Level reports are informative and to the standard	33	2.00	5.00	3.0909	.97991	.960
there is a plan to conduct mid-term evaluation for this project	33	1.00	5.00	3.4848	1.09320	1.195
Mid-term Evaluation is externally done	33	1.00	5.00	3.5152	1.34910	1.820
Grand mean	33			3.359314		

Source: - Own survey 2017

Utilization of monitoring and evaluation information influences decision making on performance of a project. Respondents were asked whether M&E findings were used for taking corrective measures where short comings are observed. A response rate with a mean scale of 3.5 in 1-5 likert scale indicate that findings of M&E is mostly used for taking actions based on the results obtain in M&E practice.

With regard to reports quality and revealing, a response rate of 3 indicates that most of the reports from field failed to meet report standards and are not complete. Poor quality data increase the difficulty of monitoring progress and results of project activity.

A response mean rate of 3.4 in the likert scale of 1-5 for midterm evaluation practice indicate that most of the projects in this study have a plan to conduct mid-term evaluation and/or have done midterm evaluation. And as a mean scale of 3.5 indicates most agree on the practice that mid-term evaluation is conducted by external consultants.

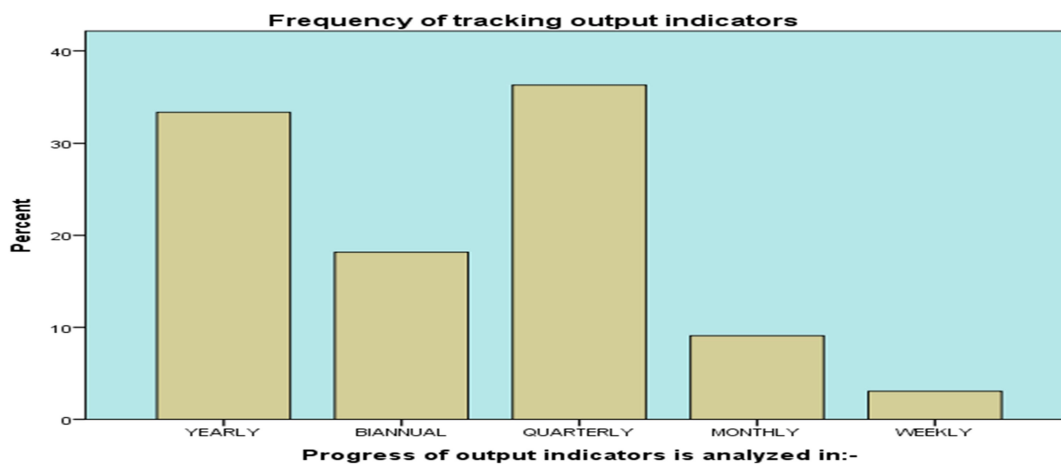


Figure 3: frequency of tracking output indicators

As shown in the bar chart above, frequency of output indicator tracking practice of most respondents show that measuring these indicators on quarterly basis is the most dominant practice accounting 34% of participating respondents. The least frequent practice is analyzing the indicators on a weekly basis. This -is an indication of absence of tracking changes on project activities as they occur. Furthermore, regular data collection ensures that timely and accurate data is captured and thus ensuring information provided is of good quality.

4.5.4. M&E Capacity Building and Data Management Practice

The study examines the practice of M&E capacity building activities in Ethiopian civil society organized under CCRDA health forum.

Hence, a mean scale of 3.5 in the likert scale for project staff training on project M&E requirement indicate that most agreed on the practice of providing trainings on M&E. However, interview informants comment on the practical applicability of most M&E trainings. Usually the trainings organized emphasis on theories & concepts rather than practical challenges and best experiences.

Table 11 Response on M&E Capacity Building & Data management practice

M&E capacity and necessities					
	N	Minimum	Maximum	Mean	Std. Deviation
Project Staff have received training or orientation on project M&E requirements	33	2.00	5.00	3.5455	.93845
Quality controls are implemented to minimize errors when data are entered into computer	33	1.00	5.00	3.0303	1.13150
Written guidance on filling in data collection tools is evident at the partner or service delivery level	33	1.00	5.00	3.1515	1.12142
There is evidence that field-level supervisors review data from field workers before it is finalized and passed on	33	2.00	5.00	3.7879	.96039
Best practice project implementation are recorded and duplicated for one or more M&E practices	33	1.00	5.00	3.9091	.87905
Computer based M&E system is in place	33	1.00	5.00	3.1212	1.53618
Historical data is properly stored, up to date and readily available	33	1.00	5.00	3.6364	.99430
Grand mean				3.454557	

Source: - Own survey 2017

A response rate of 3 for “Quality controls are implemented to minimize errors when data are entered into computers ” indicate that quality control mechanisms are employed for only a few projects.

Respondents were asked whether there is a written guidance on filling in data collection at partners or service delivery level. A mean scale of 3.1 indicate that only in a very few projects such practices are evident

The most agreed practice by most respondents is recording and duplicating best practices of project performance. This practice is agreed by most respondents with a mean scale of 3.9 which is closer to 4 in likert scale of 1-5 indicating the agreement of most participants.

The respondents were asked whether they are using computer based M&E system in their monitoring and evaluation activities. The mean response rate of 3.1 indicates that computer based M&E system in place only in a few projects. The typical project where M&E system is automated is Yekokeb Berhan HVC project. In the rest of projects reviewed in this study computer is used for storage and analysis purpose. This is evidenced by the mean scale of 3.4 which indicate that there is a majority agreement on the proper storage, update and readily availability of historical data.

Table 12 highlight of the finding on major areas of M&E

Major dimension of M&E practice	Grand mean
Organization of the M&E activities	3.14
Quality of indicators and data collection methodology	3.4
Analysis and use of data	3.3
M&E capacity and necessities	3.4

To illustrate the overall M&E practice in the health related project implementation, an attempt was made to compare the grand mean of major M&E areas. As shown in the table above, Most NGOs monitoring and evaluation organization is poorly structured as indicated in the grand mean scale of 3.1 which is closer to 3 signifying that majority of the NGOs fail to assign dedicated M&E personnel, fail to plan a comprehensive M&E plan or had scarcity of budget to allocate for M&E. Grand mean 3.3 and 3.4 for the analysis and use of data and indicator usage and M&E capacity are found to be on average closer to 3 which means in the opinion of majority of respondents, M&E practice lacks to comply the standard practice indicated in the literature.

4.5.5. Challenges in M&E practice

Table 13 Response on challenges and constraints in M&E practice

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
In most case data Reported from field staff are inconsistent and contradicting	33	1.00	5.00	3.4848	1.06423
In most of the time reports are timely submitted at head office	33	1.00	5.00	3.3030	.88335
The enabling legal environment NGOs operating promotes M&E practice	33	1.00	5.00	2.4545	1.20133
Participation of project stake holders in M&E is non-existent	33	1.00	5.00	2.4242	.90244
One of the major factor hindering M&E practice in efficient manner is lack of adequate expertise in the field	33	1.00	5.00	3.6061	1.11634
Most of the demand for information need comes from Donors and government counterparts	33	2.00	5.00	3.8485	.50752
Valid N (listwise)	33				

Source: - Own survey 2017

As seen from the table above, a mean scale of NGOs who believe that data reported from field staff are inconsistent and contradicting is 3.4 this is close to 3 on the likert scale. Therefore, it is a usual practice in some NGOs to receive inconsistent and contradicting reports. This will have a negative effect on effective use of M&E

With regard to timeliness of the data, a mean scale of 3.3 which is closer to 3 indicate that almost half of the respondents, were not agree with the timeliness of the data reached at head office.

With regard to the enabling environment NGOs working, A mean scale of 2.4 which is closer to 2 indicate that majority of respondents do not agree with the presence of enabling environment to promote M&E practice. As per the interview informants, one of the impediments for effectively conducting M&E is unable to allocate sufficient budget due to the categorization of M&E budget under 30% of administrative cost as per CSA law.

A mean response rate of 2.4 for the statement on “Participation of project stake holders in M&E is non-existent “ indicate that majority of respondents favors involvement of project stakeholders in project M&E practice. However, project beneficiaries in the development sphere do not influence decision making as observed by the researcher.

Study participants were also asked their level of agreement on the availability of M&E expertise as required, a mean score of 3.6 which is closer to 4 indicate that majority of respondents agree on the lack of adequate expertise in the area of M&E. This will negatively affect the efficient functioning of monitoring and evaluation activities.

Another major areas of challenge in which majority of respondents agree is the demand for M&E comes in most case from Donors or government counterparts rather than the organization implementing the project. Respondents agree on a mean scale of 3.8 which is closer to 4 indicating the agreement of respondents that M&E information demand comes from donors and governments. Unless organization strive to improve their capability with the lessons captured from their practice their project implementation performance will not be effective so does their monitoring and evaluation practice.

4.5.6. Key factors affecting project M&E

a. M&E Knowledge and skill gaps

Table 14: M&E knowledge & skill

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
One of the major factor hindering M&E practice in efficient manner is lack of adequate expertise in the field	33	1.00	5.00	3.6061	1.11634
Project Staff have received training or orientation on project M&E requirements	33	2.00	5.00	3.5455	.93845
Written guidance on filling in data collection tools is evident at the partner or service delivery level	33	1.00	5.00	3.1515	1.12142
Valid N (listwise)	33				

Source: - Own survey 2017

As shown in the table above, most respondents agree with a mean scale of 3.6 which is closer to 4 with the lack of adequate expertise in the field of M&E as a factor affecting M&E practice. In a related practice respondents also agree that there is no detail guidance on filling the data collection forms at field level.

b. Lack of Data Quality Management Practice

As a determinant factor affecting M&E practice participants were also asked to show their agreement level on the practice of data quality management and most agree with the practice of data quality management practice (42%), but there is a contradiction on the response as shown on the other part of questionnaires' that majority of respondents agree on their failure on mapping sources of data, which is one of the major components of data quality management practice.

c. Documentation

Among 33 respondents 24 of them agree on their practice to documenting project results, documentation of best practice and useful project achievements are very useful for evaluation as well as project design and learning

d. Involvement of Project Stakeholders

As indicated in section 4.5.3 the practice of involving stakeholders in decision making based on the M&E finding is indicated with a mean scale of 3 is low, participatory monitoring and evaluation.

Participatory monitoring and evaluation (PM&E) is a process through which stakeholders at various level engaged in monitoring or evaluating a particular project, program or policy, share control over the content, the process and the results of the monitoring and evaluation activity and engage in taking or identifying corrective actions.(Worldbank2010a)

4.5.7. Mechanisms to Overcome Challenges

Despite the challenges, as explained by interview respondents project implementers take optional measures to overcome the challenges, for the poor quality of data coming from field staff project managers and M&E experts conduct data verification either through field visit or other cross checking mechanisms. Most NGOs M&E responsibility is given for program staff to accomplish the M&E activities integrating with regular tasks to maintain 30/70 CSA law. On job training for their staff on M&E is also a seldom practice as a way to capacitate their human resources. Joining community of practice and conducting experience sharing with like-minded NGOs are also mentioned as a coping mechanism to overcome some of the challenges.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1. Introduction

This unit discusses how adequately and intensely the research finding gives answer to the research questions placed in chapter one of this study paper. This chapter also discusses whether the objects set out in the first chapter were achieved by the findings of the research in chapter four.

Therefore the subsequent sub section presents the summery of the finding under the each research questions. Then this is followed by concluding statement and recommendations.

5.2. Summary of the Findings

The findings of the study focus on providing answer for the research question as stipulated in the first chapter of this study. Therefore, the following section is presented ensuing whether the research questions are appropriately addressed by the findings

5.2.1. Practice & Coordination of the M&E system

Though, Majority of the participants agree on the presence of separate comprehensive M&E plan for the project, as observed by the researcher, and as per the informants, in most case there are no separate M&E plan. M&E plans are usually found accompanying the project plan and are not treated in detail unless the donor requires it to do so.

Practice differences among projects are evident in relation to size of project, in small projects there is no dedicated staff for M&E as well as M&E separate plan. Whereas, in big projects like Yekokeb Berhan, where multiplicity of actors are involved, each implementing partner do have their own M&E plan, M&E dedicated staff and budget. There is also well integrated data management practice using a computerized database system.

As reveled in the findings majority of the organization conducts monitoring and evaluation activities to satisfy the information need of their donors, this is due to the demand for information comes from donors or government stakeholders as agreed by most respondents. Meaning, information for learning and improvement seems less practiced. Among several

reasons to use and disseminate M&E results, improving program intervention and strengthening program institutionalization are very important aspects of M&E.

One of the fundamental M&E requirements is allocation of sufficient funds for Monitoring and evaluation activities, the finding revealed that it is only for few projects M&E budget is sufficiently allocated.

Most projects do not adequately finance their M&E activities. According to interviewed informants this is due to the 30/70 charity and society law. Which urge them to cut monitoring and evaluation costs to maintain their 30% administrative cost. The development assistant groups (DAG2014) report support the argument as follow

Article 90 of the Proclamation (621/2009) states: “Any charity or society shall allocate not less than 70 percent of the expenses in the budget year for the implementation of its purposes and an amount not exceeding 30 percent for its administrative activities”. This provision, generally known as the 30/70 rule, applies to all categories of charities and societies and is further regulated by Guideline No. 2/2003 which decrees that monitoring and evaluation expenses fall under the category of ‘administrative expenses’. As a result of this Guideline, ChSOs have been forced to minimize expenditure on monitoring and evaluation (M&E) in order to reduce their administration to 30% or less of total costs. M&E expenditure is not the only cost which ChSOs believe have been wrongly classified as administration; other activities such as capacity building, transport, staff salaries and various forms of training also fall within this category

In general, the M&E organization and coordination practice of NGOs under this study vary considerably, those managing big projects are relatively have well organized all inclusive M&E plan, dedicated staff and sufficient budget. However, in small projects M&E plan is not separately prepared, M&E activities are given for project implementers as their additional role and in some projects M&E activities are considered as only inspection or audit.

5.2.2. How do Organizations Practice Results Base M&E?

The results on usage of key performance indicators as a tool to measure project results show that majority of respondents 72.7% agree on the usage of indicator. This is an indication of a shift from conventional activity and input based M&E towards result based M&E management in most NGOs. To see how best the indicators for M&E practice is in place study participants also

show a positive result for the usage of SMART indicators as well as indicators at different result levels (output, outcome and Impact).

The study reveals that most NGOs practice of establishing indicator baseline is weak 66% of respondents are indifferent for practice of establishing baseline for key performance indicators. Baseline serves as a bench mark for all future activities of the project. However, most respondents agree (81.8%) on indicator target setting practice. If we do not use baselines to measure success, we set ourselves up for failure by creating unrealistic expectations of quick fixes. Robert D.Behn(2013)

The finding also uncovers the usage of qualitative indicator by most respondents to measure contextual variables, 90% respondents agree with the usage of qualitative indicators.

In conclusion, the finding of the study indicates that there are some similarity with respect to using indicators to measure results, however, quality of indicators in terms of number, standardization, integrity and level varies from project to project in the studied organizations. In some projects there are standard indicators, which ensure consistency of data across the project ladder and common understanding & coordination is seen among implementing partners.

5.2.3. M&E Analysis and use of Results

In this study respondents were asked how well their practice was aligned with the standard procedure for data analysis and reporting

The study reveal that majority of respondents do not have data analysis plan with a mean scale of 2.9, and the most commonly applied analysis method is found to be plan verses achievement. Involvement of project stakeholders in monitoring and evaluating project progress is practiced in most organization as agreed by 93% of respondents. However, project beneficiaries are not influence decision making as indicated by majority of respondents. The study also identified that in some projects data were analyzed at the top or central project coordination level, this practice influence the motivation of staff at lower level and affect the sustainability of the project.

With regard to reporting and data quality the finding shows that most of the time the reports are poor and below the standard, interviewed informant's reasons that this is because of high turnover of capable staffs and work burden load on field staff.

5.2.4. Challenges & Constraints in M&E practice

Using the survey guide and interview respondents were asked to rate and identify the major challenges in monitoring and evaluation. Majority of respondents of the survey show agreement for the following major challenges

- Projects come across through data inconsistency and contradiction from field , 39% disagree and 30% neutral
- Timeliness of reports 51.1% are unsure
- One of the challenges most respondents agree with 66.7% is the charity and society law of 30/70 which categorize M&E cost as admin is hindering the effectiveness of M&E system
- Lack of adequate expertise in the required number is another challenge cited by interview informants and agreed by majority of survey respondents

5.2.5. Key Factors that Affect M&E practice

Finding on the study participant's opinion on the following key factors that may affect the M&E system show that:-

- Majority of respondents agree that Knowledge and skill of M&E affects effective functioning of the M&E system.
- Interview informants also agree as data Quality management practice and Monitoring and evaluation budget are key factors affecting the M&E practices
- Documentation and technology are also identified as a key factor affecting the M&E system establishment as well as practice

5.3. CONCLUSION

From the finding of the study we could deduce that there is variability among projects M&E system organization, those with big funds for M&E tends to be more organized in terms of staffing, role clarity and standardization of the indicators. Regarding accountability, there is a consensus among all the NGOs on the driver of accountability to donors. As indicated by majority of respondents, still donor compel NGOs to collect the information, improve quality of services provided, integrate beneficiaries and enhance capacity building. Despite being donor driven, the literature reviewed and interview findings proved most of the organizations primarily view M&E as a pressure and burden imposed by donors

The finding also reveals that most NGOs practice result base monitoring and evaluation using indicators as a tool. However, usage of the result base monitoring and evaluation practice using SMART indicator, establishing baseline and application of data quality management practice is limited even in a large well-funded and established NGOs having more resources, capabilities and experiences which enables them to embrace M&E.

The finding also reached the obstacles that health project implementing NGOs encounter when they conduct M&E which includes: Inconsistent and contradicting report, falling of M&E cost under admin cost category, and lack of adequate M&E expertise.

Finally, the finding of the research also highlights the fact that there is not much involvement of beneficiaries in a meaning full way, where they can influence decision making.

5.4. RECOMMENDATION

First, this study was very limited in terms of scope and time; whilst it presents a glimpse of the issue a more in depth analysis would be highly beneficial.

However, in light of the above conclusion, the researcher makes the following recommendation to address the key challenges identified by findings:-

Most M&E plans generally need a more systematic, structured and comprehensive approach to the collecting, reporting and analysis of data, including assigning responsibility. It would be relevant to seek the experience of well performing NGOs both national and International. Moreover, M&E system that involve intended users are a powerful tool to improve performance and ensure the existence of mechanisms to incorporate feedback from beneficiaries, respond for concerns raised by clients.

M&E needs to have clear consequences and incentives in order to function well at different levels; grass root level project implementers need to be empowered to make use of M&E findings for decision making at lower level. M&E also needs to allow for time and room for learning

Although, there is variability in utilizing result base monitoring and evaluation among the NGOs generally the following are less practiced in most NGOs and need further emphasis:

- Establishing baseline: - As indicated in the finding most NGOs implementing health care projects fail to establish indicators. Baseline provide information before a program/project begins and later to compare for assessing the net effect of the program
- Using SMART and standard indicator: One of the much talked but less implemented M&E activity is setting SMART indicators.
- Data quality management practice:- to ensure the accuracy , timeliness, relevance, reliability and precision of the data NGOs need to improve their practice in DQL
- As shown in the finding atomization of the M&E system and application of the technology in M&E is at infant stage. Therefore, as seen in some projects a move to technology assisted M&E practice is prudent.

And finally the M&E trainings most widely provided in the NGO sector emphasis on the theoretical concepts and lack practicability except in some occasions.

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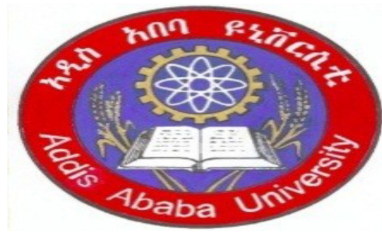
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Appendices 1: Questionnaires for survey



**ADDIS ABABA UNIVERSITY
SCHOOL OF COMMERCE
GRADUATE PROGRAM IN PROJECT MANAGEMENT
QUATIONNAIRE FOR SURVEY**

**TITLE OF THE THESIS “Practices and Challenges of Monitoring and Evaluation in
primary/public health projects”**

Dear Participant,

We would like to extend our deep appreciation to your institution and the staff for the willingness and cooperation in undertaking this valuable research. We ask your kind cooperation in answering the questions as truthfully and as completely as possible. The questionnaire should take approximately 15-20 minutes to complete. We value your honest and detailed responses. Be assured that all answers you provide will be kept in the strictest confidentiality. For further questions pertaining to this project, please contact Addis Ababa University, School of Commerce Department of Project Management.

Thank you for your assistance.

By: Yohannes Lemma

Email: - Yonilemma27@gmail.com

Advisor: Solomon Markos (PhD)

Part I. Background Information

PART1A. Organization Type:

1. ☐ National
2. ☐ International

Name of the organization _____

Please select one **health related project** completed or ongoing which you are very familiar and provide us basic information for subsequent questions

Title of the health related project for review _____

Total Project Budget _____

Part 1B. Project duration:

1. ☐ 1-5yrs
2. ☐ 6-10yrs
3. ☐ 10+

Part 1C. Number of project staff

1. ☐ 1-5yrs
2. ☐ 6-10yrs
3. ☐ 11+

Part 1D. Respondents Job position

1. ☐ M&E officer
2. ☐ Project Mgr.
3. ☐ Project officer
4. ☐ Other

Part 1E. Work experience:

1. ☐ 1-5yr
2. ☐ 6-10yrs
3. ☐ 11-15yrs
4. ☐ 15+

Part 1F. Educational level:

- | | |
|-------------------------------------|-------------------------------------|
| 1. ☐ Diploma | 3. ☐ Masters |
| 2. ☐ Degree | 4. ☐ PhD |

Part II. This part deals with Overall assessment of the M&E practice

Instructions: Please carefully read each of the following statements and respond by ticking ☒ the response box that best reflects your project M&E practice. Please be completely open and honest in your responses. Take as long as you need, but do not linger over any statement. Please answer all the questions to enhance the objectivity of the research.

A. Organization of the M&E system

S/ N	Assessment statement/ questions	Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)
1	There is a comprehensive separate M&E project plan, indicating what, why, how of M&E					
2	There is a dedicated staff for M&E in the project under consideration					
3	The purpose of your M&E plan is directed towards upward accountability (Accountability for donors)					
4	The purpose of your M&E is directed towards down ward accountability (Results of M&E activities are used for internal purpose & learning)					
5	The difference and relationship between Monitoring and Evaluation is clearly spelled out in the M&E guide /plan					
6	Reporting is made in an explicit and consistent way					
7	There is a link between project M&E and organizational wide M&E					
8	There is a frequent update and change in the M&E system / plan for improvement					
9	The demand for improvement of M&E system come from project donors					
10	There is a clearly defined distribution of role for M&E.					

11	There is sufficient budget allocated for project specific M&E					
1 2	Financial capacity for project specific M&E is allocated from organizational wide budget line					
1 3	Project/ program decision making process make use of M&E finding					
1 4	In financial terms, What portion of the total project/ budget allocated to Monitoring and Evaluation? _____ _____ _____					

B. Quality of Indicator and data collection methodology

S/ N	Assessment statement /questions	Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)
1	There is a trend using Indicators to measure results					
2	SMART indicators are used to measure project results					
3	Baseline are established for each indicators					
4	Targets are set for each project indicators					
5	Setting priority and limiting the number of indicators is acknowledged					
6	Different level of indicators (input-output-outcome-impact) established & explicitly linked					
7	M&E methodologies well identified and mutually integrated					
8	Data Quality controls are implemented to minimize errors					
9	Data collection tools are developed in consideration of project indicators					
10	Methodologies are in place to measure					

	Qualitative indicators					
11	There is a regular formal data collection TREND at field level					
12	Sources of data is mapped at operational level					
13	There is a clear link between fields on data entry forms and summary or compilation formats to reduce transcription error					
14	data collection methodologies vary according to the context in the field					
15	There are standard data collections tools at different level	1. Yes 2. Partially 3. No				
16	What is the data disaggregation parameter frequently used?	1. Sex 2. Age 3. Vulnerability 4. Other (specify)_____				

C. Analysis and use of results (M&E products)

S/N	Assessment questions	Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)
1	There is a plan for analysis of data at different level					
2	Different reflection events & processes are organized as part of project implementation					
3	Stakeholders are involved in the reflection section as a decision maker					
4	Finding of M&E for taking corrective measures are frequently used					
5	Most of the time operational Level reports are informative and to the standard					
6	there is a plan to conduct mid-term evaluation for this project					
7	Mid-term Evaluation is externally done					

8	Progress of output indicators is analyzed in:-	1. Weekly basis 2. monthly schedule 3. Yearly basis 4. Biannually
9. What is the frequently used data analysis method in the project? 		

D. M&E Capacities and Necessities

S/ N	Assessment statement /questions	Strongly disagree (1)	Disag ree (2)	Neutral (3)	Agree (4)	Strongly agree (5)
1	Project Staff have received training or orientation on project M&E requirements					
2	Quality controls are implemented to minimize errors when data are entered into computer					
3	Written guidance on filling in data collection tools is evident at the partner or service delivery level					
4	There is evidence that field-level supervisors review data from field workers before it is finalized and passed on					
5	Best practice project implementation are recorded and duplicated for one or more M&E practices					
6	Computer based M&E system is in place					
7	Historical data is properly stored, up to date and readily available					
8	Evaluation activities are explicitly outlined in the M&E plan					
9	Evaluation designs are adequately outlined in the evaluation protocol					

E. Challenges in M&E practice

S/N	Assessment statement /question	Strongly disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly agree 5
1	Data Reported from field staff are consistent and accurate					
2	In most of the time reports are timely submitted at head office					
3	The enabling legal environment NGOs operating promotes M&E practice					
4	Sometimes it is difficult to compromise donors M&E needs with local laws					
5	Participation of project stake holders in M&E is non-existent					
6	One of the major factor hindering M&E practice in efficient manner is lack of adequate expertise in the field					
7	Most of the demand for information need comes from Donors and government counterparts					
8	What do you think is the reason for lack of commitment for staffs at grass root level for capturing detail information? _____ _____					

Appendices 2: Interview Questions

Checklist for Interview

1. Do the organizations have a goal and results based programming practice?
2. Are the monitoring systems results oriented?
3. Do the organizations have an M&E system and does it satisfies own information needs?
4. Is there a systematic approach to evaluation and can best practices be identified?
5. What do the organizations use the Monitoring and evaluations for?
6. Is there a need for thematic exchange of experience and can evaluations are a tool in this regard?
7. How is M&E financed and budgeted?
8. How do you ensure the quality of data collection
9. What are the key factors that affect M&E practice and the system as a whole and the coping mechanism to overcome the challenges?