



ADDIS ABABA UNIVERSITY
SCHOOL OF COMMERCE
GRADUATE PROGRAM MA IN PROJECT MANAGEMENT

**MONITORING AND EVALUATION PRACTICES AND
CHALLENGES OF LOCAL NGOs: IMPLEMENTING NON-
COMMUNICABLE DISEASE PROJECTS IN ADDIS ABABA**

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Advisor: Teklegiorgis Assefa (Asst. Professor)

**Research project as impartial fulfillment of the requirements for the
award of the degree of Masters of Project Management**

June, 2017

Addis Ababa, Ethiopia

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**A Research project submitted to Ababa University School of Commerce
Graduate Program as in Partial Fulfillment of the Requirements for the
Degree of Master of Arts in Project Management**

**June, 2017
Addis Ababa, Ethiopia**

Statement of Declaration

I, Azmach Tsegaye, have carried out independently a research project on the topic entitled “Monitoring and evaluation practices and challenges of local NGOs implementing non-communicable disease projects in Addis Abba” in partial fulfillment of the requirement for the Degree of Masters of art in Project Management with the guidance and support of the research advisor Teklegiorgis Assefa (Assist. Professor)

This study is my own work that has not been submitted for any Degree or Master program in this or any other institutions.

Azmach Tsegaye

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Date _____

Addis Ababa, Ethiopia

Statement of Certification

This is to certify that Azmach Tsegaye has carried out this research project on the topic entitled “Monitoring and evaluation practices and challenges of local NGOs implementing non-communicable disease projects in Addis Abba” under my supervision. This work is original in nature and it is sufficient for submission for the partial fulfillment for the award of Degree of Masters of Art in Project and Management.

Teklegiorgis Assefa (Assist. Professor)

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Addis Ababa, Ethiopia



ADDIS ABABA UNIVERSITY SCHOOL OF COMMERCE

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Acronyms/Abbreviations

CENCDA – Consortium of Ethiopian Non Communicable Disease Associations

CINDI – Countrywide Integrated Non-communicable Disease Intervention

CSO – Civil Societies Organization

IFRC- International Federation of Red Cross Society

FCSA – Federal Charities and Societies Agency

FMoH – Federal Ministry of Health

HIV/AIDS – Human Immune Virus / Acquired Immune Deficiency Syndrome

M & E – Monitoring and Evaluation

MDGs – Millennium Development Goals

MoFED – Ministry of Finance and Economic Development

NCDI – Non Communicable Diseases and Injuries

NCDs – Non Communicable Diseases

NGO – Non Governmental Organization

PFSA – Pharmaceutical Funds and Supplies Agency

TB – Tuberculosis

UNDP – United Nation Development Program

USAID – United States Agency International Development

WHO – World Health Organization

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Abstract

The purpose of this research is to examine monitoring and evaluation experiences and challenges of local NGOs implementing NCDs projects and also to assess policy structures where the organizations operating. This study was conducted on selected associations implementing NCDs projects in Addis Ababa namely: Ethiopian Diabetes Association, Ethiopian Cancer Association and Mathewos Wendu YeEthiopia Cancer Society. The research purposefully takes the whole population of local NGOs and their project staffs implementing major NCDs projects in Addis Ababa for the past five years. Both primary and secondary data are collected to achieve the intended research objectives. Data collected using both quantitative and qualitative methods. Specifically questioners, semi-structured interviews to key informants and document analysis were employed as instruments of data collection. The respondents were all project management staffs of the selected local NGOs. Questionnaires were distributed to three organizations of 15 employees working as a project staffs. Data were analyzed using SPSS and interpreted in percentage, mean and standard deviations. The findings of this study revealed that: awareness projects are the most common thematic area and more than 75% of their projects are donor dependent. The findings also shows that there is an absence of written M&E plan, M&E training and the organizations conduct M&E by involving external parties from government officials but only during summation evaluation. The research findings shows that there is no organized M&E system which enable appropriate and firm input in decision making. Generally in these particular organizations implementing NCDs projects, M&E practices were not done effectively. Lack of fund on NCDs intervention is the number one challenge they face. Policy structures globally as well as locally need a paradigm shift to support NCDs interventions. Internally organizations also need to show a commitment to improve M&E practices through: establishing qualified M&E team, providing M&E training, minimizing donor dependency and building local capacity through IGA, consistent local fundraising activity as well as introducing a very little cost sharing scheme for the services provided are important to reduce the challenges of donor dependency.

Key Words: Project Monitoring and evaluation, Non-communicable disease

Chapter 1: Introduction

1.1 Introduction

This chapter presents the background to the research problem. It then situates and articulates the research problem. It then highlights the research objectives and questions. The chapter also defines the scope and conceptual frameworks of the study, benefits and some of the key terms used. It then presents summary of the other chapters that make up the thesis report.

1.2 Background of the study

Major non-communicable diseases (NCDs) are reaching epidemic proportions worldwide. These diseases such as: Cardiovascular conditions (mainly heart disease and stroke), Cancers, Chronic respiratory conditions and Diabetes affect people of all ages, nationalities and classes. The conditions cause the greatest global share of death and disability, accounting for around 60% of all deaths worldwide. Some 80% of chronic-disease deaths occur in low- and middle-income countries. They account for 44% of premature deaths worldwide (Nature, 2007).

Africa, home to 54 low- and middle-income countries, is expected to have the world's largest increase in NCD deaths over the next decade. This will impose a significant burden to the continent, which is also projected to see its population double within the next generation. In sub Saharan Africa, NCDs are projected to be the leading cause of death by 2030 (Population Reference Bureau , 2015)

Ethiopia with more than 91 million total populations NCDs are estimated to account for 30% of total deaths (WHO, 2014). In total, 32 studies were found, and half of these studies were from Addis Ababa. Two hospital-based studies reviewed the prevalence of cardiovascular disease and found a prevalence of 7.2% and 24%. Several studies reviewed the impact of these diseases on mortality: cardiovascular disease accounts for 24% of deaths in Addis Ababa, cancer causes 10% of deaths in the urban settings and 2% deaths in rural setting, and diabetes causes 5% and chronic obstructive pulmonary disease causes 3% of deaths (Aweke Misganaw, 2014). Overall, the major non-communicable diseases and related risk factors are highly prevalent, and evidence-based

interventions should be designed by major stakeholders such as: Governmental and Non-Governmental organizations.

Despite the burden of NCDs appropriate attention from key actors were not given. “Ethiopian total health expenditure as percentage of GDP is 4.73% which is far from the Abuja declaration of 15%. Expenditure for health remain low with per-capita health expenditure of 28.65\$ which is less than half of the globally recommended 60\$ for low income countries. Health care is mainly financed by aid (36%), followed by out of patient expenditure (33%) and government expenditure (30%). More than 40% of health expenditure goes to communicable disease such as HIV/AIDS, TB, Malaria, while NCDs accounted for 8.4% of the total national expenditure respectively. The essential health care package, the mechanism in use to prioritize health care services, classified NCDs as least priorities and was not revised since its introduction in 2013. Generally NCDs do not appear as one the major priority areas at national level. Even when they do they lack adequate funding from both internal and external sources. There is a wide prevailing misconception among policy makers, providers and the community that NCDs are disease of the “affluent” and old age while evidence indicates otherwise” (NCDI Poverty Commission, Unpublished Report, 2017).

The birth or history of NGOs in the global context dates backs to decades before, where the first non-government and community-based institution have passed through various forms and stages and under various names. In the context of Ethiopia the earliest organization that can be defined as NGOs were traditional formal and semi- formal self- help systems and associations, known as idir and iqub, that existed for centuries before they developed into their present day formal and legal structure. The first NGOs that were established in the country were the Ethiopian Red Cross Society and the Swedish Save the Children. Following the famine of 1973 and later in early 1980s, the number of NGOs increased. Currently more than three-thousand NGOs are reported to be operating in Ethiopia in more than thirty sectors including health projects, and playing significant and growing roles in the country’s development efforts. As highlighted by various reports, the degree of volume of NGOs contributions has been showing a significant increase both in terms of number of intervention areas and target group populations reached. NGOs in Ethiopia have generated close to 12 billion birr in the year 2011 alone (CCRDA, 2015).

“Local Nongovernmental organizations were supposed to be people-centered and participatory in their approach, and their projects built on partnerships. Yet studies of NGO/CSO performance gave rise to increasing skepticism about their assumed comparative advantages. Fragmented

evaluations and progress reports often show that short-term project objectives have been achieved with positive, but often scattered micro-results. The literature draws attention to problems relating to monitoring, and evaluation. Efforts to assess accurately the impact of discrete projects have often been hindered by the cumulative effect of a number of common weaknesses, including: lack of clarity concerning the precise objectives of projects and how they might best be assessed; poor or non-existent base-line data; inadequate monitoring and project completion reports; the low priority given to assessment and the related problems of inadequate in-house skills” (Huluka, 2014).

Achieving the financial stability required to consistently implementing quality projects and activities, and to serve as advocates for the interests of constituents, is the major challenge facing NGOs in Ethiopia. A small cluster of groups—mostly Orthodox Church affiliates, plus a few other religious NGOs operate independently of external donors (World Bank, 2000). However, for some reasons, NGOs’ efforts and contributions, by and large, have remained unacknowledged. There have been accusations labeled against NGOs of squandering of resources with little impact on the ground, as being representatives of foreign nations with political agendas. This has eventually led to growing distrust and feelings of despair among NGOs and the very population section primarily intended to benefit from their activities (CCRDA, 2015). To clarify the doubt among different circumstances conducting project M & E plays an important role. Many scholars across a variety of disciplines recognize good project management goes beyond implementation – effective project management is integrally linked to well-designed monitoring and evaluation (M&E) systems.

The growing demand for organizations to improve project outcome has increased the uptake of Monitoring and Evaluation. The term Monitoring and Evaluation started being used in the mid-20th century (Petter, 1982). Since then Monitoring and Evaluation has taken on a center stage in organizational project development. It provides an organization with a powerful tool that improves effectiveness in resource utilization during implementation of programs and execution of development activities. There is an increased demand for results from donor funded projects in the 21st century (Kimweli J. M., 2013).

There is also need to determine whether the set objectives were achieved and extent of achievement of the same plus capture any lessons learned from the implementation of the projects to aid future projects. This is a function of project evaluation. There is need to determine whether the resources provided by the donors are being used efficiently and effectively, whether the

projects are within schedule and to determine any problems that may be hampering the implementation. Determination of efficient management of resources is a factor of project monitoring (Mark, 2007).

The subsequent sub sections expound on the statement of the problem, objectives of the research and the contextual definition of terms used in this study.

1.3 Statement of the Problem

Despite the challenges of NCDs in developing country like ours, several reports shows comparable program does not exist for NCDs, which could potentially save millions of people from death, disability and poverty. According to available data commitments in 2007 were over USD 22 billion, but the contribution to NCDs prevention and control was minimal Donors also being criticized for skewing priorities away from needs (WDF, 20120). Within those major limitations, resources are highly required to conduct monitoring and evaluation of projects implemented by local NGOs. Those resources should be utilized appropriately and efficiently to the intended purpose. One of the strategic objectives of the health regulatory body under FMOH is “Improving effective utilization of resources” The public should get appropriate health service and health products that meet the required standard of quality and safety (FMOH, 2015).

Mobilizing and utilizing resources effectively is becoming crucial for Ethiopian charitable organizations, particularly for those organizations which are registered as Ethiopian and required to raise their income from local sources (CSA, 2011).

Available literature reveal that most local NGOs did not have adequately designed plans, neither they allocate sufficient resource for its implementation nor sufficiently conduct need assessments prior to project implementations. Most of the aspects necessary for monitoring and evaluation are not incorporated in the plans as well (Huluka, 2014).

Involving stakeholders is a prerequisite for the success of any project. The role of community involvement to effective monitoring and evaluation is also undeniable. The FMOH report also suggests stakeholders’ involvement improves community regulatory ownership (FMOH, 2015).

The government of Ethiopia through Federal charities and societies agency has passed proclamation 621/2009. Article 88 of proclamation 621/2009 states that, “Any charity or society shall allocate not less than 70 percent of the expenses in the budget year for the implementation of its purposes (program Costs) and an amount not exceeding 30 percent for its administrative activities”. Many reports shows that the 70/30 threshold of NGOs program and Administration costs considered as a challenge particularly to local NGOs which are expected to cover their administration including M&E costs limited within 30 percent of the total yearly expenditure. To harmonize with this government policy Local NGOs urged to minimize or cut their M&E budgets. Federal Charities and Societies Agency has canceled licenses’ of ten local nongovernmental organizations in the 1st half of 2006 E.C due to the fact that these local nongovernmental organizations run their projects with none or loose monitoring and evaluations (Huluka, 2014).

Prior studies on M&E of local NGOs prevail that a number of challenges are observed, but to the researchers knowledge no any prior distinctive study was conducted on M&E practices and associated challenges of NCDs projects in Ethiopia. It is crystal clear that resources are limited to NCDs projects especially in developing country disdain the fact that our people are suffering by these diseases. Whether resources are limited or not conducting M&E is very important. Even though charities and societies law (proclamation 621/2009), article 88 criticized by its 30/70 rule of cost allocation, which limits NGOs not to spend more than 30% out of their annual expenditure for project administration purpose, which is assumed by most local NGOs the 30% of administration cost threshold didn’t consider local NGOs conducting projects with limited budget, but the reality is these local NGOs should abide by the government policy framework. In turn, the government believes that the public should get appropriate health service and health products that meet the required standard of quality and safety.

Therefore the central argument of the researcher is to examine the M&E practices and challenges of local NGOs implementing NCD projects in Addis Ababa.

1.4 Research Questions

1. How and to what extent are monitoring and evaluations of projects practiced in local NGOs working on NCDs Projects in Addis Ababa?
2. What policy procedures & structures are in place to facilitate monitoring and evaluation of NCDs projects implemented by local NGO's in Addis Ababa?
3. What major challenges do local NGO's encountered while monitoring and evaluating their projects?
4. What are the coping mechanisms local NGOs adopt to overcome challenges they face in relation with monitoring and evaluation?

1.5 Objectives of the study

1.5.1 General Objective

The general objective this study is to examine Monitoring and Evaluation experiences and challenges of Local NGOs implementing NCDs Projects in Addis Ababa.

1.5.2 Specific Objectives

1. To assess NCDs projects monitoring & evaluation practices in Addis Ababa.
2. Identify challenges of local NGOs encountered in the process of monitoring and evaluating projects.
3. To assess possible policy structures to facilitate M&E practices of local NGOs implementing NCDs projects.
4. To determine coping mechanisms local NGOs adapt to overcome challenges related with monitoring and evaluation.

1.6 Significance of the study

1. Findings of the research will be provided to NCD consortium office, Ethiopian Diabetes Association, Mathewos Wendu YeEthiopia Cancer Society and Ethiopian Cancer Society to assist them in understanding the monitoring and evaluation aspect of project management of NCDs projects.
2. Thesis findings would assist them design interventions to help them improve their project monitoring and evaluation. The findings will also help the NCD consortium to share best practices within its member organizations.
3. The findings will also provide to the individual Local NGOs to improve the monitoring and evaluation of their projects they implement hopefully with the benefit of improving the performance of the projects and their accountability to the stakeholders in terms of resource use and impact of the projects they implement.
4. The findings also helpful to regulatory government organizations such as: Federal Ministry of health, Federal Charities and Societies Agency and Bureau of Finance and Economic Development.
5. It could be used as a reference by other concerned body.

1.7 Operational Definition

This section presents the definition the key terms used in the study. The terms are defined within the context of the research study.

❖ NCDs

Non-communicable diseases (NCDs), also known as chronic diseases, are not passed from person to person. They are of long duration and generally slow progression. The 4 main types of non-communicable diseases are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes (WHO, 2015).

❖ **Local NGOs**

The reference to NGOs in this study implies, social services rendering and development promoting non-governmental and non-profit initiative outside the framework of commercial enterprise (UNECA, 2007)

❖ **Effective Monitoring and Evaluation**

Assessment of how effectively monitoring and evaluation of a project is carried out in the context of this research is the measure of how the monitoring and evaluation practices compare with the best practices that are defined in the literature review as justified by practice and research. After defining the key terms, the next section presents the way the rest of the dissertation report is structured and a summary of the other chapters constituting the rest of the report.

1.8 Organization of the Paper

The study is organized and presented in five chapters. Chapters 1, 2 and 3 consist of Introduction, Review of Literature and Research Methodology respectively. The Presentation and Analysis of the data will be presented in Chapter 4 while the last chapter (chapter 5) will contain the Summary, Conclusions and Recommendations.

1.9 Scope of the study

This study is delimited to major NCDs projects implemented by local NGOs in Addis Ababa. According to WHO classification major NCDs are Cancer, Diabetes and Cardiovascular diseases. To have a common ground on the study, the researcher focus is on associations implementing NCDs projects such as: Ethiopian Diabetes Association, Ethiopian Cancer Association and Mathewos Wendu YeEthiopia Cancer Society.

Chapter 2: Literature Review

This chapter presents the related literature on the study. The chapter is presented under the following sections:

2.1 Monitoring and Evaluation

According to Gudda (2011), Monitoring and evaluation are intimately related. Both are necessary management tools to inform decision-making and demonstrate accountability. They are mutually supportive and equally important. Monitoring data is essential for successful evaluation. Evaluation also supports monitoring as a source of lessons that can be applied in the development of conceptual or methodological innovations for use in refining the monitoring function.

Monitoring can be defined as the ongoing process by which stakeholders obtain regular feedback on the progress being made towards achieving their goals and objectives while evaluation is a rigorous and independent assessment of either completed or ongoing activities to determine the extent to which they are achieving stated objectives and contributing to decision making (Kiruja, 2015).

Monitoring and evaluation is conducted for several purposes namely to learn what works and does not; to make informed decisions regarding programme operations and service delivery based on objective data; to ensure effective and efficient use of resources; to track progress of programmes; to assess extent the programme is having its desired impact; to create transparency and foster public trust; to understand support and meet donor needs; and to create institutional memory (Charles G. Kamau, 2015).

According to UNDP (2009), monitoring focuses on the implementation process and asks the key question how well is the program being implemented while evaluation analyses the implementation process. Evaluation measures how well program activities have met objectives, examines extent to which outcomes can be attributed to project objectives and describes quality and effectiveness of program by documenting impact on participants and community. Monitoring generates periodic reports throughout the program cycle, focuses on project outputs for monitoring

progress and making appropriate corrections, highlights areas for improvement for staff and tracks financial costs against budget (UNDP, 2009).

Different authors have defined monitoring and evaluation in a different way, there are some intersections and divergence between the operative definitions. The researcher highlighted those definitions below:

2.1.1 Monitoring

Monitoring can be defined as the ongoing process by which stakeholders obtain regular feedback on the progress being made towards achieving their goals and objectives (UNDP, 2009).

Monitoring is the art of collecting the necessary information with minimum effort in order to make a steering decision at the right time (Gudda, 2011).

Monitoring is a continuous function that uses the systematic collection of data on specified indicators to provide management and the main stakeholders of an ongoing development intervention with indications of the extent of progress and achievement of objectives and progress in the use of allocated funds (Kimweli J. M., 2013).

From those definitions the researcher understands monitoring is an activity deals about obtaining appropriate, timely and relevant data which able to signify whether the project is on the planned track or not.

2.1.2 Evaluation

Evaluation is a rigorous and independent assessment of either completed or ongoing activities to determine the extent to which they are achieving stated objectives and contributing to decision making (UNDP, 2009).

Evaluation is undertaken selectively to answer specific question to guide decision-makers and to provide information on whether underlying theories and assumptions used in program development were valid, what worked and what did not work and why (Gudda, 2011).

The key distinction between the two is that evaluations are done independently to provide managers and staff with an objective assessment of whether or not they are on track. They are also

more rigorous in their procedures, design and methodology, and generally involve more extensive analysis. However, the aims of both monitoring and evaluation are very similar: to provide information that can help inform decisions, improve performance and achieve planned results. (UNDP, 2009). Evaluation is the systematic and objective assessment of an ongoing or completed project, program, or policy, including its design, implementation, and results. The aim is to determine the relevance and fulfillment of objectives, development efficiency, effectiveness, impact, and sustainability (Kimweli J. M., 2013).

2.2 Types of Monitoring and Evaluation

2.2.1 Common Types of Monitoring

According to International Federation of Red Cross Society Project/Programme monitoring and evaluation guide (2011) monitoring is classified as:

Results monitoring- tracks effects and impacts. This is where monitoring merges with evaluation to determine if the project/programme is on target towards its intended results (outputs, outcomes, impact) and whether there may be any unintended impact (positive or negative).

Process (activity) monitoring- tracks the use of inputs and resources, the progress of activities and the delivery of outputs. It examines how activities are delivered – the efficiency in time and resources. It is often conducted in conjunction with compliance monitoring and feeds into the evaluation of impact.

Compliance monitoring- ensures compliance with donor regulations and expected results, grant and contract requirements, local governmental regulations and laws, and ethical standards.

Context (situation) monitoring- tracks the setting in which the project/programme operates, especially as it affects identified risks and assumptions, but also any unexpected considerations that may arise. It includes the field as well as the larger political, institutional, funding, and policy context that affect the project/programme.

Beneficiary monitoring- tracks beneficiary perceptions of a project/programme. It includes beneficiary satisfaction or complaints with the project/programme, including their participation, treatment, access to resources and their overall experience of change. Sometimes referred to as beneficiary contact monitoring (BCM), it often includes a stakeholder complaints and feedback mechanism. It should take account of different population groups, as well as the perceptions of indirect beneficiaries (e.g. community members not directly receiving a good or service).

Financial monitoring- accounts for costs by input and activity within predefined categories of expenditure. It is often conducted in conjunction with compliance and process monitoring.

Organizational monitoring- tracks the sustainability, institutional development and capacity building in the project/programme and with its partners. It is often done in conjunction with the monitoring processes of the larger, implementing organization.

2.2.2 Types of Evaluation

Table 1: Types of Evaluation

According to evaluation timing	According to who conducts the evaluation	According to evaluation technicality or methodology
<ul style="list-style-type: none"> • Formative evaluations occur during project/programme implementation to improve performance and assess compliance. • Summative evaluations occur at the end of project/programme implementation to assess effectiveness and impact. • Midterm evaluations are formative in purpose and occur midway through implementation. 	<ul style="list-style-type: none"> • Internal or self-evaluations are conducted by those responsible for implementing a project/programme. They can be less expensive than external evaluations and help build staff capacity and ownership. • External or independent evaluations are conducted by evaluator(s) outside of the implementing team, lending it a degree of objectivity and often 	<ul style="list-style-type: none"> • Real-time evaluations (RTEs) are undertaken during project/programme implementation to provide immediate feedback for modifications to improve ongoing implementation. Emphasis is on immediate lesson learning over impact evaluation or accountability. • Meta-evaluations are used to assess the evaluation process itself. Some key uses of meta-evaluations include: take inventory of evaluations to inform the selection of future evaluations; combine

<ul style="list-style-type: none"> • Final evaluations are summative in purpose and are conducted (often externally) at the completion of project/ programme implementation to assess how well the project/ programme achieved its intended objectives. • Ex-post evaluations are conducted sometime after implementation to assess long-term impact and sustainability. 	<p>technical expertise. These tend to focus on accountability.</p> <ul style="list-style-type: none"> • Participatory evaluations are conducted with the beneficiaries and other key stakeholders, and can be empowering, building their capacity, ownership and support. • Joint evaluations are conducted collaboratively by more than one implementing partner, and can help build consensus at different levels, credibility and joint support. 	<p>evaluation results; check compliance with evaluation policy and good practices, etc.</p> <ul style="list-style-type: none"> • Thematic evaluations focus on one theme, such as gender or environment, typically across a number of projects, programmes or the whole organization. • Cluster/sector evaluations focus on a set of related activities, projects or programmes, typically across sites and implemented by multiple organizations. • Impact evaluations focus on the effect of a project/ programme, rather than on its management and delivery.
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Source: (IFRC, 2011)

2.3 Evolution of M& E in the NGO Sector in Africa

It is commonly agreed that systematic program evaluation had its origin in the United States after the Second World War when the US Federal Government's vast expenditure on the social sphere required a more systematic and rigorous review of spending. This resulted in the emergence of the field of program evaluation. During the 1980s, however, it was recognized that while NGOs were being empowered to implement development programs, insufficient concern was being paid to strengthening their organizational capacity in monitoring and evaluation in order to positively impact their long-term sustainability. This evolution in thinking continued into the current decade and funders continued to provide traditional inputs to NGOs, but they also began to channel portions of their funding toward improving organizational sustainability. The need for the production of impact statistics has spawned a growing number of data collection instruments and

indicators and in some cases experimentation with different methods and measurement tools. M&E in the 2000's became central to the aid reform agenda as stipulated in the Paris Declaration on Aid Effectiveness and its associated changes in aid modalities, in that M&E can provide accountability and contribute to results-oriented development. NGO's in African were not left behind in this demand for accountability. Recent efforts to develop voluntary NGO accountability programs in Africa have flourished, a somewhat surprising development in a region not often noted for the strength of its institutions, (Zogo, 2015).

The growing demand for organizations to improve project outcome has increased the uptake of Monitoring and Evaluation. The term Monitoring and Evaluation started being used in the mid-20th century (Petter, 1982).

Since then Monitoring and Evaluation has taken on a center stage in organizational project development. It provides an organization with a powerful tool that improves effectiveness in resource utilization during implementation of programs and execution of development activities. There is an increased demand for results from donor funded projects in the 21st century (Kimweli J. M., 2013).

There is evidence of an emerging demand for evaluation in some parts of Africa and many countries are also showing lots of interest in evaluation. While donor influence is strong in most of the countries, although somewhat less in South Africa, there is evidence of a growing endogenous demand for M&E evidence. However, there are still challenges of effective integration of donor and in-country systems, and ways to make sure that these are built into an integrated local system are critical (Porter, 2013).

2.4 Importance of Monitoring and Evaluation to NGOs

A well-functioning M&E system is a critical part of good project/programme management and accountability. Timely and reliable M&E provides information to: Support project/programme implementation with accurate, evidence based reporting that informs management and decision making to guide and improve project/programme performance, Contribute to organizational learning and knowledge sharing by reflecting upon and sharing experiences and lessons so that we can gain the full benefit from what we do and how we do it, Uphold accountability and compliance by demonstrating whether or not our work has been carried out as agreed and in compliance with established standards and with any other donor requirements, Provide opportunities for

stakeholder feedback, especially beneficiaries, to provide input into and perceptions of our work, modeling openness to criticism, and willingness to learn from experiences and to adapt to changing needs, Promote and celebrate our work by highlighting our accomplishments and achievements, building morale and contributing to resource mobilization (IFRC, 2011).

Monitoring and evaluating of projects can be of great importance to various players including project sponsors as it would ensure similar projects are replicated elsewhere as witnessed in various projects undertaken by the financial sector which revolve around a few areas. An effective monitoring and evaluation is a major contributor to project success and hence the use of technology to compliment the efforts of the M&E team will strengthen it; which will in turn lead to value addition by the team. Managing Stakeholders, teamwork among members and monitoring the progress of the project work are some of the key processes used to manage the project work. A good monitoring team is the one that has good stakeholders' representation, which embraces teamwork as a sign of strength and an ingredient for better project performance (Kirui, 2016).

“M&E allows development actors to learn from each other's experiences, building on expertise and knowledge and reveals mistakes and offers paths for organizations to learn and improve while incorporating the lessons in their policies and practices. This brings about the concept of —Knowledge management" which means capturing findings, institutionalizing learning, and organizing the wealth of information produced continually by the M&E system. Monitoring and evaluations is important to: promotes accountability to both the donors and the beneficiaries, , demonstrate to donors and the organization's board (management) that project implementation has been carried out in compliance to the set policies, standards, principles and regulations, provides an opportunity for NGOs to receive stakeholder feedback especially the project beneficiaries, provides information to project managers on how and when to hand over projects to the local community contributing to community ownership and sustainability of the projects and also An effective monitoring and evaluation system provides a more robust basis for raising funds and policy influencing. M&E results can help organizations demonstrate to potential donors that they are viable partners for funding. Monitoring and evaluation systems provide the means to compile and integrate valuable information into policy making therefore deliver the basis for sound governance and accountable policies in organizations” (Zogo, 2015).

Generally as the researches highlighted above, the purpose of monitoring and evaluations are to: Ensure planned results are achieved or not, Improve and support management, Generate shared

understanding, new knowledge and support organizational learning, Build the capacity of those involved, Motivate stakeholders, Ensure accountability and also Foster public and political support.

2.5 Frameworks for Evaluation

Most researchers and corporate researchers are studying to set standardized criteria and frameworks to evaluate a project/programme in their specialization, since every project is unique by its own nature, the depth of evaluation, the types and approaches to evaluate a certain project varies accordingly. Finally the intention of this paper is to answer to the question: **How effectively is monitoring and evaluation done on NCDs projects?** Therefore, having a common understanding on the current practice and challenges of M&E in the global context is very critical to the researcher. The researcher tries to review literatures of International organizations such as: World Bank, WHO, IFRC, GIZ and UNDP project/program evaluation policies, guidelines, key steps and frameworks. To strengthen the notion of M&E practice and in order to draw the research conceptual framework and also to identify critical success factors of M&E practices the researcher review related literature from different journal articles and will presented on the following paragraphs.

Rychetnik, et al (2006) argues that Public health interventions tend to be complex, programmatic and context dependent. The evidence for their effectiveness must be sufficiently comprehensive to encompass that complexity. And also the raise a very critical question, whether and to what extent evaluative research on public health interventions can be adequately appraised by applying well established criteria for judging the quality of evidence in clinical practice. It is adduced that these criteria are useful in evaluating some aspects of evidence. However, there are other important aspects of evidence on public health interventions that are not covered by the established criteria. The evaluation of evidence must distinguish between the fidelity of the evaluation process in detecting the success or failure of an intervention, and the success or failure of the intervention itself. Moreover, if an intervention is unsuccessful, the evidence should help to determine whether the intervention was inherently faulty (that is, failure of intervention concept or theory), or just badly delivered (failure of implementation). Furthermore, proper interpretation of the evidence depends upon the availability of descriptive information on the intervention and its context, so that the transferability of the evidence can be determined. Study design alone is an inadequate marker of evidence quality in public health intervention evaluation.

They conclude that the appraisal of evidence about public health interventions should encompass not only the credibility of evidence, but also its completeness and its transferability. The evaluation of an intervention's effectiveness should be matched to the stage of development of that intervention. The evaluation should also be designed to detect all the important effects of the intervention, and to encapsulate the interests of all the important stakeholders. Decisions about public health interventions should be based on a broad assessment of the strengths, weaknesses and gaps in the evidence (Rychetnik, 2006).

A policy framework is a conceptual structure, based on consensus among major stakeholders, that shows the relationships between the philosophy, intentions and principles that will guide decision-making and actions concerning specific issues (WHO, 1999).

Proper management of an evaluation is a critical element for its success. There are multiple resources to support evaluation management. Evaluation framework is very crucial to identify the key criteria and standards that guide how to plan, commission, conduct, report on and utilize evaluations. It has to be drawn upon the best global practices in order to ensure accurate and reliable evaluations that are credible with stakeholders, (IFRC, 2011).

According to countrywide integrated non communicable diseases intervention (CINDI) programme of the World Health Organization (WHO, 1999), outcome evaluation is traditional as compared to process evaluation. "The purpose of process evaluation is to monitor how a particular intervention works, in contrast to traditional outcome evaluations, which focus on whether an intervention has produced changes (for example, in disease outcomes and risk factor patterns). Outcome evaluation often requires an experimental design involving intervention and control groups".

Process evaluation enables programme personnel to assess the quality and cost of delivering preventive interventions, and to demonstrate accountability to the funding source, whether a government or an agency. It also yields information on the programme and project designs that are most suitable for demonstration, dissemination and large-scale deployment. Practically process evaluation of a programme is likely to be more complex, since information may be needed on how several different projects interact and how they contribute jointly to the overall impact (WHO, 1999).

2.6 Summary of Evaluation Framework

Table 2: Summary of evaluation framework

WHO/ CINDI Framework for Process Evaluation	GIZ Evaluation Framework	UNDP M&E Framework	Evaluation criteria and standards of IFRC	
<p>Planning the evaluation</p> <p>Description of Input, Process and Output</p> <p>Evaluation questions and issues</p> <p>Developing a monitoring system</p> <ul style="list-style-type: none"> • Selecting the indicators • Collecting the data • Organizing the evaluation <p>Process evaluation</p>	<p>Monitoring and evaluation: definition and purpose</p> <p>M&E instruments at GIZ</p> <ul style="list-style-type: none"> • Results-based monitoring (RBM) • Project evaluation • Corporate-strategy evaluations • Overview of M&E instruments and purposes <p>Monitoring and evaluation actors and the roles they play</p> <p>Evaluation criteria and categories for M&E</p> <p>Quality criteria and standards for M&E</p> <ul style="list-style-type: none"> • Quality criteria for results-based monitoring (RBM) • Quality standards for evaluation <p>Making use of M&E findings and recommendations</p>	<p>This framework serves as a plan for monitoring and evaluation, and should clarify:</p> <ul style="list-style-type: none"> • What is to be monitored and evaluated • The activities needed to monitor and evaluate • Who is responsible for monitoring and evaluation activities • When monitoring and evaluation activities are planned (timing) • How monitoring and evaluation are carried out (methods) • What resources are required and where they are committed <p>In general, the M&E framework has three main components</p> <ol style="list-style-type: none"> 1. Narrative component 2. Results framework 3. Planning matrices for monitoring and evaluation 	<p><u>Evaluation criteria to guide what to evaluate</u></p> <ul style="list-style-type: none"> • IFRC's standards and policies • Relevance and appropriateness • Efficiency. • Effectiveness. • Coverage • Impact • Coherence • Sustainability and connectedness 	<p><u>Evaluation standards</u></p> <ul style="list-style-type: none"> • Utility • Feasibility • Ethics and Legality • Impartiality & Independence • Transparency • Accuracy • Participation • Collaboration

2.6 Determinants of Effective M&E practices

The selection of tools and techniques to be used in an M&E system determines its success or failure. However, NGOs in developing countries are said to be unable to develop appropriate tools hence resulting to substandard M&E systems that don't meet the requirements of the stakeholders. The limitations of the M&E tools and techniques should also be put in consideration during their selection. The role played by the management majorly dictates the effectiveness of the M&E system. Training is relevant for an effective M&E system. M&E being a new profession, training is paramount in building an M&E human resource, which is able to manage the M&E system effectively (World Bank, 2011) Other determinants which are considered important for an effective M&E system include: project enabling environment, stakeholders' participation in project monitoring and evaluation activities, project capacity to supply project monitoring and evaluation information, and the project plan. The effectiveness of these determinants is manifested through easy assessment of projects, accountability in projects, capacity of staff to undertake project monitoring and evaluation work among others (Wanjiru, 2013).

Strength of Monitoring team also one of the determinant factor for efficacy of project monitoring and evaluation practices. Providing support and strengthening of M&E team is a sign of good governance. Providing support and strengthening of M&E team will also play a key role in ensuring that the M&E team adds value to the organizations operations. The literature reviewed identifies the various aspects which are used in assessing the strength of monitoring team which is perceived to be one of the factors influencing project success. These aspects include: Financial availability, number of monitoring staff, monitoring staff skills, frequency of monitoring, stakeholders representation, Information systems (Use of technology), Power of M & E Team and teamwork among the members (Charles G. Kamau, 2015).

2.7 Best Practices of Project Monitoring and Evaluation

Unfortunately the researcher couldn't find any literature regarding best practices of M&E in NCD projects further in Ethiopian context. "The contextual use of the term "Best practices" in monitoring and evaluation is meant to refer to those practices that have been found to be effective and hence recommended by authorities in this field of monitoring and evaluation. Through research and practice these practices have come be known as effective in achieving monitoring and

evaluation objectives” (Mark, 2007). The best practices associated with monitoring and evaluations are described below:

Huluka (2014) stated that expected standards of excellence in M&E by Local NGOs are: Carryout need assessment for all projects, Defined work structure, Allocate resource for monitoring & evaluation, Job evaluation and capacity building schemes, Methods of data acquisition & frequency, Stakeholders involvement, Documentation and information sharing, and Culture of disseminating M&E findings are considered to be good practices of Project Monitoring and Evaluation.

Baseline study, Monitoring and evaluation plan, Coherent framework, Monitoring and evaluation budget, Schedule of monitoring and evaluation activities, Personnel assigned for monitoring and evaluation activities, Specification of the frequency of data collection, Stakeholder involvement, monitoring of project inputs, monitoring project outputs by setting indicators, monitoring project outcomes, Use of Computers, Midterm and end of project evaluations, Capture and documentation of lessons learned, Objectivity by an external facilitator, and also Dissemination of monitoring and evaluation findings are best practices (Mark, 2007).

2.8 Challenges associated with local NGOs in practicing effective M&E

Many researchers highlight the challenges of project M&E practices from different perspective. Below is an attempt to review the different challenges identified in the literature:

Muzinda (2007) highlighted the challenges of M&E practices by Gaborone based local NGOs implemented HIV/AIDS projects are: Lack of monitoring and evaluation expertise, Inadequate financial resources, multiple donor reporting requirements, and difficulty in demonstrating the long term impact of projects because it is not easy for the NGOs to demonstrate attainment of the long term objectives. It may take a long time to demonstrate that the project archived its objectives.

According to Huluka (2014) in describing the challenges M&E practices of Addis Ababa based local NGOs implementing education projects categorized it to two, which is External and Internal challenges. External challenges are: Government attitude and bureaucracy. According to Huluka the charities and societies proclamation (621/2009) is one of the challenging factors to conduct M&E especially for those local NGOs implementing projects with limited budget as compared to international multilateral organizations. Charities and societies law, article 88 criticized by its

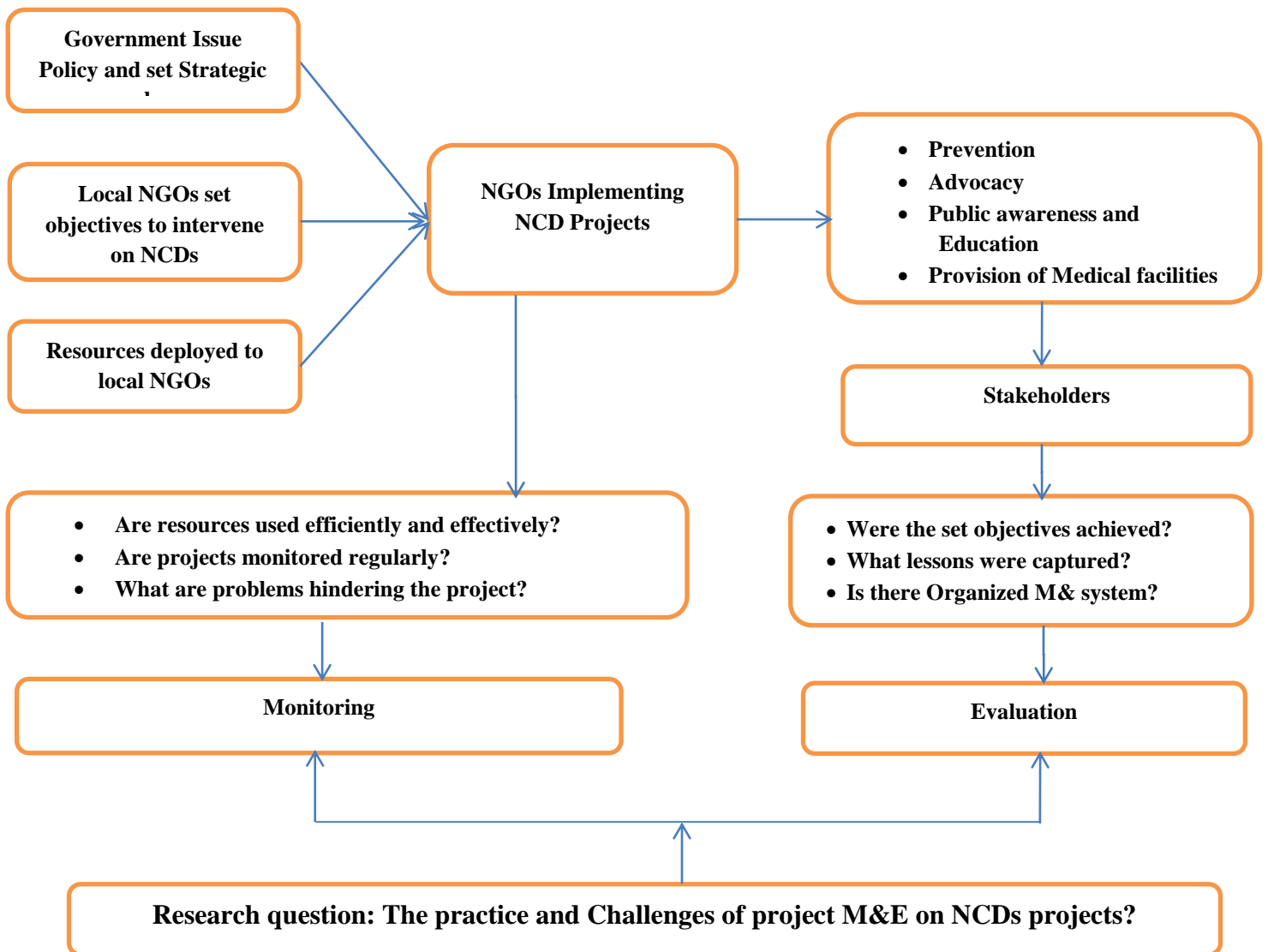
30/70 rule of cost allocation, which limits NGOs not to spend more than 30% out of their annual expenditure for the purpose of project administration, which is assumed by most local NGOs are forced to limit their administrative budget under 30% threshold, which will downsize including M&E budget also. The other issues raised by Huluka was Internal challenges such as: Limitations of M&E capacity, Undefined M&E staff roles& responsibilities, Loose M&E planning, Insufficient stakeholders' involvement, Infrequent Monitoring and Evaluation, Insufficient budget for M&E, Irregularity of reporting formats, Low level of data analysis.

When Zogo (2015), assess the State of Monitoring and Evaluation of NGOs' Projects in Africa and he concluded that NGOs are highly challenged in developing effective M&E systems. According to Zogo, There is no monitoring and evaluation culture in some NGO's such that M&E is not part of the staff vision, belief and aspiration, instead it is peripheral to other stages in the programming cycle. For most NGO's, M& E is perceived as extra work to be done by one individual (M&E Officer) with little support from other staff or management. There are simply too few people in most Sub-Saharan African countries with the necessary skills and capacity of designing and implementing M&E activities. Absence of a learning culture to utilize the lessons learned from the evaluation reports also the biggest challenge many NGOs facing. Since Monitoring and Evaluation is "donor driven" most NGOs carry out monitoring and evaluation because it is a requirement from the donor. In some organization, there is inadequate understanding and attention to M&E in project design and resources allocated to M&E are very limited. Finally the researcher emphasizes on: Lack of participation of stakeholders in the development of M&E systems and Lack of contextualizing M&E systems are a major challenges faced by NGOs in practicing project M&E activity effectively.

2.9 Conceptual Framework

On the basis of the review of literature as explained in the immediate previous sections, the conceptual framework is a combination of the various findings in literature which have been grouped and arranged to a framework which guided this research in an attempt to provide a solution to the research problem. The conceptual framework is illustrated below.

Figure 1 Conceptual framework of problem statement



Source: Adapted and Modified from (Muzinda Mark, 2011)

❖ **Government Issue Policy, set Strategic plan and Local NGOs set objectives to intervene on NCDs**

Government of Ethiopia has designed appropriate policies and strategies as well as long term, medium and short term plans. In time of globalization and where the issue of health becomes an international issue, regulation and prevention of disease by a single country alone will not be effective. As a result, health sector regulation activities require collaborative work with Local and international organizations (FMoH, 2015). “Generally NCDs do not appear as one of the major priority areas at national level. Even when they do, they lack adequate funding from both internal and external sources. There is a wide prevailing misconceptions among policy makers, providers and community that NCDs are disease of the “affluent” and old age while evidences shows” (FMoH, 2017). There are a very few Local NGOs carry out NCDs projects in Addis Ababa. With the resources provided to achieve their objectives they undertake projects under basic thematic areas such as: Prevention, Advocacy, Public awareness and education as well as provision of medical facilities to major stakeholders.

❖ **Resources deployed to local NGOs**

NGOs allocate resources to achieve their objectives in fight against NCDs. Donors, other stakeholders and regulatory body also expect transparency proper accountability and good project performance (Mark, 2007). Inadequate resources lead to poor quality monitoring and evaluation. To ensure effective and quality monitoring and evaluation, it is critical to set aside adequate financial and human resources at the planning stage. The required financial and human resources for monitoring and evaluation should be considered within the overall costs of delivering the agreed results and not as additional costs (UNDP, 2009).

❖ **Stakeholders Engagement**

Inadequate stakeholder involvement is one of the most common reasons programmes and projects fail. Therefore, every effort should be made to encourage broad and active stakeholder engagement in the planning, monitoring and evaluation processes. This is particularly relevant to crisis situations where people’s sense of security and vulnerability may be heightened and where tensions and factions may exist. In these situations, the planning process should aim to ensure that as many stakeholders as possible are involved (especially those who may be least able to promote

their own interests), and that opportunities are created for the various parties to hear each other's perspectives in an open and balanced manner (UNDP, 2009).

❖ **Monitoring**

Monitoring process is intended to aid the project team in identifying areas of high risk and possible failure points in order to take the corrective action to keep the success of the project on track (Gudda, 2011). "There is need to determine whether the resources provided by the donors are being used efficiently and effectively, whether the projects are within schedule and to determine any problems that may be hampering the implementation. Determination of efficient management of resources is a factor of project monitoring" (Mark, 2007).

❖ **Evaluation**

There is also need to determine whether the set objectives were achieved and extent of achievement of the same plus capture any lessons learned from the implementation of the projects to aid future projects. This is a function of project evaluation.

❖ **Research Question**

What are practices and associate Challenges of project M&E on NCDs projects?

Chapter 3: Research Methodology

This chapter presents the research methodology of the study. It clearly describes and justifies the methods and processes the researcher used in order to collect data for answering the research questions. The chapter consist the following sections namely: Study Setting, Study Design, Study Population, Sample size determination, Data Collection Instrument, Validity of Instruments, Methods of Data Analysis, Ethical considerations. Each of them is presented next.

3.1 Study Setting

The study is conducted in Addis Ababa, the biggest city in the country having total physical land area of 526.99 km² and population size of about 3,384,569 according to the 2007 population census, with annual growth rate of 3.8%. Addis Ababa is located at the central highlands of Ethiopia and has the status of both a city and a state. It is where the African Union is and its predecessor the OAU was based. It also hosts the headquarters of the United Nation Economic Commission for Africa (ECA) and numerous other continental and international organizations (Wikipedia, 2017). Therefore the study is conducted on local NGOs implementing NCDs projects in Addis Ababa.

3.2 Study Design

One of the ways which research topic can be investigated is through research design (Mahamoud, 2004).According to Mahmoud researchers should weigh two factors in choosing research design. They should try to choose a design that will give most definitive answer about the research topic and also they have to weigh this against the feasibility of doing the study.

Generally, there are two main categories of research design: observational and experimental. While in the case of observational study, the researcher stand apart from events taking place in the study and simply observe and record, in case of experimental the researcher introduce an intervention and observe the events which take place in the study. By analyzing the advantages and

disadvantages among different research methods the researcher decides to use observational descriptive study design. An observational study can be a descriptive study that helps the researcher to simply describe the distribution of characteristics (Mahamoud, 2004).

Observational descriptive study could be instrumental to the researcher to describe the monitoring and evaluation aspect including practices at hand amongst the local NGOs implementing NCDs projects and associated challenges they face and to determine how effectively monitoring and evaluation is done. Therefore the study falls into the descriptive research category.

Qualitative and Quantitative researches are not alternatives. Rather than thinking of qualitative and quantitative strategies as incompatible, they should be seen as complementary (Mahamoud, 2004). According to Saunders (2009, p152), mixed methods approach is important when both quantitative and qualitative data collection techniques and analysis procedures are used in a research design. Therefore the researcher employed mixed method approach with a high emphasis on the qualitative approach. Both qualitative and quantitative data are collected and analyzed. Quantitative data is collected first then followed by qualitative data sequentially.

3.3 Study Population

Source of population is project team members who are implementing NCDs projects in Addis Ababa. Particularly the study targeted population working on NCDs projects as a project staff (people who are directly involved to projects/Programs activity) such as: project Managers, Project Monitoring and Evaluation officers, and project officers and project finance team members working at Ethiopian Diabetes Association, Mathewos Wendu Ethiopian Cancer Society and Ethiopian Cancer Association. All study of population is project team members of selected organizations. The current total number of employees at those organizations is 40. Among them total number project staff is 15.

Current information at FMOH indicates that local NGOs working on major chronic NCDs projects are eight namely: Ethiopian Cancer Association, The life's second chance foundation, Cancer care Ethiopia, Mathewos Wendu YeEthiopia Cancer Society, Tesfa Addis Parents Childhood Cancer Organization, Ethiopian Diabetes Association, Ethiopian Heart Association, and Ethiopian Kidney Association. Only three of them are qualified for the researcher inclusion criteria.

The criteria for selection of sample organization were:

- ❖ Registration and legal certificate from Charities and Societies agency.
- ❖ Having operational office for the past five years with full time employees.
- ❖ Implementing major NCDs projects such as: Diabetes, Cancer and cardiovascular diseases.
- ❖ Permanent project team members (people who are directly involved with project/program activity such as: Project manager, Project officers, Project M&E and Finance team members).
- ❖ The researcher not encompassed supporting staffs to its population of study.

3.4 Sample size determination

A sample is a representative part of a population. In research it is not always possible to study an entire population. A decision is often made, therefore, to study only a small fraction of the population, or a “sample” of it, from which conclusions can be drawn about the whole population. Sampling requires a researcher to be careful in considering: Time, cost, availability of resources and also its practicability (ESTC, 2005).

Since there is no comprehensive study has been conducted in area of monitoring and evaluation with regard to local NGOs implementing NCDs projects, their previous practices and challenges is not known in the study area. Due to small number organizations (only four NGOs) working on major NCDs in the researcher study setting as well as time constraints the researcher purposefully take the whole population of local NGOs implementing major NCDs projects in Addis Ababa.

The study areas are also reachable to the researcher which is very convenient to facilitate delivery of the questionnaires as well as easy to follow up in order to increase the response rate for the questionnaire.

Therefore according to the researchers’ inclusion criteria the study is conducted to the whole population of project staffs, which means the study is be conducted on NGOs namely: Ethiopian Diabetes Association, Ethiopian Cancer Association and Mathewos Wendu YeEthiopia Cancer Society. To the researchers knowledge these three local NGOs are the only organizations

implementing projects for the past five years and above on major NCDs such as: Diabetes and Cancer diseases with fifteen permanent project staffs. All project staffs, which are 15 employees of those organizations, are the researcher target.

3.5 Data Collection Instrument

Both primary and secondary data are collected to achieve the intended research objectives. Data collected using both quantitative and qualitative methods. Specifically questioners, semi-structured interviews to key informants and document analysis were employed as instruments of data collection.

Quantitative data were collected using a structured questionnaire, which was given to project staffs of selected NGOs. The survey questionnaire contained both open-and close-ended questions (Appendix I) which were used to collect data and information addressing all the research objectives. The questionnaire was adapted and modified from (Huluka, 2014) and (Mark, 2007). The questionnaire was pre-evaluated in order to evaluate the compatibility of the questionnaire with the objective of the study as well as the study area, and then modifications were made based on the lesson gained. The questionnaire covered different topics to capture relevant information about the Back ground information of selected local NGOs, Monitoring and Evaluation plan, M&E implementation practices, and finally associate challenges they face while practicing M&E their projects and the coping mechanisms they adopted.

For collecting the qualitative data, semi- structured interview were prepared (Appendix II). Specifically this interview guide was prepared in order to have an understanding of policy structures on NCDs interventions and also the way to meet one of the objectives of the thesis as well. So as to fill some information gaps, which are not addressed by the questionnaire, General Managers of three NGOs were interviewed focusing on constraints and challenges in monitoring and evaluation of their projects.

With the intention of get full picture of the issue an in-depth review of related documents were made. Scholarly published literatures; journals, books, thesis, and also different project reports were also examined.

3.6 Validity of Instruments

To check validity of the items, the questionnaires were given to advisor of the investigator and other experts: Two project managers and one M&E officer from selected NGOs reviewed the questionnaire. Then, the researcher incorporated the views of those experts and made a necessary improvement.

3.7 Methods of Data Analysis

The data analysis and interpretation in this study is conducted by suing statistical tools. The responses gathered from research question about project M&E: practices and challenges entered in to SPSS version 22 software. Descriptive analysis using mean, standard deviation, percentage is employed. Finally, the result is interpreted based on theoretical framework of the study, comparing with empirical literature and organizational M&E standards, procedures and facts.

3.8 Ethical Considerations

The researcher established good relationship with all the respondents and interviewees by making himself clear why the research is conducted, why the interview as well as questionnaire is chosen to collect the data, etc... Ensuring both visual and auditory privacy and no personal identifiers were on the questionnaire. In accordance with academic propriety and convention, and to avoid the risk of plagiarism, all sources referred in this thesis are properly acknowledged by text or in listing of references. No information is obtained from secondary sources without cross-referencing the original source.

Chapter 4: Data Analysis and Discussion of Findings

4.1 Introduction

This chapter presents the data analysis and discussions of the findings of the research study. The findings are presented under the following themes namely: Respondents profile and Response rate, Organizational background information, Resources allocated to NCDs projects, Monitoring and evaluation plan, Monitoring and evaluation implementation process, and challenges associated with Monitoring and evaluation practices. Data for this question was analyzed using frequencies and cross tabulations. The findings are shown next.

4.2 Respondents Profile and Rate of Response

The response profile of the study is presented under two themes namely, response rate and the profile of the individual respondents. Each is described next.

Table 3: Respondent Profile and Rate of Response

Respondents profile	Mathewos Wendu YeEthiopia Cancer Society	Ethiopian Diabetes Association	Ethiopian Cancer Association	Project team members (Targeted respondents)	Targets who completed the questionnaire	Response rate
General Managers	1	1	1	3	3	100%
Programme Managers		1		1	1	100%
project Managers	1		1	2	2	100%
Project M&E officers	1			1	1	100%
Project Officers	3	1		4	4	100%
Project Finance Officers	2	1	1	4	4	100%
Total	8	4	3	15	15	100%

Source: Own Survey 2017

The respondents were all project management staffs of the selected local NGOs implementing NCDs projects in Addis Ababa. Questionnaires were distributed to three organizations whose

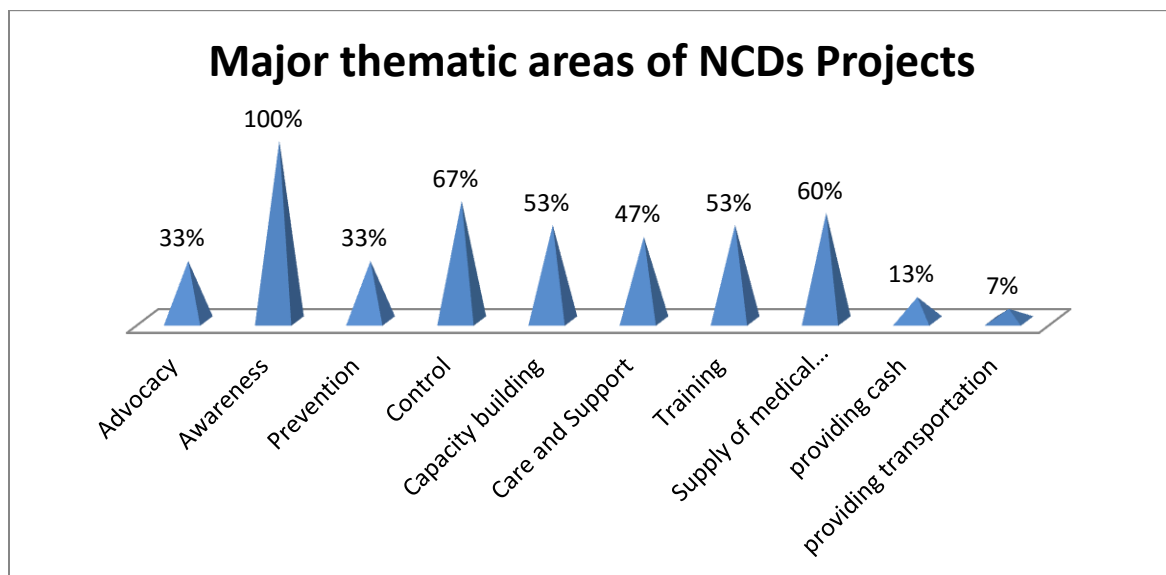
addresses were obtained from Consortium of Ethiopian NCD Associations (CENCDA). This consortium formed by five local NGOs (Ethiopian Diabetes Association, Mathewos Wendu YeEthiopia Cancer Society, Ethiopian Cancer Association, Ethiopian Heart Association and Ethiopian Kidney Association) currently working on major NCDs in Ethiopia. Fortunately among these five associations only three of them are qualified to the researchers' inclusion criteria, which had an organized office for more than five years with permanent employees who able to implement NCDs projects in Ethiopia. According to the secretary of the consortium lack of fund is the major challenge not to intervene effectively on NCDs, Therefore Ethiopian Heart Association and Ethiopian Kidney Association are a good example to this scenario.

Table 3 shows respondents' profile. All respondents were project staffs of the organizations. About 40% of the respondents were top level management position holders in their organizations and the rest of the respondents' accounts about 60% are middle level management officers. Of the three organizations of 15 project staffs that were targeted, all of them were completed and returned the questionnaires satisfactorily on the time given.

4.3 Organizational information

The selected respondents were asked about the major thematic areas of their intervention are. Figure 2 shows the response to this question.

Figure 2: Project thematic areas of organizations



Source: Own Survey 2017

Figure 2 show that most of NGOs implementing NCDs projects were implementing more than one type of project. As illustrated above that awareness projects are the most frequent and practiced by all organizations. These projects were identified by 100% of the respondents as the projects they were involved in. next significant amount of respondents responded that NGOs working on controlling projects accounts about 66.7%. Supply of medical supplies, training and capacity building projects are the major thematic areas. Generally a single organization is implementing projects on more than five thematic areas irrespective of gender and age.

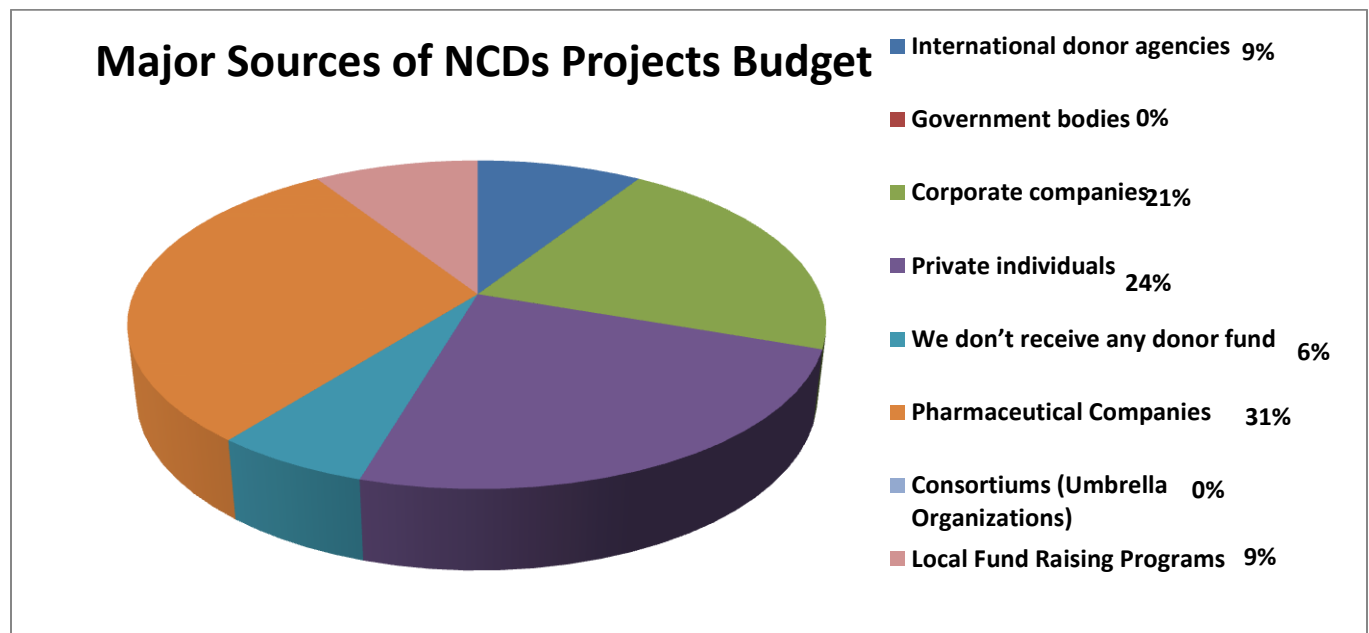
4.4 Resources allocated on NCDs projects

This investigative question sought to determine the level of resources at the disposal of the NGOs when implementing their project activities. The resources were categorized into amount of their budget, source of their budget and human resources. A number of questions were asked that sought to investigate this resource issue and the findings are discussed next.

4.4.1 Budget

The selected respondents were asked about amount of their budget and source of their budget. Figure 3 shows the response to this question.

Figure 3: Major source of NCDs project budget



Source: Own Survey 2017

Majority of organizations which implement NCDs projects had a budget of more than three million birr in cash and in kind. As explained above those projects were donated from international donor agencies and corporate companies according to 80% of respondents, more than 75% of NCDs projects are donor dependent. Private individuals' contribution accounts to 73%, then corporate companies such as pharmaceutical companies covered about 53% of their budget and about 47% their budget is comes from international donor agencies. Surprisingly as compared to the magnitude and the prevalence of NCDs in Ethiopia, there is no any government financial support to all local NGOs implementing NCDs projects.

4.4.2 Human Resources

The number and composition of human resources as a permanent staff and volunteer are presented below:

Table 4: Human resource on projects

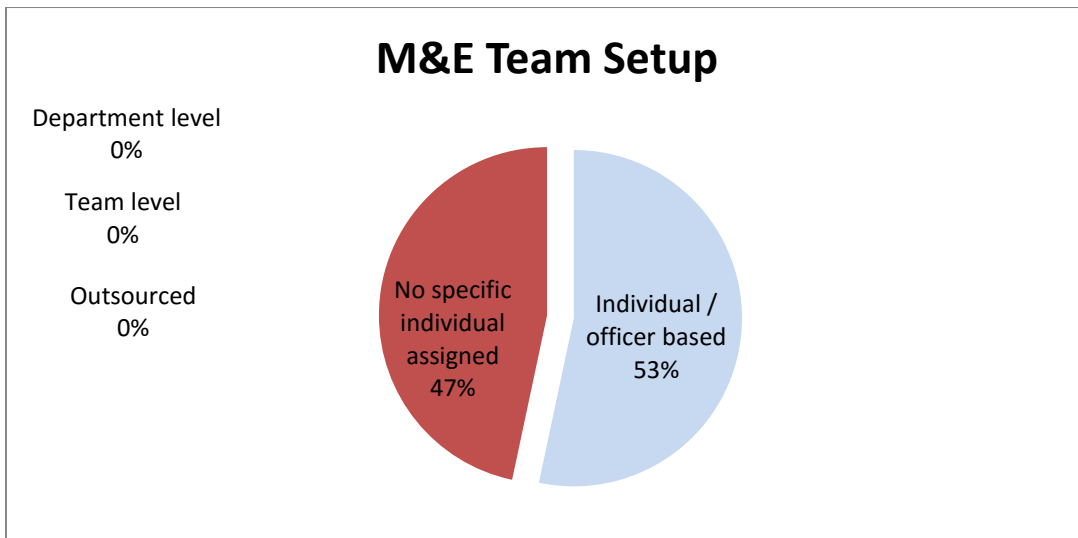
Number of Permanent staff <7		Number of Permanent staff >=7 - <12		Number of Permanent staff >= 12 - <18		Number of Permanent staff >=18	
Yes		Yes		Yes		Yes	
Frequency	Table N %	Frequency	Table N %	Frequency	Table N %	Frequency	Table N %
7	46.7%	0	0.0%	0	0.0%	8	53.3%
Number of Volunteers <7		Number of Volunteers >=7 - <12		Number of Volunteers >= 12 - <18		Number of Volunteers >=18	
Yes		Yes		Yes		Yes	
Frequency	Table N %	Frequency	Table N %	Frequency	Table N %	Frequency	Table N %
2	13.3%	0	0.0%	0	0.0%	13	86.7%

Source: Own Survey 2017

Table 4 shows that 47% of respondents indicate number of permanent staff is not more than 7 and 53% of respondent indicates that permanent staffs at projects were more than 19. In contrary significant number of respondent shows that number of volunteers more than 19 is accounts about 87%. This shows that NGOs implementing NCD projects relied on volunteers than permanently employed staff.

It is evident that in terms of the human resources the NGOs did not have adequate numbers of personnel at their disposal for the projects they implemented. They relied more on volunteer staff as opposed to permanent staff. This is explained by the fact they could not attract a lot of permanent staff since they could not be able to adequately remunerate due to inadequate fund (Mark, 2007).

Figure 4: M&E team setup



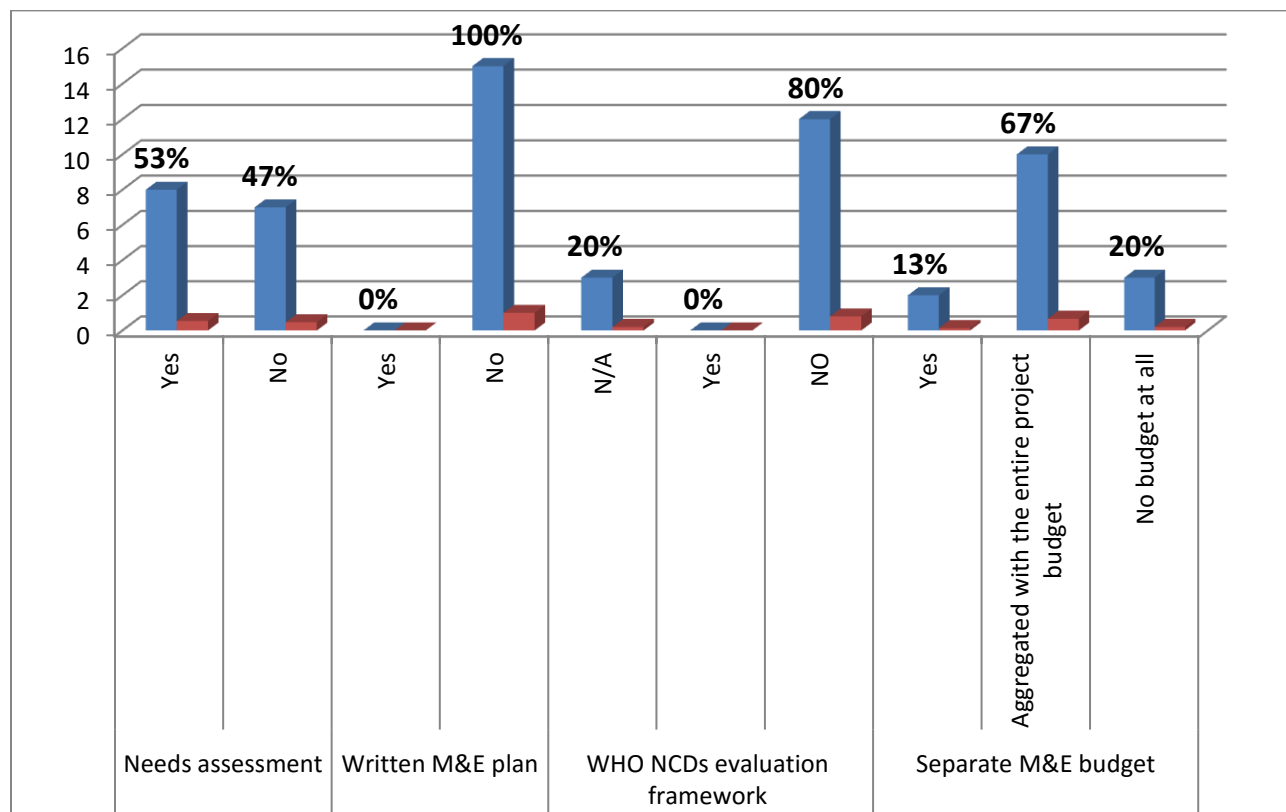
Source: Own Survey 2017

Figure 4.4.1 shows that 53% of organizations experienced conducting M&E at individual officer based. 47% of them do not have even one M&E officer. At all organizations organizing M&E team at departmental or team level is nonexistent. They even had not an experience of outsourcing to external evaluator for the past five years.

4.5 Monitoring and Evaluation Plan

This section shows findings to the questions that sought to determine the nature and process of development of monitoring and evaluation plans of projects implemented by the respondents.

Figure 5: M&E Planning



Source: Own Survey 2017

4.5.1 Baseline Study

As shown on Figure 5 organizations conduct need assessment /baseline data are accounted to 53% and 47% of respondents replied that they did not conduct any prior baseline study before their interventions. “Intervention priorities should be guided by evidence on disease burden, socio economic impact and cost effectiveness” (NCIDI Poverty Commission, Unpublished Report, 2017). The baseline study facilitates determination of the condition of the community prior to the implementation of the project in order to compare with condition after implementation (Mark, 2007). It is very difficult to know that the intervention is addressing the real needs of the patients unless proper investigations were done before any action. The interview conducted with general managers of the NCDs organizations revealed that absence of data on the baseline of NCDs at national level was not available for the past two years and before due to poor or no attention given to NCDs while the government was busy to respond to communicable diseases such as: HIV AIDS, Malaria and TB.

4.5.2 Written M&E Plan and Frameworks

Among three of the organizations none of them had not written M&E plan. During interview sessions they reason out why they didn't had any M&E plan are Lack of M&E expert, Lack of Fund (projects come up with minimum budget) and due to lack of attention are the menses not to have the written M&E plan, but all of them are agreed with the relevance of the plan.

Evaluation framework is very crucial to identify the key criteria and standards that guide how to plan, commission, conduct, report on and utilize evaluations. It has to be drawn upon the best global practices in order to ensure accurate and reliable evaluations that are credible with stakeholders, (IFRC, 2011). The respondents were asked whether they review WHO evaluation framework to evaluate CINDI (countrywide integrated non-communicable diseases intervention) programs or not. "It sets out a framework for evaluation which can assist individual CINDI programmes to further develop the capacity to carry out process evaluations, and to select those indicators and systems that are best suited to track their particular project inputs, outputs and processes" (WHO, 1999). 80% of the respondent replied that they didn't have an experience to review this evaluation framework while conducting project plan as well as M&E practice. 20% of the respondent doesn't even know whether available or not.

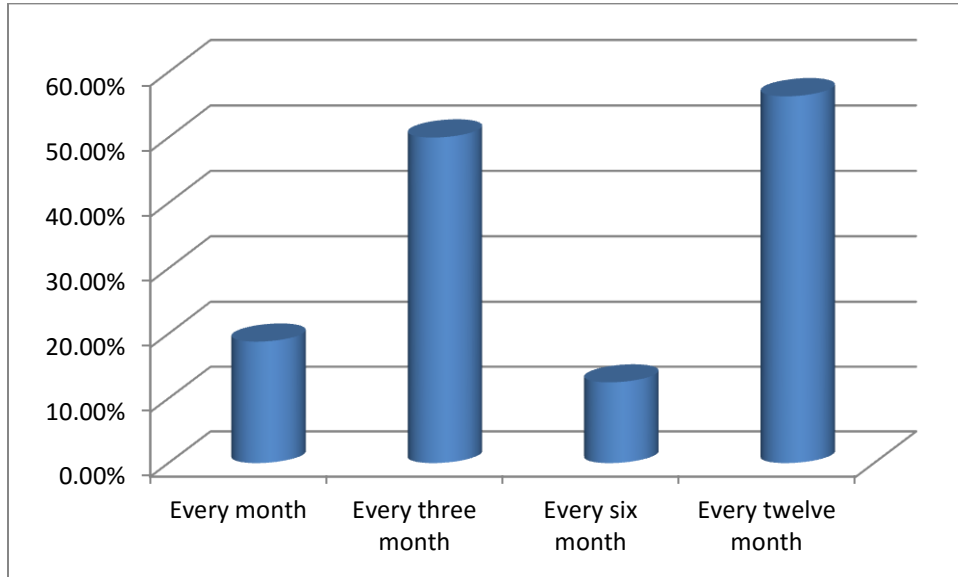
4.5.3 M&E Budget

67% of the respondents replied that they have M&E budget as integrated with the entire organization yearly budget. Only 13 % of the respondents are separately budgeted for M&E. This shows that the attention given to M&E practices at these organizations. As the researcher tries to indicate in previous discussion majority of the respondents responded that they don't have an M&E department or team. The affirmation of this is that monitoring and evaluation activities were not given the due credit they deserved. This will have a great impact on the effectiveness of M&E practices in these particular NGOs.

4.6 Implementation of Monitoring and Evaluation Practices

This section presents findings to questions that sought to determine the respondents' practices related to how they implemented the monitoring and evaluation process of the projects.

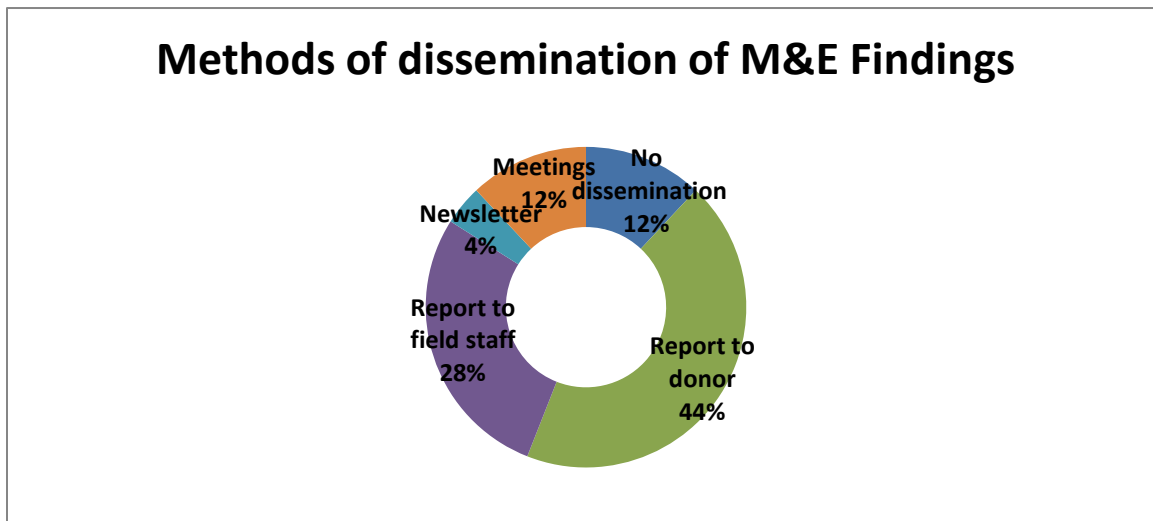
Figure 6: Frequency of monitoring Project finances



Source: Own Survey 2017

Figure 6 depicted the intervals when the organizations monitor project finances periodically. According to the findings majority of the organizations practice shows that they monitor their finances in every three months and twelve months. According the interview discussion, conducting project finance monitoring and evaluation at least once in a year at the end of the budget year is mandatory as specified by charities and societies law. Most projects also come up with their own budget line for Audit at the end of each year and at the termination of the project. Most projects are required quarterly performance report as a narrative and financial formats.

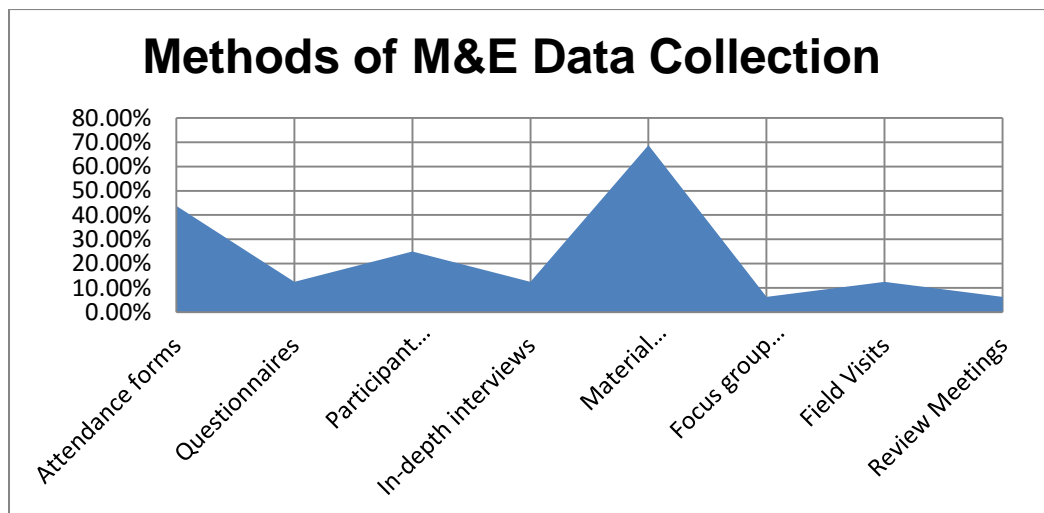
Figure 7: Methods of dissemination of M&E findings



Source: Own Survey 2017

According to the findings local NGOs implementing NCDs projects disseminate M&E findings through field reports and report to donors. 44% of dissemination means accounted to Donor quarterly reports. 28% of respondents used to report to field staffs. The least modes of dissemination of M&E findings are Newsletter and community meetings. 12% of NGOs practice shows that they do not use any mods of dissemination of M&E findings. According to the interview result using M&E findings to report to donor is very popular because of donor requirement. All of the interviewee agreed that one of the donor requirements to receive tranche fund is project financial and narrative status report.

Figure 8: Methods of M&E Data Collection



Source: Own Survey 2017

The data concerning methods of M&E data collection instruments of the respondents. Therefore Material distribution register is the most frequently used instruments which accounts about 68% and followed by attendance forms and participant observation. Focus group interviews and review meetings are the least frequently used data collection instruments. Fig 4.3.1 also support this findings 60% of the selected organization thematic area is supply of medical supplies, therefore using material distribution register is an important method of recording material transaction to the concerned party.

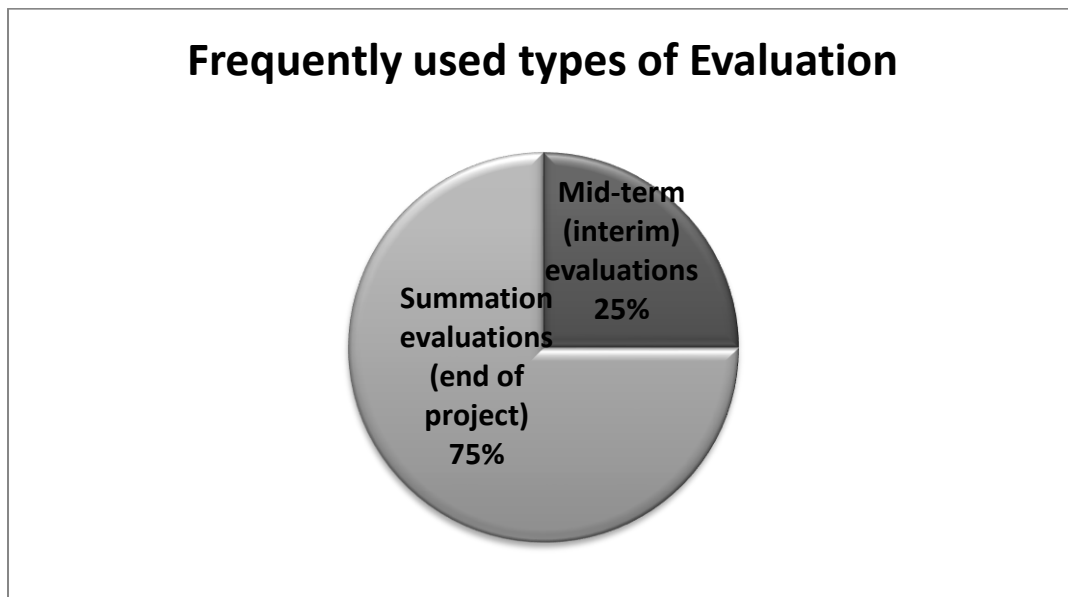
Table 5: M&E Implementation

Questions	Response	Percentage
Does your organization involve an external evaluator	Yes	80%
	No	20%
Does your organization provide M&E training for program and M&E staff	Yes	25%
	No	75%

Source: Own Survey 2017

Analysis of questionnaire data obtained from 15 project team members confirms that 80% of organization involved external evaluator to projects, but few of them does not involve external evaluator. Interview result shows that it is mandatory that involving external evaluators at the point of conducting end term evaluation. The other reason to involve an external evaluator is to approve new projects and to renew licenses of registration by CSA and FMOH.

Figure 9: Types of M&E

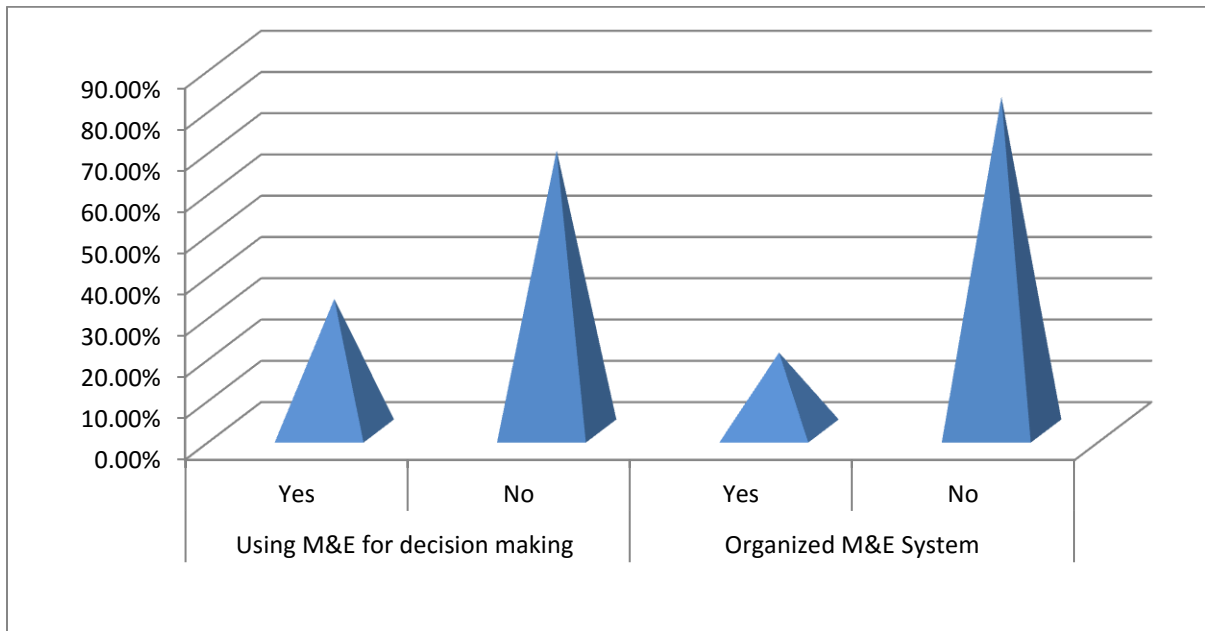


Source: Own Survey 2017

Figure 4.6.3 shows that the types of Monitoring and evaluations the organizations used. Mid-term (interim) evaluation is the least used as compared with summation evaluation. Mid-term evaluation are formative in purpose and occur midway through implementation. It helps the project manager to weigh the performance of the project before its completion. It may seek to determine whether the project will achieve its purposes or needs some adjustments before termination.

As the researcher tries to explain above (See Table 4.6.1) evaluating projects at the end of each project is compulsory by Federal Ministry of Health of Ethiopia (FMoH) and Charities and Societies Agency (CSA). Summative evaluations are collective in purpose and are conducted (often externally) at the completion of project/ programme implementation to assess how well the project/ programme achieved its intended objectives. Important to determining how the project progressed, what went right and what went wrong, capture any lessons learned and also determine the impact and success in achieving the objectives of the project. The findings also indicate 75% of M&E practices are used summation evaluation most frequently than mid-term evaluation.

Figure 10: M&E System



Source: Own Survey 2017

Question 3.10 and 3.11 sought to determine whether the organizations had an experience of using M&E outputs to assist in decision making for project managers and also seeks to identify the organizations *used* an organized M&E system.

Figure 4.6.4 shows that using of M&E information in decision making is low, which is accounted to 32%. It is obvious that one of the uses of conducting M&E is to utilize the outputs/information of M&E finding to take appropriate action. To facilitate the effective utilization of M&E outputs in decision making there has to be an organized M&E system. Previous study by Huluka (2014) described best M&E practices of local NGOs implementing education projects in Addis Ababa as follows: “proper methods of data acquisition & frequency, Stakeholders involvement, Documentation and information sharing, and Culture of disseminating M&E findings are considered to be good practices of Project Monitoring and Evaluation”. Therefore the respondents finding in figure 4.6.4 depicted that 81% of project staffs are they do not agree that their M&E system is organized. Only 19% of the respondent replied that they employed an organized M&E system.

4.7 Project M&E Challenges

The respondents were inquired questions related to the circumstances under which they carried out monitoring and evaluation of the projects they implemented. The probing was done by way of statements that the respondents had to complete to describe a specific M&E environmental issues that best described their situation. The probing for the environment using statements was done in order to identify the challenges they faced while conducting M&E without biasing the respondents. Different challenges were highlighted and for the purpose of analyzing the issues the researcher decided to categorized challenges under three groups such as: challenges associated with Policy environment, challenges related to resources and challenges associated with M&E practices. The responses were analyzed using means and standard deviations using tables.

4.7.1 Interpretations of findings

This section presents the descriptive statistics of challenges associated with Project M&E of NGOs implementing NCDs projects in Addis Ababa. The main problem areas in project M&E were identified by comparing their mean and standard deviation between the respondents’ agreement and disagreement on the issues associated with M&E. The lower the mean score indicates the strength of respondents’ agreement over the issue. The higher the mean score indicates the strength of respondents’ disagreement over the issue. The higher the standard deviation implied that the

wider the variation in responses and vice versa. The result of the analysis is presented in different tables below.

4.7.2 Challenges associated with policy environment

Table 6: Challenges associated with budget

Attributes	Interpretation	Percent	Mean	Std. Deviation
International Big funders like (UNDP, Global fund, USAID, etc..) support NCD projects	Strongly Agree	-	4.27	0.884
	Agree	7%		
	Undecided	7%		
	Disagree	40%		
	Strongly Disagree	47%		
Government healthcare budget to NCDs is adequate	Strongly Agree	-	4.67	0.49
	Agree	-		
	Undecided	-		
	Disagree	33%		
	Strongly Disagree	67%		

Source: own Survey 2017

Questions under table 6 sought to determine the policy environment of NCDs projects from International, National and organizational dimension. The findings revealed those internationally well-known big funders to healthcare projects gave their deaf ear to intervene on the burden of NCDs in general and local NGOs in particular. The mean score in the above table also indicates at 4.27 and standard deviations of 0.8 interpreted to international major actors are not participated to fund NCDs activities of local NGOs working in Ethiopia.

“Ethiopian total health expenditure as percentage of GDP is 4.73% which is far from the Abuja declaration of 15%. Expenditure for health remain low with per-capita health expenditure of 28.65\$ which is less than half of the globally recommended 60\$ for low income countries. Health care is mainly financed by aid (36%), followed by out of patient expenditure (33%) and government expenditure (30%). More than 40% of health expenditure goes to communicable

disease such as HIV/AIDS, TB, Malaria, while NCDs accounted for 8.4% of the total national expenditure respectively. The essential health care package, the mechanism in use to prioritize health care services, classified NCDs as least priorities and was not revised since its introduction in 2013. Generally NCDs do not appear as one the major priority areas at national level. Even when they do they lack adequate funding from both internal and external sources. There is a wide prevailing misconception among policy makers, providers and the community that NCDs are disease of the “affluent” and old age while evidence indicates otherwise” (NCIDI Poverty Commission, Unpublished Report, 2017). The findings also show the mean score of 4.67 interpreted to mean the government budget to NCDs is inadequate.

Table 7: Challenges associated with CSA proclamation

Attributes	Interpretation	Percent	Mean	Std. Deviation
Charities and Societies law proclamation 621/2009, Article 88 (30/70 rule) is a barrier to hire additional qualified employees	Strongly Agree	80%	1.20	0.41
	Agree	20%		
	Undecided	-		
	Disagree	-		
	Strongly Disagree	-		

Source: own Survey 2017

“Local NGOs were unable to solicit sufficient budget for monitoring and evaluation due to the proclamation 621/2009 (rule of 30/70). This shows that NGOs on one hand were required to monitor and evaluate their projects not only because the donors demand but also because it was an essential component of a project, on the other hand since the costs related to M&E fall under the 30% administrative expense threshold, they were pressurized to keep M&E costs to the minimum. As a result due to minimal budget allocation for monitoring and evaluation these organizations were not able to monitor and evaluate their projects effectively and also they are forced to decrease their monitoring and evaluation staff because of the proclamation. This means respondent NGOs either carry out the activity by non-expertise or they produce bogus reports to the benefit of donors and the government. This production of bogus reports is absolutely against the development philosophy of the NGO sector” (Huluka, 2014). The findings also show the score mean of 1.2

with 0.41 standard deviation implied that Charities and Societies law proclamation 621/2009, Article 88 (30/70 rule) is a barrier to hire additional qualified employees.

Table 8: Challenges associated with baseline data

Attributes	Interpretation	Frequency	Percent	Mean	Std. Deviation
Absence of baseline data on prevalence NCDs is an obstacle to intervene	Strongly Agree	7	47%	2.20	1.373
	Agree	3	20%		
	Undecided	-	-		
	Disagree	5	33%		
	Strongly Disagree	-	-		
Intervene on diversified thematic area is challenging to conduct M&E	Strongly Agree	8	53%	1.47	0.52
	Agree	7	47%		
	Undecided	-	-		
	Disagree	-	-		
	Strongly Disagree	-	-		

Source: own Survey 2017

It is obvious that determining the magnitude and prevalence of any health problem is a prerequisite to take appropriate intervention. For a country like Ethiopia where resources are limited decisions has to be made based on priority. “Priorities should be guided by evidence on disease burden, socioeconomic impact and cost effectiveness” (NCIDI Poverty Commission, Unpublished Report, 2017). The question in table 4.7.2.3 sought to determine the availability of baseline data on prevalence of NCDs. The respondents score a mean of 2.2 stressed their agreement on the absence of baseline data on NCDs challenged to focus on the most effective intervention range.

Previous research findings on education projects implemented by local NGOs by Huluka (2014) explicitly showed the challenges of diversified project activities while conducting monitoring and evaluating their projects. About 16% of respondent NGOs were reported that they were challenged by monitoring and evaluation barriers such as ambitious expectations, plethora of objectives, vague objectives, and incompatibility of M&E tools. Table 4.7.2.3 also sought to determine the challenges of implementing projects on diversified thematic area. According to the findings of the analysis the challenges of intervening on diversified thematic area while conducting M&E were (mean= 1.47, standard deviation= 0.41) which means the respondents strongly agreed on the drawbacks of implementing diversified thematic area with respect to conducting M&E.

4.7.3 Challenges associated with resource

Table 9: Challenges associated with resource

Attributes	Interpretation	Percent	Mean	Std. Deviation
The finances to carry out monitoring and evaluation activities are	Very Adequate	-	4.27	0.46
	Adequate	-		
	Undecided	-		
	Rarely Adequate	73%		
	Never Adequate	27%		
There is lack of monitoring and evaluation expertise	Strongly Agree	33%	2.00	1.13
	Agree	53%		
	Undecided	-		
	Disagree	7%		
	Strongly Disagree	7%		
Volunteers are the back bone of your organization	Strongly Agree	67%	1.33	0.49
	Agree	33%		
	Undecided	-		
	Disagree	-		
	Strongly Disagree	-		
It is important charging beneficiaries with very minimum cost for the service they provided as cost share scheme	Strongly Agree	-	4.07	1.16
	Agree	20%		
	Undecided	-		
	Disagree	33%		
	Strongly Disagree	47%		

Source: own Survey 2017

Table 4.7.3.1 sought to determine the availability of funds amongst the respondents to carry out monitoring and evaluation activities. The analysis shows that the mean score was 4.27 interpreted to mean that the local NGOs implementing NCDs projects faced a challenge of inadequate finances to carry out monitoring and evaluation activities on the projects they implemented.

To the question sought to determine the availability of M&E experts within the organization, the findings shows that a mean score of 2.0 and 1.33 Standard deviation implied that the respondents agreed that the inadequacy of M&E experts in their organization.

Findings on table 4.4.2 also show that the contribution of volunteers is highly significant and local NGOs implementing NCDs projects almost relied on them. It has its own implications from different angle especially from resource and performance of projects. To determine the significance of volunteers the researcher asked about what volunteers mean to the organizations, there response shows a mean score of 1.33 with a standard deviation of 0.49 implied that they agreed that volunteers are the backbone of the organizations.

The biggest issues on local NGOs sectors especially for those of who are working on less privileged but major health problems like NCDs are the issue of sustainability. Even though there is lack of fund on NCDs projects it is highly dependent on external sources from donors. To overcome these dependency NGOs should involve themselves in to different income generating activities. “As a means of fostering sustainability beneficiaries should be more involved in activities of the NGOs” (Huluka, 2014). Very minimal service charge out of the benefits provided to beneficiaries is a modern way to make beneficiaries part of the fight against NCDs and also help to avoid dependency attitude. An interview with general managers of the organizations also prevailed that all beneficiaries received any medical supplies and services without any contribution of even as a cost share. Therefore the analysis findings also shows that majority of the respondents responded that charging beneficiaries is not necessary and there disagreement shows the mean score of 0.47 with a standard deviation of 1.16.

4.7.4 Challenges associated with M&E Practices

Table 10: Challenges associated with M&E Practices

Attributes	Interpretation	Percent	Mean	Std. Deviation
There is an electronic means of getting data from hospitals where the beneficiaries receive medical treatment	Strongly Agree	-	4.53	0.52
	Agree	-		
	Undecided	-		
	Disagree	47%		
	Strongly Disagree	53%		
We are using an electronic beneficiaries/members database	Strongly Agree	-	4.33	0.49
	Agree	-		
	Undecided	-		
	Disagree	67%		

	Strongly Disagree	33%		
Different donors have different reporting requirements	Strongly Agree	33%	1.67	0.49
	Agree	67%		
	Undecided	-		
	Disagree	-		
	Strongly Disagree	-		
Monitoring and evaluation reporting requirements from donors are	Very strict	27%	1.27	0.46
	Strict	73%		
	Undecided	-		
	Lenient	-		
	Very lenient	-		
Your office setup is modern (good internet connection, use of electronic filing system / database)	Strongly Agree	-	4.47	0.83
	Agree	7%		
	Undecided	-		
	Disagree	33%		
	Strongly Disagree	60%		

Source: own Survey 2017

Findings from discussion with general managers of the organizations imply that getting patients data from hospitals where beneficiaries got medical treatment is very challenging. Any information about the patient is very much important as input to conduct effective M&E practice and help to measure the impact of the interventions. Table 4.7.3.2 shows that there is no electronic means of getting data from hospitals where the beneficiaries receive medical treatment. The analysis shows a mean score of 4.53 and standard deviation of 0.52. Interviewees also expressed there is high interdependency among local NGOs and government hospitals and the nature of the project also required collaboration from government hospitals. Even internally majority of the respondents which accounts about 67% are do not have an electronic database to record beneficiaries' information.

Another question on Table 4.7.3.2 sought to determine about the donors reporting requirements. It is challenging while there are multiple donors with different reporting requirements. The table shows that the mean score was 1.67 interpreted to mean that there was strong agreement that different donors had different reporting requirements. The standard deviation of 0.49 implies a small variation amongst the respondents with majority of them agreed. And also their reporting requirements are strict too. The table shows that the mean score was 1.27 interpreted to mean that

there was strong agreement that different donors had very strict reporting requirements. The standard deviation of 0.46 implies a small variation amongst the respondents with majority of them agreed.

Table 4.7.3.2 also sought to determine from the respondents about their office setup regarding the use of computerized filing system. The table shows that the mean score of 4.47 and standard deviation is equal to 0.83 implied that majority of them are using computerized filing system with good internet connection.

4.8 Research Limitations

Due to limited number of organizations implementing NCDs projects the research addressed only 3 local nongovernmental organizations. As a result the research finding may not be generalized for all local nongovernmental organizations executing NCDs projects in Addis Ababa. Some other limitations of the work include lack of research findings specifically on NGO supported projects monitoring and evaluation; Lack of adequate and formally organized available data, delay of responses were major constraints.

4.9 Recommendations for Future Research

Due to the distinct lack of related researches about the experiences and challenges Addis Ababa based local NCDs NGOs conducting monitor and evaluate their projects, it seems premature at this stage to make any suggestion particularly on policy issues. Instead, of more value would be additional research on the subject area.

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. It would be relevant to seek the experiences of more NGOs both local & international, working within the city, since in this way increased accuracy regarding the sector could be gained.

The charities and Societies proclamation was only implemented for about five years (since 2009), so it is relatively new in terms of its operational implications on monitoring and evaluation. A long time study of its effects would enable researchers to identify its endured effects and benefits.

Further research would be required to determine empirically the actual impact of in appropriate monitoring and evaluation on the performance of local NGO executed projects in the city.

Since monitoring and evaluating as key management tools should be integrated with in project planning's. Further research could help in investigating the project planning practices of the sector.

Chapter 5: Summary, Conclusion and Recommendations

5.1 Introduction

As outlined in chapter one, the primary aim of this thesis is to assess practices and challenges of local NGOs implementing NCDs projects in Addis Ababa. This chapter pursues to situate the findings from chapter four in to the context of the aim and objectives, which represent the original motivation of the study.

The next sub section presents summary of findings, concluding statements and then recommendations.

5.2 Summary of Findings

It requires deep understanding of the situation of NCDs and its burden before making conclusions on how local NGOs in Addis Ababa were effective while they conduct M&E of their projects and various challenges they faced. The followings were major research findings.

- 5.2.1 Local NGOs implementing NCDs projects are working in different thematic areas. Among the areas awareness, control, supply of medical supplies, capacity building and Training to health care professionals are the major thematic areas. Awareness projects are predominantly conducted by all organizations under the study setting. In general a single organization is implementing projects on more than five thematic areas irrespective of gender and age. Finding also shows that intervene on diversified thematic area is challenging to conduct M&E because every project area needs different tools and techniques to monitoring and evaluation.
- 5.2.2 Despite the burden and challenges of major NCDs in Ethiopia the proportion of allocated national budget is incomparable. Recent commitments and developments from key global actors concerning NCDs shows improvement. For the time being depending on foreign aid is mandatory to intervene on the burdens of NCDs, but foreign big funders like USAID, Global Fund, UNDP, etc...are also not interested to fund NCDs activity due to low attention given by global community to take an initiative to incorporate NCDs in

millennium development goals (MDGs). Due to those reasons the findings of the research shows Pharmaceutical companies, corporate companies and private affluent individuals take the lion share of the NCDs budget. Further the findings reveals that many of the practices within the NGOs didn't had a separate budget line for the purpose of conducting M&E rather they blended with the entire project management budget, this is one of the manifestation of lack of concern within the organizations.

- 5.2.3 Though literature shows that lack of resources at local NGOs is eminent, Local NGOs implementing NCDs projects also faced the same problem. M&E profession requires different skills (Mark, 2007), however the research findings shows that most of the organizations had assigned only one person to conduct M&E of their projects. The rest of the organizations do not had any assigned person dedicated to M&E they merely conduct M&E by other project staffs only for the purpose of reporting to donors and some government agencies (FMoH and CSA) required for the sake of license renewal in each three years.
- 5.2.4 The research findings also revealed that the practices of conducting project need assessment was poor and signifies low participation of beneficiaries while planning the project plan. The practice shows project plans are developed by the participation of donor and project managers of the organization.
- 5.2.5 All of NCDs project organizations did not have written M&E plan or guideline. Lack of well-designed M&E plan is highlighted by another researcher (Hulukha, 2014) by his study on M&E practices and challenges of local NGOs implementing education projects in Addis Ababa.
- 5.2.6 Literatures further suggests that the needs of baseline data in order to make efficient intervention. The finding reveals that there were no baseline data while the commencement of these NCDs projects. The absence of baseline data influence M&E frameworks to set key performance indicators of the projects. In order to prevent these dilemma WHO developed frameworks for NCDs intervention. The research findings prevail that none of the organization perform a review to the WHO NCD intervention framework.
- 5.2.7 The research findings shows that M&E findings disseminated through donor reports, report to field staffs and for community meetings. The most common data collection techniques are material distribution registers, followed by attendances and through observations.

- 5.2.8 The findings also shows that there is an absence of M&E training and the organizations conduct M&E by involving external parties from government officials but only during summation evaluation. Summation evaluation is popular and frequently practiced by the organizations. Conducting summation evaluation is mandatory for renewal of licenses and before approval of new projects.
- 5.2.9 The research findings shows that there is no organized M&E system which enable appropriate and firm input in decision making.
- 5.2.10 The research question further facilitated to identify challenges that local NCDs NGOs were faced while monitoring and evaluating their projects in the past three years. Lack of fund from international and national was one of the major drawbacks the organization faced while they conduct M&E of their projects. Government budget to healthcare in general and NCDs in particular as compared with other diseases is very small.
- 5.2.11 Charities and societies proclamation 621/2009, Article 88 commonly referred to 30/70 rule is a barrier to hire additional qualified employees in general and M&E officers in particular.
- 5.2.12 The finances to carry out monitoring and evaluation activities are rarely inadequate.
- 5.2.13 The findings also show that there is lack of monitoring and evaluation expertise. Literatures shows that “Monitoring and evaluation requires specific skills and expertise such as monitoring and evaluation design skills particularly log frame design, indicator setting: both qualitative and quantitative, design of data collecting instruments including questionnaires, focus group discussion guides” (Mark, 2007). The findings also shows that majority of associations didn’t have an assigned M&E experts and conduct M&E by the projects staffs they had and some officers from government regulatory bodies.
- 5.2.14 NCDs projects are not only dependent on donor funding but also they are highly dependent on volunteers. Volunteers are the back bone of local NGOs implementing NCDs projects.
- 5.2.15 Peculiar feature of these patient based associations while the research undergone, they were providing everything for free. An interview with general manager of one association show that every members of the associations can utilize any benefits brought by the projects for free irrespective of their economic status for those of who can afford and less fortunate too as long as the projects can afford. It seems necessary from the point of charity but the question of sustainability is a concern from M&E perspective also. The interviewee also prevail that sometimes they face shortage of medical supplies and patients face some difficulties of getting medications and the association also feels that they are creating a

dependency syndrome among patients. But majority of the respondents disagree the idea of charging beneficiaries very minimum cost for the benefits they are provided as a cost share scheme.

5.2.16 The findings prevails that getting patient information from hospitals is a challenge they faced while conducting M&E of their projects. The absence of electronic membership database also a hindering factor to conduct appropriate M&E practices.

5.2.17 The findings show that different donors have different strict reporting requirements and it creates a challenge on M&E practice. Previous study by Muzinda (2007) also support this idea while conducting a research on M&E practice and challenges of HIV/AIDS projects in Botswana, “Multiple donor requirements would translate into excessive burden to the NGOs to conform to these different requirements, this exacerbates the problem of stretched capacity on the project in terms of manpower. This would result in monitoring and evaluation being looked at as a burden, not as an opportunity to learn”

5.3 Conclusion

The intent of this research is to examine monitoring and evaluation experiences and challenges of local NGOs implementing NCDs projects and also to assess policy structures where the organizations operating. Finally recommending the coping mechanisms to challenges they face is the researcher ultimate objective. Conclusion of the research findings discussed next.

NCDs projects implemented by local NGOs in Addis Ababa were not effectively monitored and evaluated. As per the findings the practice of M&E in these particular organizations had observed the following deficiencies: despite the fact that there are very few actors on NCDs intervention, these organizations were not strategically focused rather they intervene on almost all aspects of NCDs issues with diversified thematic areas which is required an extra effort to efficiently conduct M&E.

None of them have written M&E plan or guideline. These organizations did not have an organized M&E system and active patient database which facilitate timely decision making and also poor involvement of beneficiaries who are the major stakeholders of the associations in designing the

project as well as conducting M&E. Generally M&E had given low attention in these organizations.

Policy structures globally as well as locally need a paradigm shift. It is the right time to intervene on NCDs some improvements on commitments from major actors are on the pipeline. Charities and Societies law proclamation 621/2009, Article 88 (30/70 rule) is considered as discriminatory and are not stands in favor of small local NGOs like organizations working on NCDs in general. The number one challenge not to conduct effective M&E is lack of fund. It has a domino effect for all challenges in these local NGOs. NCDs projects are highly dependent on donors. Donors reporting mechanisms are strict and require assigned M&E personnel, lack of M&E expert at organizations are observed. Income generating activities from local sources are not consistent.

5.4 Recommendations

5.4.1 Recommendations of the study

Based on the highlighted conclusions, following recommendations are proposed the researcher makes to address some of the key findings of the study. It is then recommended that:

- 5.4.1.1 The findings shows that NGOs working on NCDs projects are involved in diversified thematic area which create a challenging situation to the smooth flow of conducting M&E. therefore it is vital if they are strategically focused on few thematic areas and to successfully implement projects and conducting effective M&E. It is advisable classifying thematic areas based on either demographic or other variables.
- 5.4.1.2 As the researcher concluded that the source of all challenges not to conduct efficient M&E is a policy issue globally as well as locally. It is highly recommended that appealing an attention of the world through massive advocacy effort is highly required to bring a policy paradigm shift to make NCDs a world agenda, to allocate more budgets, and to conduct more research based on local context.
- 5.4.1.3 All organizations implementing NCDs projects in Addis Ababa do not had a written M&E plan that efficiently guide to conduct their projects M&E and organized M&E system. It is highly needed an organized M&E system with electronic beneficiaries database, which

can ensure that using M&E findings in decision making and document lessons learned for future interventions.

- 5.4.1.4 None of the associations are participating on IGA (Income Generating Activity) which is a privilege provided by Charities and Societies law proclamation 621/2009 to local NGOs to support their program activity through income generating activities. Therefore minimizing donor dependency and building local capacity through IGA, consistent local fundraising activity as well as introducing cost sharing scheme from economically able beneficiaries are important to reduce the challenges of fund. Introducing a minimum cost sharing scheme to economically able beneficiaries is important to promote organizational sustainability as well as avoiding dependency of beneficiaries.
- 5.4.1.5 Internally organizations also need to show a commitment to improve M&E practices through: establishing qualified M&E team, providing M&E training.
- 5.4.1.6 Participating major stakeholders in commencement of the project as well as conducting M&E by using participatory approach is vital.
- 5.4.1.7 Working in collaboration with government agencies who have a direct stake in NCDs such as: Federal Ministry of Health (FMoH), Federal Charities and Societies Agency (FCSA), Ministry of Finance and Economic Development (MoFED) and Pharmaceutical Funds and Supplies Agency (PFSA) through frequent meetings and communication are very important.

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Annexes

ADDIS ABABA UNIVERSITY
SCHOOL OF COMMERCE GRADUATE PROGRAM
MA IN PROJECT MANAGEMENT

INTRODUCTION

The purpose of this questionnaire is to gather information on practices and challenges of local NGOs implementing non-communicable disease projects. Hence, you are kindly requested to provide only thoughtful and honest responses that will give the most valuable information for the research. The data collected here will be combined to provide a picture of how local NGOs look like in Monitoring and Evaluation perspectives. Finally, the researcher wants to assure you that this research is intended fully for academic purpose and all information's that you provide will be used only for research purpose and kept confidential.

INSTRUCTION

This questionnaire has four parts.

- The first part deals with background information's.
- The second part deals with Monitoring and Evaluation planning.
- The third part focuses on exploring monitoring & Evaluation process implementation.
- Part four assess challenges associated with local NGOs while monitoring & evaluating their projects.

There is no right or wrong answers to the questions. Try to answer all the questions carefully to the best of your knowledge. Follow the guide under each question for choices more than one. In a situation where there are issues that are not pertinent to your case, consider the "*skip to*" option.

Survey Questionnaire

Code _____			
NO	Questions	Responses	Skip
PART 1- BACKGROUND INFORMATION			
1.1	What is/are the major thematic areas of your intervention? (please circle more, if your area of operation is more than one)	1 Advocacy	
		2 Awareness	
		3 Prevention	
		4 Control	
		5 Capacity building	
		6 Care and Support	
		7 Training	
		8 Supply of medical supplies	
		9 Others	
1.2	For how long (in years) has your organization been carrying out these projects?	1 3-5 Years	
		2 6-9 Years	
		3 >10 Years	
1.3	When was your organization established?	_____years ago	
1.4	How much was your last year total budget?	In Cash/Birr	In Kind/Birr
		1 <300,000	<300,000
		2 300,000 -600,000	300,000 -600,000
		3 601,000-1,000,000	601,000-1,000,000
		4 1,000,001-3,000,000	1,000,001-3,000,000
		5 >3,000,001 Birr	>3,000,001 Birr

1.5	The organizations that fund your projects include the following: (Please tick more than one if you have several donors)	1	International Donor agencies (e.g. UNDP, Global fund, USAID, etc.)	
		2	Government bodies	
		3	Corporate companies	
		4	Private individuals	
		5	We don't receive any donor fund	
	Please mention any other source if not included (If you do not receive any donor fund please skip question 1.6)			
1.6	What was the contribution in percentage of donors to the total budget you spent on projects last year?	1	0% - 25%	
		2	26% - 50%	
		3	51% - 75%	
		4	76% - 100%	
1.7	What is the total number of the staff that your organization has?	Volunteers		Permanent Staffs
		1	<7	<7
		2	7-12	7-12
		3	13-18	13-18
		4	>18	>18
1.8	Organization of your M&E team in your organization?	1	At department level	
		2	Team level	
		3	Individual / officer based	
		4	No concerned body / Decentralized	
		5	Others	
1.9	Please mention any other, if not included in the option above			
1.10	How many employees are directly involved in project/Program activity?			
1.11	How many employees are considered as a supporting staff			

	to your projects/programmes?	
1.12	What is your current position at this organization?	
PART 2 - M & E PLANNING		
2.1	Does your organization conduct a needs assessment/Baseline survey while planning the project?	1 Yes
		2 No
2.2	Who are the participant/stakeholders during the project planning stage?	1 Project donor
		2 Project Manager
		3 Project M&E officer
		4 Beneficiaries
		5 Others
	Please mention any other, if not included in the option above	
2.3	Does your organization have a written Monitoring & Evaluation plan/guideline?	1 Yes
		2 No
2.4	If your response above is yes, did you review WHO evaluation framework to evaluate NCD interventions?	1 Yes
		2 No
	If your response to question 2.3 is no, what is the reason that prompts not to have the plan?	
2.5	If your response to question 2.3 is yes, who are the stakeholders involved while planning Monitoring & Evaluation?	1 Project donor
		2 Project Manager
		3 Project M&E officer
		4 Beneficiaries
		5 Others

	Please mention any other, if not included in the option above		
2.6	The following aspects are normally specified in the plan that guides monitoring and evaluation.	1	Planning the evaluation
		2	Selecting indicators/ data to be collected
		3	An individual in charge of M&E
		4	Schedule M&E activities
		5	How to use & disseminate M&E findings
2.7	Does your organization have a separate M&E budget?	1	Yes
		2	It is aggregated with the entire project budget
		3	No budget at all
2.8	Monitoring and evaluation activities are normally allocated a percentage of the total project budget.	1	<5%
		2	5% - 10%
		3	11% - 15%
		4	>15%
2.9	Monitoring and evaluation activities are part of the project schedule.	1	Yes
		2	No
2.10	How do you disseminate monitoring and evaluation findings? <i>(please tick more than one if you have)</i>	1	No dissemination
		2	On the notice board
		3	Report to field staff
		4	Report to donor
		5	Newsletter
		6	Community meetings
		7	Report to beneficiaries
PART 3 - M & E PROCESS IMPLEMENTATION			
3.1	The project finances are normally monitored by comparing the planned budgeted expenditure	1	Every month
		2	Every three month
		3	Every six month

	against actual.	4	Every twelve month	
		5	Never	
3.2	We normally monitor and control the activities of the field staff, branch offices and project sites.	1	Every month	
		2	Every three month	
		3	Every six month	
		4	Every twelve month	
		5	Never	
3.3	We normally use the following methods in collecting monitoring and evaluation data.	1	Attendance forms	
		2	Questionnaires	
		3	Participant observation	
		4	In-depth interviews	
		5	Material distribution registers	
		6	Focus group interviews	
	Please mention any other data collecting methods you use that is not mentioned above.			
3.4	Which type of evaluations do you normally carry out on the projects you implement?	1	Mid-term (interim) evaluations	
		2	Summation evaluations (end of project)	
	Please mention any other evaluation types you use.			
3.5	Does your organization involve an external evaluator?	1	Yes	
		2	No	
3.6	How often do you document lessons learned on the project implementation?	1	Every month	
		2	Every three month	
		3	Every six month	
		4	Every twelve month	
		5	Never	
3.7	If you document the lessons learned on the projects briefly explain			

3.8	Does your organization provide M&E training for program and M&E staff?	1	Yes
		2	No
3.9	Does your organization regularly analyze reports in order to assess achievements and challenges?	1	Yes
		2	No
3.10	Is Monitoring and Evaluation information provided to program managers/officers to assist in decision-making and planning?	1	Yes
		2	No
3.11	Does your organization have a system to ensure that lessons learned applied to future programs?	1	Yes
		2	No

PART 4 - CHALLENGES ASSOCIATED WITH M&E PRACTICES

4.1	International Big funders like (UNDP, Global fund, USAID) are our supporters.	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
4.2	Absence of baseline data on prevalence NCDs is an obstacle to intervene.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4.3	Government healthcare budget to NCDs is adequate.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4.4	Intervene on diversified thematic area is challenging to conduct M&E.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4.5	The finances to carry out monitoring and evaluation activities are.	Always adequate	Adequate	Neutral	Rarely adequate	Never adequate

4.6	There is lack of monitoring and evaluation expertise.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4.7	Volunteers are the back bone of your organization.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4.8	It is important charging beneficiaries with very minimum cost for the service they provided as cost share scheme.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4.9	Charities and Societies law proclamation 621/2009, Article 88 (30/70 rule) is a barrier to hire additional qualified employees.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4.10	There is an electronic means of getting data from hospitals where the beneficiaries receive medical treatment?	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4.11	We are using an electronic beneficiaries/members database.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4.12	Different donors have different reporting requirements.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4.13	Monitoring and evaluation reporting requirements from donors are.	Very Strict	Strict	Neutral	Lenient	Very Lenient
4.14	Your office setup is modern (good internet connection, use of electronic filing system / database).	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4.15	Did you mentioned about sustainability issue on your phase-out strategy of your intervention plan on NCDs?	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4.5	Please mention any other monitoring and evaluation issues that may not have been covered.					

4.6	Please indicate below if you would be interested in the receiving a copy of the findings of this thesis.	1	Yes
		2	No

ADDIS ABABA UNIVERSITY

SCHOOL OF COMMERCE GRADUATE PROGRAM

MA IN PROJECT MANAGEMENT

Date: _____

Interview with (Code): _____

Interview Guide Questions to local NGOs Executive Directors

Introduction:

This interview is being conducted as part of my research examining Monitoring and evaluation practices and challenges of local nongovernmental organizations implementing NCDs projects in Addis Ababa. The questionnaire is developed under three topics: Policy issues from International, National and Organizational perspectives. The second interview is focused on resource issues and finally on Monitoring and Evaluation systems that your organization arranged.

Part One: Policy Issue

1. Why International big funders are not interested on funding NCDs projects and Why NCDs are not part of MDGs?
2. Do you think that absence of baseline data on NCDs area is an obstacle to intervene?
3. Do you believe the National NCDs prevention and treatment guideline/protocol addressed all issues in detail?
4. Do you think that having diversified thematic areas and diversified beneficiaries will contribute your organization to strategically unfocused and overwhelmed by diversified objectives?
5. Why governments provide financial support to Local NGOs implementing NCDs projects? How much is government healthcare budget allocated to NCDs?

Part Two: Resource Issue

1. Do you believe that if there were no volunteers your organization wouldn't be at this position?
2. Did you charge beneficiaries any service charge as cost share scheme? Do you think giving everything for free is opposed with the notion of sustainability?
3. For the past three years how much was your program expense percentage share against your total annual expense?
4. How do you see government rule of 30/70 is it a challenge for your organization? Have you received any warning of exceeding this threshold?
5. Do you think is it feasible to working effectively in diversified thematic area with the existing human resources?

Part Three: M&E System

1. Why FMOH conduct only summation evaluation?
2. Since you are working with different government hospitals, is it easy to get required data for M&E purpose? Did you develop a system to easily get information on patient?
3. Is it easy to access policy makers to influence on decision making? Did you use M&E findings to advocate for policy change?
4. Do you have an R&D department? Do you believe is it important?
5. Do you think that your interventions are / will be sustainable? Do you have a good related experience?
6. Do you think your project is participatory? How?
7. What are the challenges to have an M&E department / officer?
8. Do you think there is active involvement of beneficiaries?
9. Is there any means or system to access information about patients after using your services?

Thank You