ADDIS ABABA UNIVERSITY

COLLEGE OF BUSINESS AND ECONOMICS

SCHOOL OF COMMERCE

Department of Project Management

Assessing Project monitoring and Evaluation Practice in Ethiopian public health institute: The case of Center for Disease Control (CDC) Project

By: Mohammed Nasir Hassen

A Project work submitted to Addis Ababa University College of Business and Economics School of Commerce in partial fulfillment of the requirements for the degree of master of arts in project management

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Approved By	Signature	Date
Dr. Wubshet Bekalu (PhD) Advisor	_____	_____
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February 2021

AAU, Ethiopia

Declaration

I, the undersigned, declare that the study entitled "**Assessing Project monitoring and Evaluation Practice in Ethiopian public health institute: The case of Center for Disease Control (CDC) Project"** Is the result of my own effort and study that all sources of materials used for the study have been acknowledged. I have conducted the study independently with the guidance and comments of the research advisor.

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

_____ _____

Mohammed Nasir Date

February 2021

AAU, Ethiopia

Letter of Certification

This is to certify that Mohammed Nasir has conducted this project work entitled "**Assessing Project monitoring and Evaluation Practice in Ethiopian public health institute: The case of Center for Disease Control (CDC) Project**" under my supervision. This project work is original and suitable for the submission in partial fulfillment of the requirement for the award of Master of Arts Degree in Project Management.

Name of research advisor: **Dr. Wubshet Bekalu (PhD)**

Signature _____

February 2021
AAU, Ethiopia

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Abbreviations and Acronyms

M&E	Monitoring and Evaluation
EPHI	Ethiopian Public Health Institute
CDC	Center for disease prevention control
SPM	Strategic Management Plan
PEPFAR	President's Emergency Plan for AIDS Relief
GHSA	Global Health Security Agenda
CARES	corona aids relief for economic security
IHR	International Health Regulation
ENI	Ethiopian Nutrition Institute
EHNRI	Ethiopian Health and Nutrition Research Institute
HSTP	Health Sector Transformation Plan
UNDP	united Nations Development Programme
FGD	Focused Group discussion
NGO	non-governmental organizations
MoU	memorandum of understanding
ToR	Terms of Reference
DDG	Deputy Director General

Abstract

Project management has the task of establishing sufficient controls over a project to ensure that it stays on track towards the achievement of its objectives. This is done through conducting M&E which are crucial components of any projects and also an essential part of public health programs. increases in international funding for health and related projects for public organization like EPHI have been accompanied by increased demand for M&E. however, its not fully grasped to what extent EPHI are practicing M&E and their challenges.

Thus, this study was conducted to assess the CDC's project monitoring and evaluation practice in the Ethiopian Public Health Institute. To this end, a mixed study design approach was used which are a quantitative and qualitative study design by using census as a sampling method since all the participants are included in the study. A quantitative data was collected through administration of questionnaires to project team and Monitoring and evaluation team members and open-ended questionnaires for in depth-interview for DDG, Project managers/Directors, Monitoring and evaluation team lead and different team leads. Data entry and analysis were conducted using SPSS version 21 for quantitative data and ATLAS was used for coding in thematic area and the analysis was relying on descriptive statistics.

According to the findings M&E plan integrated with annual plan doing so stakeholders are involved in the process. The purpose of M&E is both for internal use and learning and also donor's accountability. Project activities are analyzed and reported regular and reported to leadership in time. On the contrary, poor in providing training for project staff and no lesson learning practice. All in all, project monitoring practices of M&E are good. The study found out that the necessary inputs needed to run the CDC projects are present except the policy to support the system. The assessment found out that limited in number of expertise, project staff engagement in another competing activity and unavailability of policies/guidelines are the main challenges.

Key Words: M&E practice, challenges of M&E practice, Inputs for M&E practice, CDC project-EPHI

Chapter One: Introduction

1.1. Background of the Study

Project management has the task of establishing sufficient controls over a project to ensure that it stays on track towards the achievement of its objectives.(Umhlaba Development Services, 2017) This is done through conducting monitoring and evaluation which are crucial components of any projects and also an essential part of public health programs.(Bornstein, 2006)(World Health Organization, 2009)(Gopichandran and Krishna, 2013) A well-designed monitoring and evaluation process provide information to program managers and implementers that is critical to judging the effectiveness of particular interventions so that modifications can be made to optimize project impact.(Castro, 2009)

Due to nature of Monitoring and evaluations are interactive and mutually supportive processes, it provides government officials, development managers, and civil society with better means for learning from past experience, improving service delivery, planning and allocating resources, and demonstrating results as part of accountability to key stakeholders.(Umhlaba Development Services, 2017) Thus the goal of a monitoring and evaluation system is to increase the density and quality of information flow to improve decision-making at all levels, from the field through managers to donors and other stakeholders. (Kurnia, 2017)

Project performance must be monitored and measured regularly to identify variances from the project plan. Variances are fed into the control processes in the various knowledge areas. To the extent that significant variances are observed (i.e., those that jeopardize the project objectives), adjustments to the plan are made by repeating the appropriate project planning processes.(PMBOK, 2000) Monitoring and Evaluation practices are very essential to deliver the project/program based on the interest of all stakeholders. (Crawford and Bryce, 2003)

The Monitoring and Controlling Process coordinates project phases in order to implement corrective or preventive actions to bring the project into compliance with the project management plan. This continuous monitoring provides the project team insight into the health of the project and identifies any areas requiring additional attention.(Rose and Indelicato, 2013) It measures progress against project objectives and the influence of the programme on people

and the context as well as tracking the systems and processes of the implementing agency. Monitoring information guides project revisions, verifies targeting criteria and confirms that aid is reaching the people intended. It enables decision-makers to respond to community feedback and identify emerging problems and trends. (‘sphere unpacked Sphere for Monitoring and Evaluation’, 2015)

Evaluations can be internal or external, but they always seek to be systematic, objective and credible. They can explore the project design, its relevance, the implementation of activities, internal and external relationships and coordination, the projects’ outputs, outcomes and impact, or some combination of these areas.(‘sphere unpacked Sphere for Monitoring and Evaluation’, 2015)

Even if monitoring and evaluation is important, it is not known how and to what extent public health centers are practicing monitoring and evaluation in the context of many Programs and the challenges.(Faris, 2017) Improvement of institutions through M&E systems generally leads to improvement in accountability and learning, which may ultimately lead to better performance and results on the ground. Moreover, it is also essential for improving the quality of joint sector reviews. (Holvoet and Inberg, 2014)

1.1.1. Background of Study Project

As the technical arm of the Federal Ministry of Health and autonomous Federal Agency, the Ethiopian Public Health Institute (EPHI) is entrusted with four major tasks, namely, undertaking researches on priority health and nutrition issues to generate scientific information for evidence based decision making for the advancement of public health and technology transfer; leading the national public health emergency management system, establishing and maintaining quality laboratory system and provision of trainings to public health researchers and practitioners for best public health interventions. These major tasks and responsibilities constitute the pillars of the institute's Strategic Management Plan (SPM).

EPHI work with different governmental and non-governmental development partners, Center for disease prevention control (CDC) is among the partners support EPHI for the last 20 years through "Maintenance of Influenza Surveillance Capacity (Influenza grant) , Strengthening Capacity for Laboratory Systems, Strategic Information, and Technical Leadership in Public Health for the National HIV/AIDS Response in the Federal Democratic Republic of Ethiopia under the President's Emergency Plan for AIDS Relief (PEPFAR) grant , Protecting and Improving Public Health in Ethiopia: Building and Strengthening Public Health Impact, Systems, Capacity and Security (GHSA grant and recently the institute signed agreement with CDC CARES grant (corona aids relief for economic security)

The above project support influenza surveillance, prevention of TB/HIV and strengthen laboratory quality management system, helping Ethiopia to achieve the IHR requirement through GHSA project and finally the new grant supports the institute in prevention control of COVID-19 pandemic

For the last 20 years CDC donate 5-8 million USD on annual bases for capacity building in terms of manpower, equipment and suppliers, to conduct supportive supervision and also technical support. EPHI manage the grants by keeping all terms and condition of CDC annual progress report, financial report, Audit report were prepared and submitted to CDC Atlanta

1.1.3. Background of Ethiopian Public Health Institute

The Historical evolution of EPHI started way back to the time around 1941 when the Ethiopian Government established Imperial Medical Research. Later on, after conducting a merger between former National Research Institute of Health (NRIH), the Ethiopian Nutrition Institute (ENI) and the Department of Traditional medicine (DTM) of the Ministry of Health resulted the institution of Ethiopian Health and Nutrition Research Institute (EHNRI). The merger was affirmed by the council of ministers' regulation No 4/1996, which recognized the Institute as an autonomous public authority having its own legal personality.

The addition of the PHEM system to the other two core competencies of EHNRI, namely, leadership in public health researches and public health laboratory system was sufficient to justify the reestablishment of the institute as a National Public Health Institute (NPHI) leading to the renaming of the EHNRI as the Ethiopian Public Health Institute (EPHI) and redefining its mandates in the Council of Ministers Regulation Number 301/2013 and functioning as an autonomous federal government institute having its own legal personality.

According to the Regulation, the Ethiopian Public Health Institute is to serve as the technical and scientific arm of the Federal Ministry of Health with mandates to undertake four strategic missions: conducting researches on priority health and nutrition issues for scientific evidence generation, dissemination, knowledge and technology transfer, management of public health emergencies, establishing and maintaining quality laboratory system, and training public health researchers and practitioners for best public health interventions. Through successfully accomplishing theses strategic missions, the institute envisions to exemplify a center of excellence in public health in Africa in the near future. To the aim of realizing the stated strategic missions and achieving its vision, the institute is currently being guided by its second five-year Strategic Management Plan (2015/2016 – 2019/2020) which was developed in line with Ethiopia's Health Sector Transformation Plan (HSTP) and Growth and Transformation Plan II (GTP-II) in consideration of other relevant international commitments and initiatives for building resilient and sustainable system for health towards achieving Sustainable Development Goal for good health and well-being (Goal 3) by 2030.

Moreover, to enhance the socio-economic development of the country, Ethiopian Public Health Institute (EPHI) is mandated to protect and promote the health of Ethiopian people by addressing priority public health and nutrition problems through problem solving research, public health emergency management, and establishing and monitoring quality laboratory system. In order to bring successful and sustainable development through fast and result oriented action, EPHI needs to lead its direction and the whole process by planning, monitoring and evaluation so as to realize its mission and vision. Therefore, EPHI has established Plan, Monitoring and Evaluation Directorate to have strong and organized plan, resource mobilization, and monitoring and evaluation system. (*History of EPHI*, 2004)

At this moment, close to 80 short- and long-term projects/Programs are in progress of which the majority of the projects are granted by different NGO including WHO, CDC and world Bank.

1.2. Statement of the Problem

Monitoring is normally regarded as an internal function, which is performed by project management. Evaluation, by contrast, is generally performed by funders and/or representatives of the relevant ministry; although project management may also be involved. (Howes, 1992) The ever-increasing demand for scarce resources has drawn more attention to the need to not only evaluate health programmes, but to also ensure that the results of these evaluations influence the implementation practices of M and E. The availability of accurate, timely and consistent data at the national and sub-national levels is assumed to be crucial for development programmes to effectively manage health systems, allocate resources according to need, and ensure accountability for delivering on health commitments. (Kananura et al., 2017)

Recent substantial increases in international funding for health and related projects have been accompanied by increased demand for statistics to accurately track health progress and performance, evaluate impact, and ensure accountability at country and global levels.(World Health Organization, 2009) However, almost most projects aimed their all efforts to launch projects while giving a lower priority for monitoring and evaluation at project's inception. (Lahey, 2016)

Ethiopian Public Health institute receive funding from multiple international agencies for a number of health projects which are expected to be completed within the planned resource and scheduled time. As it is become a normalcy to public organization projects, these projects are not able to deliver the anticipated deliverables and objectives based on the plan with in the projects schedule and cost. These project delay and cost overrun are become the characteristics of projects in Ethiopian Public Health Institute. To better monitor and control the projects progress establishing and maintaining effective monitoring and evaluation is a paramount.

The stated project delay and cost overrun differs from project to projects in EPHI. The difference lays in between respective donors/funders the projects financed and controlled by. These donors have different approach employed to monitor and control the project activity and its progress to achieve the project's objectives. Capturing their practice either poor or best draw a valuable lesson and be an input for project M&E activities within EPHI and beyond. Given that the CDC funded projects in EPHI covers a major deal both in finance and activities, capturing the practice

of the CDC funded projects will provide and draw a picture of projects M&E activity of the institution. Thus, assessing the monitor and control trends of the project along with the existing inputs within the institution used to run the M&E activities will uncover the curtain and show the current status of project M&E activity of EPHI.

This paper is conducted to assess the project monitoring and evaluation practice of Ethiopian Public health institute in projects funded by CDC and its challenges that hinders the quality of project M and E practice along the institutions. As it is established on paragraph above, despite the fact that EPHI runs a great amount of National public health projects and has its own directorate named Plan, Monitoring and Evaluation Directorate, there is no organized assessment is conducted on the aforementioned M & E practice and challenges. This study will be an input for Ethiopian Public Health institute for better projects effectiveness in terms of schedule, cost and quality of the whole projects of the institution. Therefore, assessing monitoring and evaluation practice and determinant factors of the institution particularly the CDC funded projects will be help to improve quality services, by identifying key gabs of implementation status.

1.3. Objective of the Study

1.3.1. General Objective

- To assess Monitoring and Evaluation Practice of CDC Projects in Ethiopian public health institute, Addis Ababa, Ethiopia

1.3.2. Specific Objectives

1) To determine monitoring and evaluation practice of CDC projects in Ethiopian Public Health Institute (EPHI) in Addis Ababa, Ethiopia
2) To identify challenges associated with Projects Monitoring and Evaluation practice of Ethiopian Public Health institute in Addis Ababa, Ethiopia
3) To Assess the existing Inputs for Projects Monitoring and evaluation practice of Ethiopian Public Health Institute in Addis Ababa, Ethiopia

1.4. Research Questions

1) What is the monitoring and evaluation practice of CDC projects in Ethiopian Public Health Institute (EPHI) in Addis Ababa, Ethiopia?
2) What are the existing Inputs needed for effective Project Monitoring and evaluation practice of Ethiopian Public Health Institute for CDC projects?
3) What are the challenges for practicing monitoring and evaluation for CDC projects in Ethiopian Public Health Institute in Addis Ababa, Ethiopia?

1.5. Significance of the Study

This assessment will provide a general understanding on the challenges and the availability of important inputs in M&E practice of CDC projects in EPHI. on the process, it will identify areas which requires an improvement and a gap filling to achieve the intended projects' objectives while putting the CDC project's staff and also the whole institution staff to aware the current M&E activity practice.

can bring a better understanding on the routine practice of Ethiopian public health institute projects monitoring and evaluation practice particularly for granted projects provided that there are close to 80 projects funded by different organizations. At the same time, will be an eye to look by into the challenges the institution come across while conducting M&E for different granted health project expected to hit the target so that the general public health will be improved.

Through pointing out these obstacles and putting into focus the current practice, M&E teams and project managers in the institution who are at front seat to lead the different project from its inception up to its closing will make use of the results from this study. Moreover, it will pave the way for further study serving as a reference material.

1.6. Scope of the Study

The scope of this study solely limited to Ethiopian public health institute, staffs working in Plan, Monitoring and Evaluation directorate with in the institution who are directly responsible for working on project M and E, project manager/primary investigator, team leads. and it focuses on the four projects that are currently in progress funded by CDC. It will not include the regional public health institute's M&E practice for the projects running under their supervision.

1.7. Limitation of the Study

Conceptually, the study was to address the Monitoring and Evaluation practice and challenges of CDC projects in Ethiopian Public Health Institute. However, the study was limited geographically to national public health institute omitting the regional CDC funded projects' monitoring and evaluation practice due to resource and time constraints.

1.8. Operational definition

Activities: the project activities and processes you undertake so that you achieve your desired outputs. (Hobson, Mayne and Hamilton, 2014)

Inputs: the key human, financial, technical, organizational and/or social resources that you need to undertake your activities. (Hobson, Mayne and Hamilton, 2014)

Effectiveness: Effectiveness is the extent to which an outcome is achieved through interventions. It is the extent of a project in achieving its planned goals, objectives, and outputs. (Haydn, 2002)

Efficiency: It is the optimal change of inputs into outputs. (Haydn, 2002)

Monitoring: is the collection and analysis of information about a project, undertaken while the project is ongoing. (Hobson, Mayne and Hamilton, 2014)

Evaluation: is the periodic, retrospective assessment of an organization, project or programme that might be conducted internally or by external independent evaluators. (Hobson, Mayne and Hamilton, 2014)

Project: is a temporary endeavor undertaken to create a unique product, service or result. The end reached when the project's objectives have been achieved or when the project is terminated because its objectives will not or cannot be met, or when the need for the project no longer exists. (PMI, 2008)

1.9. Organization of the study

This study organized in five different chapters of which chapter one comprises background of the study and study project, statement of the problem, significance of the study, research questions and objective, scope of the study and operational definitions on selected terms. A literature review addressing the concept on the topics of study are included on chapter two. Chapter three includes the research methodology containing research approach, population of the study, sampling design, data collection instrument and analysis, validity and ethical considerations. Result of the study and discussion are contained within chapter four. On chapter five dealt with a summary of conclusion and recommendation. In addition to that, references and annexes are also attached herewith.

Chapter Two: Literature Review

Introduction

This section comprises a literature review containing both the theoretical and empirical literature review providing explanations on the concept project and project management, project monitoring and its purpose. Besides, it discusses about right based M&E and its difference with conventional Monitoring and evaluation and also gives in detail factors for effective project monitoring and evaluation.

2.1. Theoretical Review

2.1.1. Project and Project Management

In order to understand project management, one must begin with the definition of a project. A project can be considered to be any series of activities and tasks that have a specific objective to be completed within certain specification, have defined start and end dates, have funding limits (if applicable), Consume human and nonhuman resources (i.e., money, people, equipment) and Are multifunctional (i.e., cut across several functional lines)(Kerzner, 2009) and A project can also be defined as a temporary endeavor undertaken to create a unique product, service, or result. The temporary nature of projects indicates that a project has a definite beginning and end. A project can involve a single individual or multiple individuals, a single organizational unit, or multiple organizational units from multiple organizations. (Rose and Indelicato, 2013)

Project management, on the other hand, involves project initiation, project planning, project execution, project monitoring and control and project closure process groups. Successful project management can then be defined as having achieved the project objectives within time, cost, at the desired performance level, while utilizing the assigned resources effectively and efficiently and accepted by the customer. Project management is the planning, organizing, directing, and controlling of company resources for a relatively short-term objective that has been established

to complete specific goals and objectives. Furthermore, project management utilizes the systems approach to management by having functional personnel (the vertical hierarchy) assigned to a specific project (the horizontal hierarchy) (Kerzner, 2009)

2.1.2. Project 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. (United Nations Development Programme (UNDP), 2009) It can also be put in other words as it is a routine collection and analysis of information to track progress against set plans and check compliance to established standards. (International Federation of Red Cross and Red Crescent Societies, 2011) Contrary to many definitions that treat monitoring as merely reviewing progress made in implementing actions or activities, it focuses on reviewing progress against achieving goals. In other words, monitoring is not only concerned with asking "Are we taking the actions we said we would take? but also "Are we making progress on achieving the results that we said we wanted to achieve?. (United Nations Development Programme (UNDP), 2009) it is a compulsory, continuous and regular process that aims to track the different constitutive elements of the project, in order to achieve the project's objectives. The information obtained through monitoring must lead to decisions, so that the project may be adapted according to the evolution of the community's needs, the context, activities etc…. (ICRC, 2008)

2.1.3. Project Evaluation

The Organization for Economic Co-operation and Development (OECD) define evaluation as an assessment, as systematic and objective as possible, of an ongoing or completed project, programme or policy, its design, implementation and results. (International Federation of Red Cross and Red Crescent Societies, 2011).

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. (United Nations Development Programme (UNDP), 2009) It involves identifying and

reflecting upon the effects of what has been done, and judging their worth. Their findings allow project/program managers, beneficiaries, partners, donors and other project/program stakeholders to learn from the experience and improve future interventions. (International Federation of Red Cross and Red Crescent Societies, 2011)

Evaluations, like monitoring, can apply to many things, including an activity, project, programme, strategy, policy, topic, theme, sector or organization.(United Nations Development Programme (UNDP), 2009) its aim is to determine the relevance of objectives, efficiency,\effectiveness, impact, and sustainability so as to incorporate lessons learned into the decision making process. Specifically, this kind of evaluation addresses: "why" questions, that is, what caused the changes being monitored; "how" questions, or what was the sequence or process that led to successful (or unsuccessful) outcomes; and "compliance and accountability" questions, that is, did the promised activities actually take place and as planned? (Kusek and Rist, 2004)

Purpose of Project Monitoring and Evaluation

The purpose of Project Monitoring and Evaluation is fourfold

1. To build local capacity of project stakeholders to reflect, analyze, propose solutions and take action
2. To learn, adjust and take action by taking corrective action to ensure the achievement of results such as adding or deleting activities or changing one's strategies
3. To provide accountability at all levels from the community, organizational level to those responsible for the implementation and funding of the project
4. To celebrate and build on what is working (GUDDA, 2011)

2.1.4. Project Monitoring Vs Project Evaluation

Recognizing their differences, it is also important to remember that both monitoring and evaluation are integrally linked; monitoring typically provides data for evaluation, and elements of evaluation (assessment) occur when monitoring. *(International Federation of Red Cross and Red Crescent Societies, 2011)* The difference between these two approaches is extremely important. In the more limited approach, monitoring may focus on tracking projects and the use

of the agency's resources. In the broader approach, monitoring also involves tracking strategies and actions being taken by partners and non-partners, and figuring out what new strategies and actions need to be taken to ensure progress towards the most important results.*(United Nations Development Programme (UNDP), 2009)* The main difference between monitoring and evaluation is their timing and focus of assessment. Monitoring is ongoing and tends to focus on what is happening. On the other hand, evaluations are conducted at specific points in time to assess how well it happened and what difference it made. Monitoring data is typically used by managers for ongoing project implementation, tracking outputs, budgets, compliance with procedures, etc. Evaluations may also inform implementation (e.g., a midterm evaluation), but they are Less frequent and examine larger changes (outcomes) that require more methodological rigour in analysis, such As the Impact and relevance of an intervention. *(International Federation of Red Cross and Red Crescent Societies, 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.*(United Nations Development Programme (UNDP), 2009)*

While monitoring provides real-time information required by management, evaluation provides more in-depth assessment. The monitoring process can generate questions to be answered by evaluation. Also, evaluation draws heavily on data generated through monitoring during the programme and project cycle, including, for example, baseline data, information on the programme or project implementation process and measurements of results. *(United Nations Development Programme (UNDP), 2009)* Monitoring is also an ongoing process. The lessons from monitoring are discussed periodically and used to inform actions and decisions. Evaluations should be done for programmatic improvements while the project is still ongoing and also inform the planning of new project.*(United Nations Development Programme (UNDP), 2009)*

2.1.5. Result-Based Monitoring and Evaluation

Results-based monitoring and evaluation (M&E) is a powerful public management tool that can be used to help policymakers and decisionmakers track progress and demonstrate the impact of a given project, program, or policy.*(Kusek and Rist, 2004)* It supports better performance and greater accountability by applying a clear, logical framework to plan, manage and measure an intervention with a focus on the results you want to achieve. Thus, M*onitoring and evaluation (M&E) is a critical part of RBM.* (project or program. *(International Federation of Red Cross and Red Crescent Societies, 2011)*

In other words, Good RBM is an ongoing process. This means that there is constant feedback, learning and improving. Existing plans are regularly modified based on the lessons learned through monitoring and evaluation, and future plans are developed based on these lessons. The main objectives of good planning, monitoring and evaluation—that is, RBM—are to Support substantive accountability to governments, beneficiaries, donors, other partners and stakeholders. *(United Nations Development Programme (UNDP), 2009)*

The adoption of results-based management provides an opportunity to explore different approaches and methods which involve stakeholders more directly in building sustainable development results through their active participation in all dimensions of the project cycle. *(GUDDA, 2011)*

Table 2. 1 Some Difference between conventional monitoring and evaluation and Result based monitoring and evaluation

Differences		
	Conventional	Participatory monitoring and evaluation
Who initiates?	Donor	The donor and project stakeholders
Purpose	Donor Accountability	Capacity building increases ownership over results, multi-stakeholder accountability
Who Evaluation?	External evaluator	Project stakeholders assisted by PM&E facilitator

TOR	Designed by Donor	With limited input
Methods	Survey, questionnaire, semi structured interviewing, FGD	Learning and action, appreciative inquiry, testimonials
Outcome	Final report circulated in-house	Better understanding of local realities, stakeholders involved in decision making around analysis and what to do with information to adjust project strategies and activities to better

2.1.6. Effective Monitoring and Evaluation

In the absence of effective M&E, it would be difficult to know whether the intended results are being achieved as planned, what corrective action may be needed to ensure delivery of the intended results, and whether initiatives are making positive contributions towards human development. *(United Nations Development Programme (UNDP), 2009)* M&E plan, baseline, Indicators, logframe/framework, stakeholder involvement, resource and capacity building and policies and/or guidelines are factors necessary for an effective monitoring and evaluation.*(Elizabeth, 2013)* among these some of the them are inputs of the project that should be in place to be monitored effectively to ensure that they are used to the level the objectives of the project are achieved. And these variables are discussed below:

2.1.6.1. M&E Staffing and Capacity Building

Staffing is a special concern for M&E work because it demands special training and a combination of research and project management skills. Also, the effectiveness of M&E work often relies on assistance from staff and volunteers who are not M&E experts. Thus, capacity building is a critical aspect of implementing good M&E work. *(International Atomic Energy Agency, 2013)* It is useful to build on existing M&E capacities and practices for a New M&E

processes may be a burden the local capacity. An effective M&E system requires capable people to support it. *(International Federation of Red Cross and Red Crescent Societies, 2011)*

Suggestions for ensuring adequate M&E support include the following:

- Identify the various tasks and related skills that are needed, such as ensuring adequate data collection systems in the field, research design, and data entry and analysis,
- Assess the relevant skills of the project team, partner organizations, and the community beneficiaries,
- Specify to what extent local stakeholders will (or will not) participate in the M&E process,
- Assign specific roles and responsibilities to team members and
- designate an overall M&E manager
- Identify the topics for which formal training is needed and hold training sessions,
- give special attention to building local capacity in M&E. *(International Atomic Energy Agency, 2013)*

Designing and building a reporting system that can produce trust- worthy, timely, and relevant information on the performance of government projects requires experience, skill, and real institutional capacity. This capacity for a results-based reporting system has to include, at a minimum, the ability to successfully construct indicators; the means to collect, aggregate, analyze, and report on the performance data in relation to the indicators and their baselines; and managers with the skill and understanding to know what to do with the information once it arrives.

Building such capacity in governments for these systems is a long-term effort. Some developing countries currently lack the basic capacity to successfully measure inputs, activities, and outputs. But all countries will eventually need to be able to technically monitor and track at each level of the results-based M&E system—at the input, activity, output (implementation), outcome, and impact (goal) levels. Technically trained staff and managers, and at least basic information technology, are also a must. In some cases, donor-supported technical assistance and training will first be necessary for the country to produce a minimum of information and data, and start to build an M&E system. *(Kusek and Rist, 2004)*

2.1.6.2. Indicators

Indicators are the quantitative or qualitative variables that provide a simple and reliable means to measure achievement, to reflect the changes connected to an intervention, or to help assess the performance of an organization against the stated outcome. Indicators should be developed for all levels of the results-based M&E system, meaning that indicators are needed to monitor progress with respect to inputs, activities, outputs, outcomes, and goals.

Indicator development is a core activity in building a results-based M&E system. Indicators can provide continuous feedback and a wealth of performance information. It drives all subsequent data collection, analysis, and reporting. Setting indicators to measure progress in inputs, activities, outputs, outcomes, and goals is important in providing necessary feedback to the management system.

By measuring performance indicators on a regular, determined basis, managers and decision makers can find out whether projects, programs, and policies are on track, off track, or even doing better than expected against the targets set for performance. Performance indicators should be clear, relevant, economic, adequate, and monitorable. Indicators may be qualitative or quantitative. Every indicator has cost and work implications. In essence, when we explore building M&E systems, we are considering a new M&E system for every single indicator. Therefore, indicators should be chosen carefully and judiciously. *(Kusek and Rist, 2004)*

2.1.6.3. Baseline

A baseline study (sometimes just called "baseline") is an analysis describing the initial conditions (appropriate indicators) before the start of a project, against which progress can be assessed or comparisons made.*(International Federation of Red Cross and Red Crescent Societies, 2011)* One cannot project performance into the future (set targets) without first

establishing a baseline. The baseline is the first measurement of an indicator. It sets the current condition against which future change can be tracked. in this way, the baseline is used to learn about current or recent levels and patterns of performance. established performance baselines either a qualitative or quantitative which can be used at the beginning of the monitoring period. The performance baselines establish a starting point from which to later monitor and evaluate results. *(Kusek and Rist, 2004)*

Baseline and end line studies are not evaluations themselves, but an important part of assessing change. They usually contribute to project evaluation (e.g., a final or impact evaluation), but can also contribute to monitoring changes on longer-term projects. The benchmark data from a baseline is used for comparison later in the project and/or at its end to help determine what difference the project has made towards its objectives. *(International Federation of Red Cross and Red Crescent Societies, 2011)*

Importantly, baselines provide the evidence by which decisionmakers are able to measure subsequent project performance. The baseline is used as a starting point, or guide, by which to monitor future performance. Baselines are the first critical measurement of the indicators. Establishing baseline data on indicators is crucial in determining current conditions and in measuring future performance against the starting point. Subsequent and continuous measurements from the baseline will provide important directional or trend data, and can help decisionmakers determine whether they are on track in achieving the desired outcomes over time.*(Kusek and Rist, 2004)*

2.1.6.4. Log Frame

The log frame is the foundation on which the M&E system is built. The log frame is a summary of the project's operational design, based on the situation and problem analysis conducted during the project's design stage. It summarizes the logical sequence of objectives to achieve the project's intended results (activities, outputs, outcomes and goal), the indicators and means of verification to measure these objectives, and any key assumptions. A well-developed log frame reflects the informational needs of the project. *(International Federation of Red Cross and Red Crescent Societies, 2011)*

2.1.6.5. Budgeting For M&E

A key function of planning for M&E is to estimate the costs, staffing, and other resources needed for M&E work. It is important for M&E specialists to weigh in on M&E budget needs at the project design stage so that funds are allocated specifically to M&E and are available to implement key M&E tasks.*(Kusek and Rist, 2004)*

The following are suggestions for building a realistic budget:

- List all M&E tasks and overall responsibilities,
- analyze the necessary items associated with each task, and determine their cost,
- Budget for staffing, including full-time staff, external consultants,
- capacity building/training, and other human resource expenses,
- Ensure that the budget includes all capital expenses, including facility costs, office equipment and supplies, travel and lodging, computer hardware and software, and other expenses,
- determine whether all tasks are included in the overall project budget, such as support for an information management system, field transportation and vehicle maintenance, translation, and printing and publishing of M&E documents/tools,
- Review the donor's requirements to determine whether there are any extra items that need to be budgeted, or conversely, items such as an external evaluation that will be funded directly by the donor and Allow for unexpected contingencies such as inflation, currency devaluation, equipment theft, or the need for additional data collection/analysis to verify findings. *(International Atomic Energy Agency, 2013)*

Program managers often ask what proportion of a project's budget should be allocated to M&E. according to Frankel and et'al published on M&E Fundamentals: A self-Guided Minicourse by USAID even though There is no set formula; various donors and organizations recommend that between 3 to10 percent of a project's budget should be allocated to M&E. A general rule of thumb is that the M&E budget should not be so small as to compromise the accuracy and credibility of results, but neither should it divert project resources to the extent that programming is impaired.

2.1.6.6. Stakeholder Participation

Effective participation of stakeholders in M&E of projects can improve transparency, accountability, project sustainability. *(Sulemana, Musah and Simon, 2018)* Their Involvement(project staff and key stakeholders) ensures feasibility, under- standing and ownership of the M&E system. *(International Federation of Red Cross and Red Crescent Societies, 2011)*This can be achieved by increasing the level of participation of key stakeholders beyond information giving and consultation. stakeholders mostly participated in M&E through stakeholder review meetings to be provided with information on the progress of work regarding projects which does not represent deeper levels of participation. *(Sulemana, Musah and Simon, 2018)* Particular attention should be given to stakeholder interests and expectations throughout the M&E process. Planning an M&E system based on stakeholder needs and expectations helps to ensure understanding, ownership and use of M&E information. *(International Federation of Red Cross and Red Crescent Societies, 2011)* Setting goals in isolation leads to a lack of ownership on the part of the main internal and external stakeholders.*(Kusek and Rist, 2004)*

Typically, a stakeholder assessment is conducted during the planning stage of a project. This initial assessment can inform M&E planning, but for planning the M&E system it is recommended to focus more specifically on the informational needs and expectations of the key stakeholders. Important informational needs worth specific attention is those that arise from any donor guidelines and requirements, governmental laws and regulations, and internationally-agreed-upon standards. These Requirements can include very detailed procedures, formats and resources, and are often non-negotiable. Therefore, It is best to identify and plan for them Early in The M&E Planning process. *(International Federation of Red Cross and Red Crescent Societies, 2011)*

2.1.6.7. Results/Findings communication

Reporting is the most visible part of the M&E system, where collected and analyzed data is presented as information for key stakeholders to use. Reporting can be costly in both time and resources and should not become an end in itself, but serve a well-planned purpose. A good monitoring and evaluation system contributes to organizational learning and knowledge sharing

by enabling NGOs to reflect upon and share experiences and lessons from their implementation to get the full benefit of what the organization is doing, what they do and how they do it. (International Federation of Red Cross and Red Crescent Societies, 2011) Communication in projects/programs is critical as it improves clarity on expectations, roles and responsibilities, as well as information on progress and performance. *(United Nations Development Programme (UNDP), 2009)*

2.1.6.8. Policies/Guidelines

Understanding the existing policy situation is essential to carry out monitoring and evaluation. *(Hayman et al., 2014)* Thus, the international capacity development and evaluation communities have developed a number of guiding principles and good-practice norms and standards to ensure that monitoring and evaluations meet quality requirement. *(UNITAR, 2010)*

2.1.7. Challenges of Monitoring and Evaluation

Challenges of monitoring and evaluation reviewed from different literature are summarized below;

Limited/lack of Resource for M&E:

Governments, NGOs, and international development agencies, including those working in the health sector, do not usually invest sufficient resources in monitoring and evaluation. *(Smith, 2001)* The study conducted by Adhiambo in Kenya concluded the same challenge the NGO's facing in regard to financial resources to adopt M&E system in projects they implement. *(Adhiambo, 2012)*

Capacity Issues and Lesson learned practice

Many NGO's lacks an input which are significant for conducting an evaluation such finance, skilled staff and most importantly reluctant of donors. Even if, the organization able to perform evaluation, most would not able to manage to incorporate the project findings into practice for future improvement. *(Basheka and Byamugisha, 2015)* As such many NGOs lack the technical expertise, knowledge and understanding of M&E. *(Basheka and Byamugisha, 2015)*

Similarly, in both studies showed that NGOs had a big challenge of demonstrating impacts of trained personnel and expertise on adoption of M & E system because the NGOs find it hard to source more funding from the donors to effectively implement the M&E system. *(Adhiambo, 2012) (Mark, 2007)*

Stakeholder Involvement

Mostly the donors have stringent, time consuming and laborious reporting requirements.*(Mark, 2007)* likewise, in Adhiambo study found out that NGOs had a big challenge on how donors release funds that had made M&E system not to be effective for project management. Failure to release funds, more especially for M& E system has implications NGO find it hard to adopt M&E system. *(Adhiambo, 2012)*

The organizations faced various challenges in the implementation of M & E, such as funding, policies not being in place, clear system not in place, implementing officers of M & E not having a clear direction of their responsibilities (programmer's lucking M & E concept). *(Ramothamo, 2013)* M&E often focuses on donor's requirements instead of local concern which means the M&E activities are tied to donor's willingness to finance the process. *(Basheka and Byamugisha, 2015)*

2.2. Empirical Review

According to the D. Adhiambo's study conducted in Kenya district on factors influencing adoption of monitoring and evaluation system for project management among NGOs after taking look at M & E budget and the findings showed that the majority of the NGOs did not have a clear and separate financial provision for M&E system. The researcher on the same study continued to imply that the M&E system was not given the due recognition they deserve and

M&E were only done at the whims of the project managers. The study found out that none of the project have a clear allocation of the funds of M&E system as it seems to be a new concept in most of the projects. Similarly, this study found out that the NGOs faced a challenge of inadequate finances to adopt M&E system in projects they implement.

Furthermore, the same study showed that most NGOs did have adequately trained personnel at the conclusion for the adoption M and E system. They relied on a trained M&E staff as opposed to trained personnel. However, the study found out that NGOs had a big challenge of demonstrating impacts of trained personnel on adoption of M & E system because the NGOs find it hard to source more funding from the donors to effectively implement the M&E system. On the type of evaluation carried on projects, the study found out that the majority of NGOs did not carry out midterm and summative evaluations. This shows that evaluation is not carried out in many projects that NGOs implement because of lack of staff knowledge and skills on M&E system. The study showed that lack of adequate M&E technical assistance among local NGOs is one area has been highlighted by the scholar. *(Adhiambo, 2012)*

Based on the research studied by Nyaga Karani conducted on Kenya different from stated above observed The Monitoring and evaluation plan has been a success with stakeholders being involved in the planning. the Project monitoring and evaluation process implementation has helped in ensuring that the funds are properly used and the staff has adequate training to enable them tackle health issues. (Nyaga Karani, 2014) On the release of funds from donors, the (Adhiambo, 2012) study found out that NGOs had a big challenge on how donors release funds that had made M&E system not to be effective for project management. This can be explained by the fact that since donors finance the project activities of these NGOs to a large extent then they always dictate how the project should be monitored and evaluated. It is evident that most of the stake holders were not consistently involved in M&E system with exception of donors. M&E was inconsistently done on the projects. Some practices like design of M&E system and the use of qualitative indicators were generally not used by majority of the NGOs. Other factors that influence adoption of M&E system incident among other, stringent requirements from donors, lack of skill project implementer staff, lack of stakeholder involvement and inadequate finance. (Adhiambo, 2012)

Study conducted in Zimbabwe on utilization of monitoring and evaluation system in UNDP showed that there is a lack of Specialized human resources for monitoring and evaluation. In

addition, the UNDP as an organization has a demonstrable disregard for the monitoring and evaluation function. This also follows the fact that there is no standalone monitoring and evaluation department or unit, as should be the case for any organization that undertakes the function in its operations. (Hardlife and Zhou, 2013)

Taking the experience of Sri Lanka, the government adopted the idea of having a Monitoring and Evaluation System after realizing the need for development effective and accountable delivery of tangible results. In terms of design, the system is functional, and has fewer loopholes. Unfortunately, this positive picture is counterbalanced by implementation failures where management lapses are commonplace. There is an absence of effective use of the system to achieve project goals and development effectiveness as expected. A review carried out in 2007 reported several problems with Monitoring and Evaluation System. For instance, sector ministry outcomes and outputs, measurable indicators, baselines and targets were not clear. Again, there is no uniformity in evaluation standards within ministries. From the Ugandan case, the major lesson is that where there are weaknesses in design, implementation or structural and resource challenges, the system is very much likely to weaken in bringing out expected standards of performance. It will be a challenged system altogether. A number of constraints are quite obvious from the case: these include implementation failures where responsible personnel fail, manipulate or falter in operating the system well. There are also serious structural problems as manifested in the lack of coordination and harmonization between government units in the operationalization of the system. Resource constraints are also adding to the woes the nation faces in its attempt to build a well-functioning Monitoring and Evaluation System.(Hardlife and Zhou, 2013)

According to Smith's study, he concluded that Governments, NGOs, and international development agencies, including those working in the health sector, do not usually invest sufficient resources in monitoring and evaluation. All organizations involved in health interventions need to recognize that monitoring and evaluation are valuable tools to stimulate policy and practice changes which will promote good health for women as well as men. In conclusion, a successful gender-sensitive system of monitoring and evaluation needs adequate human and financial resources in order to function, and a commitment to building the capacity of health professionals and other staff in terms of gender-sensitive planning, implementation, and monitoring and evaluation. (Smith, 2001)

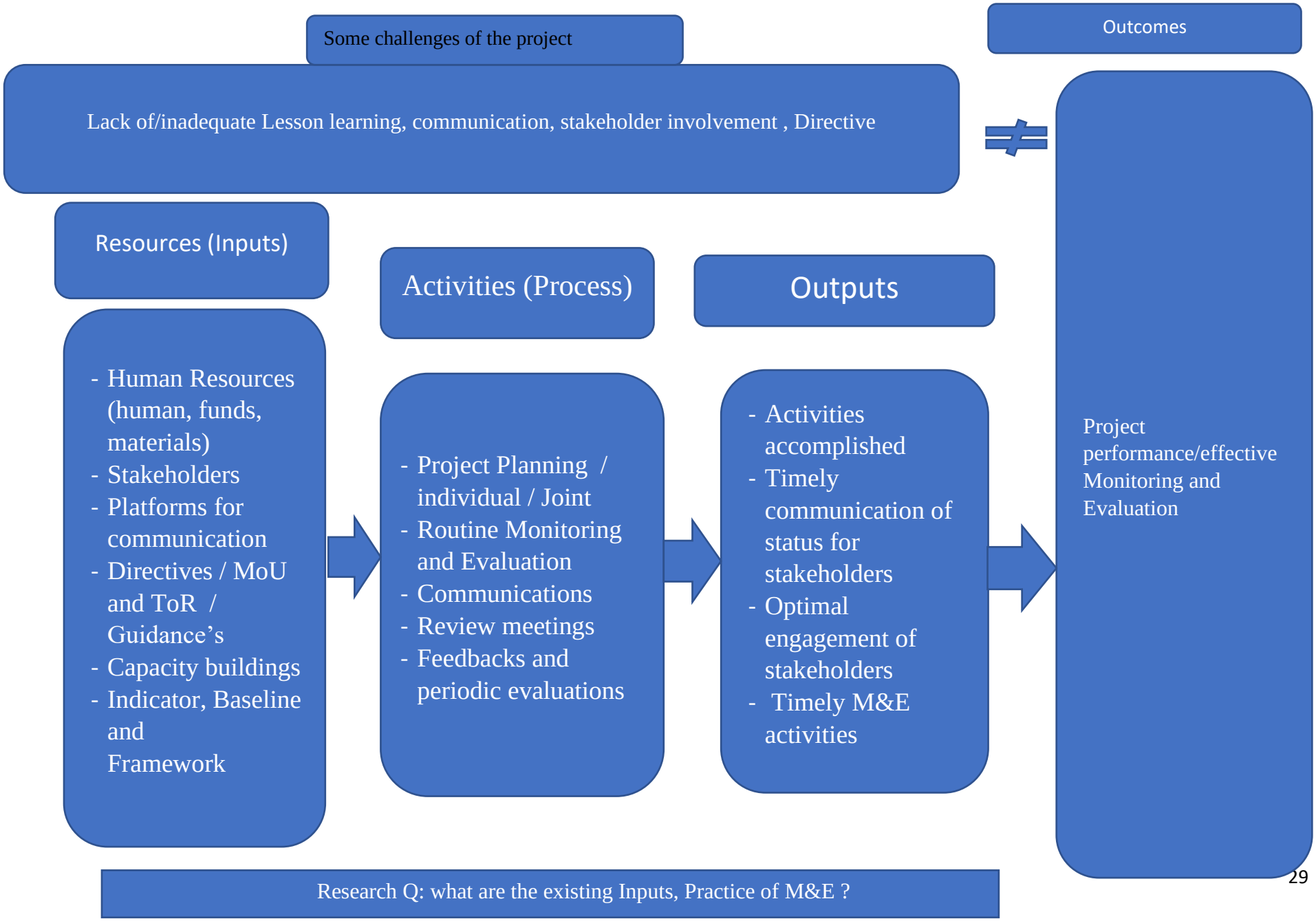
2.3. Conceptual Framework

This assessment focuses on the monitoring and evaluation practices of projects in EPHI funded by CDC. The variables which are determine and be an input for the performance and success of CDC projects are depicts below on the diagram as its customized and revised from the logic framework of CDC projects M&E in Ethiopian public health institute.

The framework portrayed below tried to show the perceived relationship and the importance of different inputs on process and output for effectiveness of monitoring and evaluation practice for given project of certain organization. These inputs are, based on this particular assessment, resources, stakeholders more importantly donors, platform for communication, capacity building and platform for communication.

These inputs along with process in turn can be used to capture the level of monitoring and evaluation practice of the organization and also the project in question to specific, in this case the CDC projects in EPHI. To ensure the effectiveness, more like the success of M&E practice, the involvement of donor and the commitment of leadership in EPHI are paramount. In addition to that, a well-organized communication (dissemination of information) platform along with lesson learning practice plays a role for its success too. Their absence and/or weakness will be a challenge for achieving the expected result.

Figure 2. 1 *Conceptual framework*



Chapter Three: Methods

3.1. Introduction

This section contains a detail explanation of methods (mainly research approach, research design, study sampling design, source of data, data collection and analysis, reliability and validity test and ethical consideration) to conduct and assess the practice of CDC projects Monitoring and evaluation of EPHI.

3.2. Research Approach

A mixed approach (quantitative and qualitative research approach) was used of which a cross sectional quantitative was used to assess the existing inputs needed to run the CDC projects M&E, the practice and challenges of project M&E for CDC projects in EPHI. Following that, in-depth interview was conducted to grasp the full picture of M&E practice in EPHI for CDC projects.

3.3. Research Design

The research objective of this study was to assess and identify CDC's project M&E practices of EPHI. Based on this, a descriptive research design was employed by the researcher assuming that it would help to describe accurately the characteristics of the situation. In this study, the researcher will use a mixed approach of descriptive quantitative (cross sectional) and qualitative research approach. This approach was be employed for carrying out research oriented towards quantification and applied to describe current conditions.

3.4. Population of the Study

Target population of this study were top leader (DDG) of EPHI, Directors who are responsible managing and leading the project activities, Project Managers, case Team leads (project coordinators) and project Monitoring and Evaluation experts. These individuals are directly involved on activities of projects starting from inception of the projects up to its execution which includes the monitoring and evaluation activities. Of these 47 the institution employees are directly responsible for M&E activities of project funded by CDC which means These employees of the institution were a study population for this assessment.

3.4.1. Sampling Design and Technique

Due to the small size of the Target population, all employees (1 DDG, 6 Directors/Project Managers including the Plan, Monitoring and Evaluation Director acting Director, 5 M&E experts, 35 project coordinators (case team lead)) who directly participated on Monitoring and Evaluation activity of CDC projects in EPHI were purposively selected. Thus, a total of 47 participant participated in the study of which 1DDG, 5 project managers and 1 M&E experts were undergoing an interview since they do take a lion share of Monitoring and Evaluation process of the projects under their watch.

3.4.2. Sample size Determination

The whole employees working on CDC funded project in Ethiopian public health institute particularly related to project monitoring and evaluation are small in number, for that matter the whole employees which directly involved in monitoring and evaluation activities were selected for the study.

3.5. Data Collection Instrument and Data Source

Primary data sources were used which are obtained through administrating questionnaire and in-depth interviews to achieve the intended research objectives. Data were collected through administration of self-administered questionnaires and In-depth interview to M&E expert, project managers/PI, project coordinators and top lead. Both self- administered structured questionnaires and in- depth interview questions were adapted from the standard questionnaires.

3.6. Data Analysis

All data was checked for correctness of code and completeness. Data analyses was performed by using SPSS (Statistical Package for the Social Sciences) software version 21 for quantitative data. Measurement of frequency and mean was used for descriptive analysis. Qualitative data analysis software (ATLAS) was used for coding a qualitative data. Analyzing was done by summarizing and structuring the meanings.

The questionnaire assessing existing inputs for projects M&E practice of EPHI and project M&E practice assessing questions were answered on a Yes/No basis. Using Bloom's cutoff point(Bloom *et al.*, 1956), if the score was between 80 and 100% it would be labeled as good. If the score was less than 80% it would be labeled as poor. Based on that, nine practice assessing questions were answered on a yes/no basis to determine the practice level of CDC project M&E practices of EPHI. If the score was between 80 and 100% (5–9 points) it would label as good. If the score was less than 80% (<5 points) it would be labeled as poor. Similar cutoff point was employed for assessing inputs existing in CDC project in EPHI.

For the Likert scale, the items were scored on the 5-point Likert scale ranging from strongly agree (5) to strongly disagree (1). On the other hand, guiding open-ended questions will be presented to the interviewee which are selected based on their ability to provide important information. The scores of strongly agree/agree have been taken to present a variable which had a mean score of 3.5 to 5 on the continuous Likert scale, $3.5 \leq \text{Good} \leq 5$. the scores of neutral have been taken to represent a variable with a mean score of 2.5 to 3.4 on the continuous Likert scale, ($2.5 \leq \text{Neutral} < 3.5$). The scores of strongly disagree/disagree have been taken to represent

a variable which had a mean score of 0 to 2.5 on the continuous Likert scale, (1≤ Not good < 2.5). (Sullivan and Artino, 2013)

3.7.Validity and Reliability

Validity of the data collection tool are obtained by checking all questioners using professional M&E experts' opinion. In addition to ensure reliability, the questionnaire was undergone pre-test to a small group of employees before going in to actual data collection. These small groups were determined by taking the 15% of the total sample size which give 6 volunteer respondents from project staffs working in EPHI in different project other than CDC projects. For reliability test of Cronbach's alpha was made to measure the strength of consistency and a reliability coefficient higher than 0.70 considered good and acceptable. (Jain and Angural, 2017) based on that, this assessment's cronbach's alpha result was 0.712.

Table 3. 1 Reliability Test

Reliability Statistics

Cronbach's Alpha	N of Items
.712	13

3.8.Ethical Consideration

Data was collected, once after the research proposal and data collection methods reviewed and upon getting the approval of the ethical consideration from AAU School of Commerce and office of scientific and Ethical review board of EPHI. All participants were asked for their consent to participate in the study through receiving informing the verbal consent. Furthermore, the confidentiality of data obtained was guarded accordingly.

Chapter Four: Result and Discussion

4.1. Introduction

This chapter/section comprises of data analysis, presentation and interpretation of the findings. The data presented includes general information of respondents, project M&E practice and experience related assessment, challenges of M&E during implementing the project and so on to address the stated research questions.

The descriptive and thematic analysis was used to interpret the raw data concerning project M&E practice of the study organization and projects. Frequencies and percentages responses are considered in the descriptive analysis. Moreover, tables and thematic narrative have been used to present the findings.

4.2.Quantitative Analysis Result

On this sub section a descriptive qualitative result summarized based on the findings.

4.2.1. Questionnaire Response Rate

Questionnaires are distributed to 40 target group and in-depth interview was also conducted with four directors, one M&E plan, monitoring and evaluation directorate director, one grant management team lead and one top management personnel of all CDC funded projects with in the institution. All 40 questionnaires were filled back properly and 7 of respondents were interviewed which means 100% responsive rate.

4.2.2. Background Characteristics of Respondents

On this sub-section the information of the respondents includes age, gender, position in the organization, year of experience in CDC project with in EPHI and training status related to project M&E.

Table 4. 1 General Information of Respondents

Variables		Count (%)
Respondent position	Director/Project manager/PI.	4(10.0)
	Case team leader	31(77.5)
	M&E expert	5(12.5)
Sex	Male	27(67.5)
	Female	13(32.5)
Educational level	BSC/BA	0(0)
	MSC/MA	39(97.5)
	PhD	1(2.5)
	Post doc	0(0)
Work experience in EPHI	1-5 Yrs	39(97.5)
	6-10 Yrs	1(2.5)
	Above 10 Yrs	0(0)
Project M&E Training	Yes	16(40.0)
	No	24(60.0)

Source: own survey, 2021

As described in the methodology chapter 3 of this paper, by using census, 31 (77.5%) of the respondents were case team leads followed by 4 (10.0 %) project manager /PI data then M&E experts 5(12.5 %). As it can be seen on table the demography of participants above among 40 study respondents, 27 (67.5%) were males and 13 (32.5.2%) were females.

As shown in the same table 1, almost of all of participants of the respondents 39 (97.5%) had second degree or MSC/MA and the other 1(2.5) respondent had PhD. This implies that the respondents have well educational background to provide a better picture of Monitoring and evaluation practice. In addition, with respect to work experience, the majority 39(97.5%) of the respondents work experience fall in the category of 1- 5 years followed by the other 1(2.5%).

Furthermore, training status of the respondents related to project monitoring and evaluation were those who has taken are 16(40%) less and the other major 24(60%) of the respondents are did not took training.

4.2.3. Assessment of existing of INPUTS for effective CDC's funded project M&E performance

Table 4. 2 Inputs for Project M&E related assessment

Inputs	Frequency (percentage)	
	Yes	No
M&E unit	40(100%)	0
Policy, directive	1(2.5)	39(97.5%)
stakeholders are documented	36(90%)	4(10%)
role and responsibility are clearly stated	38(95%)	2(5%)
M%E separate financial/budget	38(95%)	2(5%)
Indicators established	36(90%)	4(10%)
Targets/baselines for each project indicators	40(100%)	0
Similar framework with EPHI	11(27.5%)	29(72.5)

Source: Own survey, 2021

On the aforementioned table identifies the existing inputs essential to achieve an effective monitoring and evaluation particularly the CDC projects in EPHI which is one of this study's research question. In this regard, Respondents were asked the availability of a well-defined monitoring and evaluation unit with the institution set for projects all of the respondents confirmed the presence of M&E unit. As it shown in the table above the response to the presence of policy/directive developed to support the M&E system and unit the institution. It illustrates the majority (97.5%) of respondents point out the lack of policy/directive and followed by only one (2.5%) respondent stated its availability. This implies that might be either policies and/or directors are not available at all or the project member could not access. Moreover, on the other

question the respondents asked was whether stakeholders are known, documented and their role and responsibility are clearly stated and 38(95%) respondents confirmed the statement.

Similarly, 38(95%) the respondents mentioned the availability of financial resource for Monitoring and evaluation activity which separately budgeted. Furthermore, respondents were asked about the availability of established indicators for each activity of the CDC projects and whether targets are established for each indicator and out of total respondents all of them responded that indicators are established along with their baselines.

- ✓ Using Bloom's cutoff point, with total inputs score ranged from 0 to 8, the score was 5.95 which is between 5 up to 9 points interpreted as the existing inputs needed to run the CDC projects monitoring and evaluation in EHPI are good.

Table 4. 3 Inputs for Project M&E related assessment

Inputs	Strongly agree	agree	disagree	Strongly disagree	Neither agree nor disagree	Mean	SD
Adequate human resource		5(12.5%)	24(60%)	1(2.5%)	10(25%)	1.48	0.751
Working Platform for info dissemination		23(57.5%)	11(27.5%)		6(15%)	2.30	0.883

Source: Own survey, 2021

As its depicted on the table 3, the first question states whether there is adequate human resource are available for CDC project M&E activities and the respondents mean score is (1.48) which is below the average means score. Which implies the limitation of human resource available in CDC projects to run the M&E activities.

For the next question, (2.30) was given which is a little bit above the average response rate of the respondents for the availability of working platform for information or findings from the M&E

dissemination. On other word, more than half of the respondents 23(57.7%) believes or agreed on the presence the platform followed by 11(27.5%) of respondents disagreed and only 6(15%).

Table 4. 4 Percentage of Project Budget for M&E

Budget for M&E		Frequency	Percent
	Less than 5 %	0	0
	7 percent	22	55.0
	8 percent	9	22.5
	9 percent	9	22.5
	Total	40	100.0

Source: Own survey, 2021

According to the results in table 4, proportions of the budget for M&E from the whole project are in between 6% up to 9% which differs from specific project to project. According to Frankel and et'al various donors and organizations recommend that between 3 to10 percent of a project's budget should be allocated to M&E, in the case of CDC projects since the M&E projects activities are budgeted with in the recommended interval.

Table 4. 5 Tools and Techniques used for M&E

		Frequency	Percent
	checklist/questionnaire	11	27.5
	interview	4	10.0
	Document review	11	27.5
	mixed	13	32.5
	all	1	2.5
	Total	40	100.0

Source: Own survey, 2021

The study sought to determine what kind of tools and techniques were used to feed information the Monitoring and evaluation activity or practice. As it shown in Table 13(32.5%) of respondents said the CDC project in EPHI for M&E purpose uses a mixed of all three (checklist, interview and document review) followed by 11(27.5%) document review and checklist equally and with fewest respondents which is 4(10%) used interview.

4.2.4. Assessment of Project M&E Process implementation /Practice

Table 4. 6 assessment of project M&E practice (1)

Practice/performance	Frequency (percentage)	
	Yes	No
Separate M&E project plan	0(0%)	40(100%)
integrated M&E project plan	35(87.5%)	5(12.5%)
M&E matrix components	38(95.0%)	2(5.0%)
Joint M&E plan with stakeholder	34(85.0%)	6(15.0%)
Training of project staff	8(20%)	32(80%)
Regular report analysis	40(100%)	0(0%)
M&E finding distributed timely	25(62.5)	15(37.5)
M&E finding distributed to leadership	34(85.0%)	6(15.0%)
Lesson learned of M&E	26(65%)	14(35%)

Source: Own survey, 2021

As it shown in Table above, on the question whether the project they working on have a separate project Monitoring and evaluation plan all respondents mentioned that there is no a separate plan rather an integrated with the whole project or annual plan. Nevertheless, not all stated it's an integrated, a few (12.5%) of them the other way. Additionally, 38(95%) of them indicated that the Monitoring and evaluation plan developed with the consideration of all M&E matrix components. For the enquiry forwarded to assess whether the stakeholders engaged in monitoring and evaluation planning, 34(85.0%) of the respondents confirmed the joint

stakeholder participation. With regard to conducting a regular reports analysis 40 (100%) of the respondents confirmed the presence of report analysis.

On relation to that, monitoring and evaluation reports analysis or findings distributed on time as per 25(65%) of the respondents following the 15(37.5%) opposes. While still on finding dissemination, the next question was about distributing the information to leadership. The other aspect is project staff member training or orientation on project monitoring and evaluation and major of the respondents which is 32(80%) of participants replied that project staff did not received trained.

- ✓ 6.02 was scored on the nine questions forwarded to assess the practice of CDC projects which can be labeled as good provided that the score lays between 5-9 points score.

Table 4. 7 Purpose of M&E Plan

Purpose		Frequency (Percent)		
	Purpose of M&E plan is directed to	only Accountability for donors	Use for internal purpose and learning and accountability for donors	Total
		4(10%)	36(90%)	40(100%)

Source: Own survey, 2021

The assessment asked whether the purpose of monitoring and evaluation plan towards to and as it can see from the table above the majority (90%) of the respondents indicated that the purpose of M&E plan directed to both for internal use and accountability for donors. Thus, the next question which depicted on Table indicated that 21(52.5%) of respondents mentioned that the M&E information is provided to program manager to assist in decision making in other words for internal use and lesson learning.

Table 4. 8 assessment of project M&E practice (2)

Practice	Strongly agree	agree	disagree	Strongly disagree	Neither agree nor disagree	Mean	SD
M&E finding to program manager		21(52.5%)	7(17.5%)	1(2.5%)	11(27.5%)	2.30	0.853
Monitoring conducted per schedule		16(40%)	5(12.5%)	4(10%)	15(37.5%)	2.48	0.847
Evaluation conducted per schedule		1(2.5%)	26(65)	3(7.5%)	10(25%)	1.23	0.620

Source: Own survey, 2021

Using some of questions monitoring and evaluation practice was evaluated using likert scale as it shown in the Table 4.8 above, the majority of respondents answers that the CDC projects conducted on the scheduled time followed by 15(37.5%) of respondents stated neither agree nor disagree. Contrarily, the result shows are more than 50% of the respondents or a mean score of (1.23) disagree about conducting project evaluation per schedule.

4.2.5. Assessing M&E performance

Table 4. 9 assessment of M&E performance

Practice	Strongly disagree	disagree	Neither agree nor disagree	agree	Strongly agree	Mean	SD
Optimal stakeholder M&E practice	5(12.5)	18(45)	17(42.5)			1.3	0.687
Project M&E objective achieved		3(7.5)	23(57.5)	14(35)		2.28	0.599
CDC projects effective M&E			22(55)	18(45)		2.45	0.504
CDC projects effective project progress		7(17.5)	27(67.5)	6(15)		1.98	0.577

Source: Own survey, 2021

As it shown in Table 4.9, question related to stakeholder participation was prepared and forwarded to the respondents to assess whether their involvement is optimal. The result showed the respondents disagreed with a mean score of (1.3) which implies their involvements are limited. The other questions asked was for the respondents' opinion are whether CDC's project M&E objective are achieved and CDC projects M&E is effective and their average responses score a mean of (2.28) and (2.45) respectively. Even though the mean score lay within average mean, the majority (57.5% and 55% respectively) of respondents answered neither agreed nor disagreed followed by agreeing on both question by 35% and 45% respectively. Similarly, a mean score of the respondents gave for question regarding the effectiveness of CDC project progress is (1.98) is less than average mean. But most of the respondents neither disagreed nor agreed on the effectiveness of project progress.

4.2.6. Assessing challenges of Monitoring and evaluation

On this part the table below, participants forwarded a response from multiple choices to major barriers to their monitoring and evaluation practices.

Table 4. 10 Major barriers for M&E

Purpose		Frequency (Percent)		
	Major Barriers	competing activities	Lack/limited of expertise	Total
		21(52.5%)	19(47.5%)	40(100%)

Source: Own survey, 2021

Among the given choices only two major challenges were indicated by respondents namely competing activities and lack and/or limited. As it shown on table 4.10 above, a little higher number of respondents which is 21(52.5) mentioned the major challenges hindering for not achieving an effective M&E practice is that the project staffs are engaged in competing activities other than the project in hand and followed by limitation of M&E expertise is another challenge which is mentioned by 19(47.5) respondents.

Table 4. 11 Major challenges

Challenges	Strongly disagree	disagree	Neither agree nor disagree	agree	Strongly agree	Mean	SD
CDC require different reporting format		1(2.5)	16(40)	23(57.5)		2.55	0.552
Difficult to compromise CDC'S M&E needs from EPHI	1(2.5)	39(97.5)				0.98	0.158
Participation of project Stakeholders M&E in nonexistence		39(97.5)	1(2.5)			1.03	0.158
Lack/limited 0f expertise hindering M&E Practice				35(87.5)	5(12.5)	3.13	0.335

Source: Own survey, 2021

As per the above table findings, on the major challenges of CDC's project M&E practice and the hypothetical mean score/average response rate on different challenges listed are ranges from (0.98) a score given to compromising CDC's M&E needs which is one of challenges listed up to (3.13) a score given to lack or limited amount of expertise.

Both questions forwarded regarding difficulty to compromise CDC's M&E needs and stakeholders M&E non-existence, the respondents disagree for these questions with a score of below mean (0.98) and (1.03) respectively. This implies both stated challenges do not apply for the CDC's project M&E practice. On the other hand, the hypothetical score/average response rate for the question concerning about lack or limited of expertise, the respondents gave a mean score of (3.13) that indicates expertise number is a challenge that hinders the CDC project M&E practice.

4.3. Qualitative Analysis Result

On this section the findings of each participants of in-depth interview presented. First all the five project managers followed by director of M&E directorate and one top leadership member of the institution. During analysis, data from the interview were thematically categorized into three themes in order to align with study objectives which are; existing inputs for effective projects M&E, the current practice and then challenge of Project M&E.

The study participants claim there is an adequate financial resource budgeted for monitoring and evaluation activities of projects funded by CDC. This claim is explained by one of project manager (code 02) in EPHI as follows "… *there is also enough finance budgeted for M&E included in project planning for project in the institution.*" "*There is an adequate budget allocated for both scheduled monitoring and evaluation activities. This is resources that are wasting away*". Added DDG (01) of EPHI. However, in regard to human resource particularly the Monitoring and evaluation expertise enough to run the M&E as required from the projects lags behind. As it pointed out by the M&E directorate lead (05) by saying, "…. *we do have an expert on M&E which are employed to do so. For that matter, we have an employee which are graduated specializing in M&E. but still it's a deep hole that need to be filled….".* this idea strengthened with a statement from fellow project manager (code 02). "…*Taking into consideration the vast and scope of the institution and the number of projects taken place, one cannot say the number of M&E members are enough*". Staying with in human resource issue, there is a plan on capacity development scheme but its provision of project M&E related training and/or orientation is not conducted as planned. "*Capacity developing scheme like training for M&E experts and project members are also planned and but no executed as such*".

Another inputs important to run the M&E activity is stakeholder participation and involvement. Their involvement begins from planning up to project execution. However, their participation ends when the planning phase ends, especially the CDC representatives. As its point out by one of project manager (code 04) as "…. *During planning the involvement of stakeholder was great including the representatives from CDC. Though, on the implementation phase CDC project's representative were limited to consult the project nothing more….*"

Furthermore, all of the participants affirm the different levels of indicators are established and targets are set for each project indicators. Here is the project manager (code 03) words "*When the M&E plan platform developed, it's done based on the performance of the last years activities* along with indicators for each activity". And also *"there is also a framework incorporating from input, process and output up to outcome level"*. Another important input for monitoring and evaluation activity are a policy or a guideline that support the M&E system through the project implementation. Surprisingly, the system was running without such document. Statements from the DDG (code 01) is a witness saying. "*But we don't have a guideline with in the M&E department which support the system".* Similarly, M&E directorate lead (code 05) states the same. "*we don't have a policy or guidelines for M&E".* on the other hand, which can take as a strong suit of the M&E of CDC projects and also others with in institution is the availability of a working report findings dissemination platform as it's said by the same person, *"Finding from monitoring usually communicated with in the institution for leadership for review often with a report including stakeholder and a workshop would be facilitated for discussion and forward an action plan"*

Regarding the performance of monitoring and evaluation practice on CDC funded projects, the two project managers claim it is poor. And Project evaluation is worse by far compared to the project monitoring performance. This was stressed out by one of the project managers (code 03) as, "*CDC projects monitoring and evaluation practice are weak so far as per my judgment. Monitoring practice is much better than evaluation though*". "*Project monitoring and evaluation implementation schedule usually violated or not conducted based on the schedule. When you see separate project monitoring activities is more often better compared to project evaluation. For instance, a front-line field epidemiology project has conducted a mid-term evaluation(impact) by external body so far*". Even one of project manager/director (code 07) went to conclude the project are on the wrong path by saying, "*Monitoring activities supposed to follow the project activities which are carried out with set time frame, if there are under achievement the reason should be stated and acted accordingly by replanning the compensation plan. To that end, I don't think the CDC projects in EPHI are doing a good job*". However, the rest of project managers and M&E expert believes otherwise on the point that the general M&E project practice is poor as its quoted by the M&E directorate lead (code 05), "…*despite there are few stumble*

and shortcoming in activities of M&E, to the great degree the CDC's project M&E practice are in good position that of course should be improved much more."

Many challenges have been forwarded by interviewee that hinders to reach and achieve an effective Monitoring and evaluation for CDC projects in EPHI. On top of list, lack of policies or to very least lack of guideline was mentioned. Their testimony was stated in the above paragraph when the existing inputs were discussed. Even though stakeholder involvement in planning is strong their participation cut short after that. This was highlighted by interviewee specially by the words of Top management leader, EPHI DDG. "….. *During planning, the involvement of stakeholder was great including the representatives from CDC. Though, on the implementation phase CDC project's representative were limited to consult the project nothing more. Attending on workshop either for finding presentation or training. Their engagement was loose and still is".*

Furthermore, a limited trained and experienced M&E professional is the other challenges indicated by respondents and these limited personnel are get lessened due to the staff turnover. To thing worse, the rest of the staffs are also engaged in other work too. This thought is explained by one of project manager (code 03) as, "*with an experience and skill turnover are observed through the projects*". And also "*Stakeholder that are involved in project M&E and their working staffs are engaged in different commitment and burden*". To one more, "*There are a lot of projects apart from the CDC funded projects this means there are competing engagement to act upon. In other words, there are limited in number of professionals working on M&E and project coordinators*".

4.4. Discussion

Unlike the study result observed from Hardlife and Zhou (2013) which states there is no standalone monitoring and evaluation department or unit, there is well organized and structured M&E unit within the institution responsible for the project including CDC. On the contrary to our study which is only lack of policies or guidelines are stated from existing inputs necessary to

run M&E activities, the investigation of Hardlife and Zhou (2013) finding forwarded a result of measurable indicators, baselines and targets were not clear and lack of skilled staff.

The study shows that the CDC projects in EPHI are weak in conducting evaluation which is consistent with the study finding of Adhiambo (2012) that the majority of NGOs did not carry out midterm and summative evaluations. On the same study conducted in Kenya by Adhiambo(2012) pointed out that stakeholder involvement in M&E were not consistent and another study conducted by Nyaga karani(2014) their participation are limited but successful in the planning which both study are consistent with this study.

Furthermore, even though the CDC projects requires different reporting format from the routine report format of EPHI but it's not cause of challenges as the other most donors have a stringent, time consuming and laborious reporting requirements which was evident by the assessment conducted by Mark (2007). In addition to that, Basheka and Byamugisha (2015) investigation indicates that many NGOs in Africa would not able to manage to incorporate the project findings into practice for future improvement which is aligned with our study that the CDC project M&E does not utilize the finding for lesson learning.

In other study of Maseru, Lesotho city on six organizations by Ramothamo (2013), concluded these organizations face various challenges in the implementation of M&E, such as funding, policies not being in place, clear system not in place, implementing officers of M&E not having a clear direction of their responsibilities. Comparing with this current assessment, the unavailability of policies that makes these two studies similar, other than that, this study has adequate funding and written down role and responsibilities.

From the studies of Smith (2001), Adhiambo (2012) and current one, insufficient resources particularly financial is the challenges hinders the M&E practice. Collected Studies from Zimbabwe by Hardlife and Zhou (2013), Basheka and Byamugisha(2015) and Adhiambo (2012) indicated that many NGOs and organizations lacks technical expertise and human resource as its found out similar result by the current studies.

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Chapter Five: Summary, Conclusion and Recommendations

Introduction

This chapter comprises of findings summary of conclusion, and recommendations that have been forwarded as per the findings of the current assessment of CDC project M&E practices.

5.1. Summary of Study findings

Based on the study discoveries the different inputs of the CDC project require to effectively achieve the desire objectives of the project are mostly in place. Namely, EPHI has an own dedicated well-defined M&E unit set for all projects including CDC's projects. Whenever projects granted to institution and enters into planning phase, all stakeholders are known and documented, even if their participation are limited from then on. During planning, the M&E platform developed based on last year performance as baseline and each activities of the project pinned with measurable indicators. Additionally, all the M&E activities are backed up with enough finance. on the contrary, even though there are assumed human resource responsible to run the M&E activity, they are limited in number. Furthermore, there is a working well established different way of information and findings dissemination methods and platform are in place. The missing piece is a policy or guideline that oversee and support the M&E system.

The study found out that M&E plan developed with integration of the whole project and/or annual plan of the project jointly with important stakeholders containing all the plan matrix components expected to have. Its purpose is both for internal use and learning and also CDC's accountability. Although, project activities are analyzed and reported regular and reported to leadership, a lesson learning practice is weak. Related to capacity buildings, the study found out that the CDC projects in EPHI are poor in providing training for project staff. All in all, this assessment found out monitoring conducted per the scheduled time unlike the evaluation.

According to the study, limited in number of expertise, project staff engagement in another competing activity and unavailability of policies/guidelines are the main challenges that hinders the project M&E performance which this in turn will affect the project performance success at the end.

5.2. Conclusion

The aims of this assessment were to examine Monitoring and evaluation practice of the Ethiopian Public health institute projects funded by CDC's. Doing so, see-through the challenges blocking the CDC projects.

From the findings it can be concluded that the necessary inputs present except the policy to support the system. During project planning, M&E activities are integrated within along with enough financial budget in collaboration of stakeholders. It's the implementation and follow up that are loose. This might be from inadequate number of human resources and there is no an arrangement to capacitate the remaining personnel periodically. However, with limited number of expertise report regularly analyzed and disseminated to the concerned body. Despite that, there is no practice of lesson learning which are important for decision making and direction change. All in all, project monitoring practice of M&E are good however, see it specifically, the project evaluation practice poor.

Lack of guiding document, poor on capacity building, and limited number of expertise are pulling back the CDC's project monitoring and evaluation performance. Limited participation of stakeholders in conducting the M&E and poor in lesson learning are weak spot of M&E practice. Thus, the practice of CDC's project monitoring and evaluation are not effective. The poor practice emphasized in respect to project evaluation activities compared to monitoring.

5.3. Recommendation

Based on the study result finding and conclusion the following recommendation has been forwarded.

- Top leadership, directors and project manager must be perceptive and aware enough the importance of M&E by establishing, maintaining and improve a strong project M&E system that generate findings that could be used to follow the project milestones (activities) and made amendment accordingly and enhance their close follow up.
- Develop project M&E policy and/or guideline in collaboration with relevant stakeholders in line with the institutions strategic plan
- Capacitate the project members with skilled personnel during recruitment and hiring, establish scheme for regular training and/or orientation, evaluate the performance of the M&E training and project members periodically and launch a retaining mechanism for the staffs.
- project monitoring and evaluation activities should be conducted as per the schedule and the result output generated from project M&E should be incorporated for utilization and lesson learning. To do so, all the inputs should be in place and the leadership and project manager should make sure the M&E activities are conducted per the project plan.

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Annex-1

ADDIS ABABA UNIVERSITY

SCHOOL OF COMMERCE

GRADUATE PROGRAM IN PROJECT MANAGEMENT

TITLE: Assessing Project monitoring and Evaluation Practice in Ethiopian public health institute: The case of Center for Disease Control (CDC) Projects

I would like to extend my gratitude for the time you take to respond this questionnaire which aims to assess project monitoring and evaluation practice in EPHI particularly a CDC funded projects. Please note that, the information you provide will only be used for academic purpose and be assured that it will be kept confidential. Hence, you are gently and kindly requested to provide your honest response.

For further enquiry Please don't hesitate to contact the Investigator (Mohammed Nasir, Moha99nas@gmail.com)

PART ONE: General Questions Questioner ID: _____

Please State Your answer by ticking (√) on the choices and/or Writing the answer/s that best corresponds to your feeling.

General Information/Issues		
1	Respondent Job position:	1. Director/Project manager/PI. 2. Case team leader 3. M&E expert 4. Others _____
2	Sex	1. Male 2. Female
3	Age	_____
4	Educational level	1. BSC/BA 2. Master 3. PhD 4. Post Doc

5	Years of experiences in EPHI (in CDC project)	_____
6	Have you ever taken a training on Project M&E related trainings?	0. No 1. Yes
7	If your answer for question No. 5 is yes specify the type of training-- ----------	_____

PART TWO: Questions related to Overall assessment of the existing of INPUTS for effective M&E performance

Please State Your answer by ticking (√) on the choices and/or Writing the answer/s that best corresponds to your feeling.

A. M and E Inputs

S/N	Assessment statement/ questions	
8	Is EPHI has a well-defined structure M&E unit set for all projects?	0. No 1. Yes
9	Is EPHI has a policy/directive/ ToR in place which support M&E system?	0. No 1. Yes
10	Does All the essential Project stakeholders are known and documented?	0. No 1. Yes
11	is there a clearly defined distribution of role and responsibility for M&E?	0. No 1. Yes
12	Which resources are assigned adequately for planned M&E activities (*You can select more than One)*	1. Skilled staff/experts 2. Financial resources 3. Supplies 4. mixed
13	Does Monitoring and evaluation has a separate budget?	0. No 1. Yes
14	What percentage of the total project budget is allocated for M&E?	1. _____
15	Does Different level of indicators (input–output– outcome–impact) are established & explicitly linked?	0. No 1. Yes
16	Is Targets/Baselines are set for each project indicators?	0. No 1. Yes
17	Does CDC projects M&E use the similar framework with EPHI?	0. No 1. Yes
18	What tools and techniques does CDC funded project in EPHI use to collect data? (*You can select more than One)*	1. Checklist/questionnaire 2. Interview 3. Document review 4. Mixed

B. M&E Process implementation/Practice

S/N	Assessment statement /questions	
19	is there a comprehensive separate M&E project plan for every CDC funded projects?	0. No 1. Yes
20	Is the M&E project plan integrated with annual project plan?	0. No 1. Yes
21	Has the M&E plan been developed with consideration of all the M&E matrix components?	0. No 1. Yes
22	To what purpose of your M&E plan is directed towards to?	0. Accountability for donors 1. Results of M&E activities are used for internal purpose & learning and accountability for donors
23	Is the M&E plan developed jointly with stakeholders?	0. Yes 1. No
24	Does the Project Staff have received training or orientation on project M&E?	0. No 1. Yes
25	Is there a regular reports analysis in order to assess achievements?	0. No 1. Yes
26	Does your M&E findings distributed to concerned bodies timely?	0. No 1. Yes
27	Has ever lesson learned activity conducted for M&E practice?	0. No 1. Yes

C. M&E Performance (Achievement, stakeholder involvement and Effectiveness)

S/N	Assessment questions	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
28	There is optimal stakeholder involvement in M&E practice					
29	M&E information is provided to program manager to assist in decision making and planning regularly					
30	Adequate human resources allocated for planned M&E activities.					
31	there is a working platform for information dissemination and a system to ensure a lesson learned?					

32	the CDC projects in EPHI conducts monitoring on scheduled time (Performance review).					
33	the CDC projects in EPHI conducts periodic Project Evaluation.					
34	The M & E objectives are largely achieved					
35	EPHI CDC projects funded projects conducts an effective monitoring and evaluation					
36	The CDC projects in EPHI completed/progressing with in the planned budget, schedule and quality.					

D. Challenges

S/N	Assessment statement /question	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	What are the major barriers that hinder effective and efficient monitoring and evaluation practices	A. Policy/legal framework B. Ambitious expectation C. competing of activities D. Absence of baseline data E. Lack/limited of expertise F. lack of funds needed for M&E G. Others _____				
3	CDC require different from the EPHI M&E reporting formats					
4	it is difficult to compromise donors M&E needs with local laws					
5	Participation of project stake holders in M&E is non-existent					
6	One of the major factors hindering M&E practice in efficient manner is lack/limited of adequate expertise in the field					

Annex-2

In-depth Interview Guide Questions
Addis Ababa University
College of Business and Economics
School of Commerce
Department of Project Management
Master of Project Management Program

Annex II. Questions for **In-depth Interview**

Date Interview _____

1. Do the organizations have an M&E system in general in EPHI and in particular to CDC projects, its own policy/guidelines to support it? How projects from donors handled/donor driven/ ?
2. What are the key inputs that affect M&E practice and the system as a whole and the coping mechanism to overcome the challenges?
3. Is there a comprehensive separate CDC project M&E plan, is it separate/integrated?
4. Is there an explicitly designed & well communicated project M&E framework? Is it same with EPHI?
5. How is M&E financed and budgeted? Do you think M&E activities are optimally budgeted? How much percent of the project?
6. Do you think that the M&E unit is well capacitated and optimally utilized to the level of project team members? Please brief this point.
7. Are stakeholders involved in the project? How do you evaluate stakeholders (internal & external) involvement & contribution in the project M&E practice?
8. What is Result/finding communication practice?
9. What are the challenges of Monitoring and Evaluation Practices in your organization?

10. What is the overall effectiveness regard to M&E practice with in the institution particularly the CDC projects?
11. What is influence on the general project performance of CDC projects in terms of time and schedule?
12. What recommendations would you give to help improve the M&E systems in EPHI in particular to CDC projects?
13. Any additional points you can mention?