ADDIS ABABA UNIVERSITY

COLLEGE OF BUSINESS AND ECONOMICS

SCHOOL OF COMMERCE DEPARTMENT OF PROJECT MANAGEMENT

ASSESSING PROJECT MONITORING AND EVALUATION PRACTICES AND RELATED CHALLENGES IN OROMIA REGION HEALTH BUREAU: THE CASE OF CENTER FOR DISEASE CONTROL FUNDED HIV/AIDS PROJECT.

BY: BEDRI AHMED (REG NO: GSD/2106/10)

ADVISOR: Dr. BAHRAN ASRAT (PhD)

JANUARY,2021

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A PROJECT REPORT 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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ADDIS ABABA

DECLARATION

I, the undersigned, hereby declare that the study entitled "Assessing Project Monitoring and Evaluation Practices and related challenges in Oromia Region Health Bureau: the case of Center for Disease Control/PEPFAR funded HIV/AIDS project" is entirely my original work and that has never been submitted to any University.

Declared by:

Bedri Ahmed Mumme _____ _____

Signature **Date**

Confirmed by:

Dr. Baharan Asrat (PhD) _____ _____

Signature **Date**

CERTIFICATION

This is to certify that Mr. Bedri Ahmed Mumme has completed his project work entitled "assessing Project Monitoring and Evaluation Practices and related challenges in Oromia Region Health Bureau: the case of Center for Disease Control Funded HIV/AIDS Project". Is under my supervision and 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.

Advisor: Dr. Baharan Asrat (PhD) _____ _____

Signature **Date**

Approval by Board of Examiners

Dr. Bahran Asrat (PhD) _____ _____

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Internal Examiner **Signature** **Date**

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External Examiner **Signature** **Date**

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ACRONYMS/ABBREVIATIONS

AIDS Acquired Immune Deficiency Syndrome

ART Anti-Retroviral Therapy

CDC Centre for Diseases Control

HIS Health Information system

HMIS Health Management Information System

HIV Human Immuno Virus

ICAP International Centre for HIV/AIDS Prevention

IFRCS International Federation of Red Cross Red Crescent Societies

LQAS Lot Quality Assurance Sampling

M&E Monitoring & Evaluation

MoFED Ministry of Finance & Economic Development

MoH Ministry of Health

MERG Monitoring, Evaluation & Reference Group

MoE Federal Ministry of Education

NGOs Non-Governmental Organizations

ORHB Oromia Region Health Bureau

PEPFAR US- Presidents Emergency Fund for AIDS Relief

PRM Performance Review Meeting

PMU Project Management Unit

PMTCT Prevention of Mother to Child Transmission of HIV

PMI Project Management Institute

PMBOK Project Management Body of Knowledge

RDQA Routine Data Quality Assurance

RBM Result Based Management

STI Sexually Transmitted Infection

SMEC Strengthening Monitoring and Evaluation Capabilities

SPSS Statistical Package for Social Science

TB Tuberculosis Bacillus

UNAIDS The Joint United Nations Program on HIV/AIDS

UNDP United Nations Development Programme

USAID United Sates Agency for International Development

WHO World Health Organization

ABSTRACT

Monitoring and evaluation (herein referred to as M&E) has become a critical practice and a fundamental tool in project management aimed at checking whether the projects' objectives and goals are being achieved. Despite so many of its importance, the effectiveness of M&E system is affected by various factors.

Purpose: *the purpose of this study is therefore to assess the practices and related challenges in M&E of HIV project under Oromia regional health bureau.*

Methods*: the study applied a descriptive cross-sectional survey design using both Qualitative and Quantitative mixed method. Pre-tested structured questionnaire used to collect quantitative data from 35 target population selected from health bureau and its subsidiaries. Key informants interview conducted with 10 program/project managers using semi-structured guide. Quantitative data filtered, edited, entered in to and analyzed using descriptive statistics mean and standard deviations by the help of the Statistical Package for Social Science (SPSS), while qualitative data analyzed using content analysis under thematic areas in line with the main objectives of the study.*

Result: *with a response rate of 91%, the research found that most of the respondents have second degree and sufficient work experience in project M&E. The study also indicated that M&E is practiced regularly and in participatory approach and is using standard M&E tools endorsed by ministry of health. The project has a comprehensive M&E plan with clearly defined indicators and are linked to project resources and expected M&E results. Besides, the project M&E information and findings are frequently used for decision making. However, the project M&E plan and the framework were not communicated well among the project team and the program unit.*

Conclusions*: moreover, the M&E system of ORHB was challenged by different factors including time consuming M&E activities, inadequate budget for M&E, inadequate skilled human resource in M&E, Various reporting requirement from different funders and shortage of recording and reporting tools. Thus, it is recommended that ORHB should strengthen project M&E by allocating sufficient budget and skilled staffs for M&E activities.*

Keywords: *M&E practice, M&E tools, HIV/AIDS, M&E plan, information use, ORHB*

CHAPTER ONE: INTRODUCTION

1.1 BACKGROUND OF THE STUDY

In Ethiopia's current health landscape, some of the most pressing health issues are HIV, tuberculosis (TB), and malaria, accounting for a combined 85 percent of Ethiopia's disease burden (Tiruneh, McLelland, & Plummer, 2020; Misganaw, et al., 2017).

The Government of Ethiopia (GOE) developed its Health Sector Transformation Plan (HSTP) for 2015 to 2020 after the Health Sector Development Plans (HSDPs) I to IV that were prepared between 1997 and 2015. The GOE set new goals for the period from 2015 to 2020 in the HSTP. The plan called for an external financial and technical assistance by development partners (DPs).

Ethiopia is among the Sub-Saharan countries benefited from the Presidents Emergency Plan for AIDS relief (PEPFAR) initiative fund since 2003. A lot of funds have been spent and more are being committed in various projects including, HIV/AIDS, malaria and Tuberculosis projects. Implementation of proper M&E practices is therefore crucial to ensure sustained retention of realized benefits by these projects (Ahsan and Gunawan, 2010).

Similarly, WHO (2015), recommended member countries to have a strong M&E system in place as the foundation for national health sector strategic planning. However, many countries do not have strong M&E systems, thus decreasing their ability to effectively use these systems.

Accordingly, Ministry of health in collaboration with other development partners has been developed and is supporting the utilization of national M&E frameworks; standard tools and methods for data generation; collection; compilation; analysis and dissemination.

The project management is recognized as being the most popular approach of managing changes brought by projects. According to Shapiro (2011) the project management involves techniques together with tools that enable the control and the delivery of project activities within determined deliverables, timeframes as well as budget.

M&E is one of the tools that help project managers track project performance and also provide the management with information to make decisions about the project. The Project Management Institute (PMI, 2017) divides project lifecycle into five major stages namely initiation, planning, implementation, control and project close out. Accordingly, monitoring is

a function that happens during the implementation stage of the project life cycle and information from monitoring facilitates the control function of the project.

Likewise, project M&E is important to help project managers and stakeholders to know the extent to which projects are meeting their objectives and attaining the desired results. M&E keeps greater transparency and accountability in the use of project resources, which is particularly, required by funders. Moreover, M&E strengthens project implementation, improve quality of project interventions and enhance learning (Kyalo, K. et al. ,2015)

Oromia is among the regions of the FDR of Ethiopia, benefited from the PEPFAR initiative fund since 2003 and currently receiving direct support of nearly 11,965,307 USD annual budget from PEPFAR/CDC through its HIV project. The project aimed at strengthening ownership and sustainable provision of quality HIV/AIDS services. To meet these objectives, the region hired project staffs with mix of expertise these includes health professionals, Health information professionals, M&E professionals and many other administrative staffs at different hierarchical levels of the health sector.

Implementation of standard M&E practices is therefore crucial to ensure sustained retention of realized benefits by the project. However, there is no research documented by independent body that confirms whether the practice of M&E in the region is to the standard and the factors affecting project M&E practices.

1.2 STATEMENT OF THE PROBLEM

Most of the donors and Non-Governmental Organizations (NGOs) supporting the HIV/AIDS projects and programs advocated about the importance of building a well functioned M&E system as a requirement. The main reasons, among others for such requirement was to ensure, transparency, accountability and to learn from experience and to monitor project performance. This calls for having effective project M&E practice in place for sustainable improvement and quality of performance in organizational activities.

Despite high demand for achieving project results and demonstrate effective M&E to maximize organizational performance, various evidences show that the practice of M&E is not as per the standards. The study by Geremew (2016), indicated, absence of integrated M&E as one of the reasons for the delay of projects to achieve the intended objectives.

In terms of critical gaps and challenges in M&E, the Health Information System Assessment by Health Metrics Network in 2019 noted that the data management system; which covers all aspects of data handling from collection, storage, quality-assurance and flow, to processing, compilation and analysis; was “not adequate at all”. The assessment also identified that limited budget funds and inadequate human resource for service delivery structure as the major reasons for the current inadequate state of data management system (WHO, 2019).

According to Ethiopian Health sector transformation plan (HSTP-II, 2020/21-2024/25), the progress towards the three 90 HIV targets of 2020 was suboptimal for the first 90 with only 78.5% estimated PLHIV knowing their HIV status. The second and third 90’s with, 80% of known HIV infected individuals being on ART of whom viral supersession was achieved for only 89%. And the major M&E related challenges and gaps in Ethiopia’s response to the HIV epidemic include limited human resource, inadequate functionality of performance monitoring practices, poor documentation, poor data quality, limited coverage of internet connectivity, electricity and computers, disrupted mentorship and supportive supervision, poor timeliness and completeness of reports, low data analytics and use capacity of health workers, and functionality of HIS governance structures.

It is apparent that for HIV/AIDS projects huge amount of funds were mobilized both by Federal and regional governments from various sources. And also, strategies, and project planning, implementation and M&E guidelines and frameworks were developed and is being implemented by the region health bureau and its partners. However, as indicated in the annual progress reports of the region majority of these projects do not completed as per the defined timeframe.

Most of the studies on project M&E practices in Ethiopia mainly focused on the factors affecting M&E rather than its compliance to global and national standard practices. Beside all the efforts, there is relatively little is known about the practices and related challenges of M&E of HIV projects executed by ORHB mainly due to absence of independent study done on the issue.

Thus, this study, seeks to assess the compliance of the practices and related challenges of monitoring and evaluation in HIV/AIDS project implemented by ORHB and its subsidiary health institutions.

1.3 RESEARCH QUESTIONS

The study intended to answer the following basic research questions: These are;

1 What is the level of planning for M&E process of HIV projects?
1 What are the methods used in Project M&E?
2 How is the generating and use of M&E findings of project looks like?
3 What are perceived challenges facing monitoring and evaluation practices of the HIV project at ORHB?

1.4 RESEARCH OBJECTIVES

1.4.1 GENERAL OBJECTIVE

This research tried to assess practices and challenges of project M&E of Oromia regional Health Bureau with respect to HIV project in light of the best project M&E practices.

1.4.2 THE SPECIFIC OBJECTIVES

The study specifically seeks to:

1 To assess the level of planning for M&E process of HIV project at ORHB
2 To identify the methods used in project M&E?
3 To explore the practices in generating and using project M&E findings
4 To identify major perceived challenges facing monitoring and evaluating practices

1.5 SIGNIFICANCE OF THE STUDY

This study will benefit several stakeholders including the management of the regional health Bureau, Project staffs, donor agencies, future researchers and academicians. Strong Project M&E systems calls for result based management and performance improvement. Hence this will add to the small existing body of literature on the subject to maximize the benefit for all stakeholders.

To the project managers and donor agencies, this study assessed M&E system and forwarded areas for improvement with recommendations that will be used by the project under the regional health Bureau. Hence, it will be in the maximization of strengths of the M&E systems. It might have particular help in better understanding of the M&E systems and how to better monitor and evaluate the expectations of the stakeholders, as well as provide valuable information for future interventions.

It may also inform policies towards setting up of M&E systems, and show how M&E can be used as a powerful management tool to improve the way organization and stakeholders can achieve greater accountability and transparency.

The study will also contribute to body of knowledge in such a way that it will help the project practitioners to understand the dynamics of monitoring and evaluation to the implementation of projects.

Besides, the reflection created by this work will call researchers to conduct further investigation on project management in general and monitoring and evaluation practices in particular of donor funded project under government organizations.

The academicians, policy makers, and researchers might also benefit by getting new areas of study and improvements. Overall, the study recommendations might improve effectiveness of monitoring and evaluation in project and provide comprehensive guidance on how to set up and implement a standard monitoring and evaluation system by avoiding the pitfalls that may lead to its failure.

1.6 SCOPE OF THE STUDY

This study assessed the current project M&E practice of Oromia regional Health Bureau with respect to CDC-PEPFAR funded HIV project called Strengthen Health Information Systems for the Sustainable provision of HIV/AIDS Services.

The Study population was M&E and project staffs selected from ORHB, ten PEPFAR priority towns and selected high HIV case load Hospitals (with patient load >1000) and in proximity (within 100km distance) from regional health Bureau.

The study deployed descriptive cross sectional survey design using both quantitative and quantitative mixed methods. Semi-structured and structured questionnaires together with project document analysis were used to collect data both from primary and secondary sources. The study period covers the ongoing five-year project plan from 2018 to 2021.

The study tried to assess the five dimensions of the existing M&E system practices mainly Scope and level of M&E planning, resources allocation to support M&E, utilization of information produced by M&E, M&E tools and methods, and factors affecting project M&E practices.

1.7 ORGANIZATION OF THE STUDY

This research paper is organized into five chapters. The first chapter deals with background of the study, statement of the problem, research questions, objectives and significance, scope and potential limitations of the study.

The second chapter presents review of relevant, conceptual as well as empirical literatures. Chapter three distinctively deals with the research methodology, which is divided into research design, target population, sample size and sampling procedure, Data collection instrument, data collection procedures, and data analysis techniques.

Results and discussions presented and discussed in chapter four and the last chapter contains summary of findings, conclusion and recommendation that are drawn from the results and discussion part.

1.8 DEFINITION OF KEY TERMS

Table 1.1:Definition of Key terms

Projects	a project in the context of this research is defined as a temporary Health information system strengthening activities undertaken by ORHB to support HIV epidemic control.
Project management	is the application of knowledge, skills, tools, and techniques to project activities to meet the project requirements (PMI, 2013).
Monitoring	is the ongoing process by which stakeholders obtain regular feedback on the progress being made towards achieving their goals and objectives (UNDP, 2019)
Evaluation	is a systematic process of data collection and analysis, about activities and /or effects of a project, looking to provide explanations for observed level of implementation or changes in social conditions under intervention with the purpose of informing decisions.
M&E	**i**s a process of systematic & continual gathering of information and assessment of it in order to determine the progress and to highlight whether there are any effects from a project and its activities?
M&E system	a collection of people, procedures, data and technology that interact to provide timely information for authorized decision-makers.
Learning	is the process through which information generated from M&E is reflected upon and intentionally used to continuously improve a project's ability to achieve results.
Practice	a set of tools, techniques, procedures and processes that are regarded as standards in the field of M&E
Stakeholders' engagement	The process where organizations involve people who may be affected by decisions it makes or can influence the implementation of the projects
M&E plan	A comprehensive planning document for all M&E activities, that documents the key M&E questions to be addressed, the how, frequency, where and why data collected; baselines, targets and assumptions; how data analyzed or interpreted, and how or how often reports will be developed and distributed on these indicators.

CHAPTER TWO: REVIEW OF RELATED LITERATURE

INTRODUCTION

This chapter reviewed and discussed previous studies and the literatures related to the study variables. The concept and practices of monitoring and evaluation system for projects reviewed and the independent variables (M&E planning, methods and tools of M&E, Resource allocation, report generation and utilization of M&E products, factors affecting M&E practices) and how they affect the monitoring and evaluation system were discussed. The chapter also outlines the theories that anchor the study. Finally, the chapter indicated a graphical representation of the association between independent and dependent variables in the form of a conceptual framework.

2.1 THE CONCEPT OF PROJECT MONITORING & EVALUATION

PMBOK (2016), defined project management as the application of knowledge, skills, tools and techniques to project activities to meet project requirements. Many of the processes within project management are iterative in nature partly due to the need for progressive explanation in a project throughout the project life cycle. Olive, 2016, indicated that Monitoring and Evaluation practices is a central part of the project cycle and of good management practice.

Although there are various definitions, scholars appear to converge on the idea that monitoring and evaluation is a tool for effective development. Kariuki (2014) defines monitoring as a continuous assessment of the function of project activities in the context of implementation schedules and the use of project inputs. Mbeche et al, (2009)) further add that monitoring is a continuous function that uses the systematic collection of data on specified indicators to provide management and the main stakeholders of an ongoing development intervention with indications of the extent of progress and achievement of objectives and progress in the use of allocated funds.

Possibly a more emphatic definition is that of the World Bank (2011), which states that monitoring is a continuous function that uses the systematic collection of data on specified indicators to provide for the management and primary stakeholders of an ongoing development intervention, with indications of the extent of progress and achievement of objectives and progress in the use of allocated funds.

This article, therefore, will not exhaust all types of monitoring. The IFRC guideline identifies seven monitoring types, these includes results monitoring, process or activity monitoring, compliance monitoring, situation or context monitoring, beneficiary monitoring, financial monitor. While UNICEF (2013) highlights two types as situation monitoring and performance monitoring. Performance monitoring seeks to measure progress in achieving specific objectives about an implementation plan, while Situation monitoring measures change in a condition or set of conditions or the absence of change.

Different authors define evaluation differently. The Europe Aid, 2017, define Evaluation as the systematic and objective assessment of an ongoing or completed project, program, or policy, including its design, implementation, and results. The aim is to determine the relevance and fulfilment of objectives, development efficiency, effectiveness, impact, and sustainability.

Shapiro indicated that evaluations can be categorized as formative and summative types depending on the time when they take place. Formative Evaluation, a.k.a interim or midterm evaluations, is mainly concerned with efficient use of resources to produce outputs and focuses on strengths, weakness, and challenges of the project and whether the continued project plan will be able to deliver the project objectives or it needs redesigning.

A summative evaluation or terminal evaluation is carried out at the end of the project and purposes at determining how the project progressed, what went wrong and right and it document lessons learned. Evaluation could further be categorized as self-evaluation may be carried out by person(s) directly involved in the project, and external evaluation is done by outside consultant or independent party, based on the basis of responsibility.

2.1.1 LINKING MONITORING AND EVALUATION

According to WHO 2015, monitoring and evaluation are complementary and yet distinct aspects of assessing the result of a development intervention. The function of monitoring is largely descriptive and its role is to provide data and evidence that underpins any evaluative judgments. Monitoring is ongoing providing information on where a policy, program or project is at any given time relative to its respective targets and outcomes. The function and role of evaluation is to build upon monitoring data, bring together additional information and examine whether or not the project results have been achieved.

Apart from their differences both monitoring and evaluation are integrally linked. According to UNDP, (2016), the aims of both M&E are very similar- i.e. to provide information that can help inform decisions, improve performance and achieve planned results. 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.

Table 2.1:Major Disparities of Monitoring and Evaluation

Variables	Monitoring	Evaluation
Frequency	Continuous throughout the project	Episodic, periodic review at significant point in project progress – end of project, midpoint of project, change of phase
Objective	Describing	Explaining
Performed by	Mostly internal, Project staff, project users	External and internal
Methods	Follows trends, compare actual performance with targets	compare achievements with counterfactual
Process	Regular meetings, interviews, monthly, quarterly reviews, etc.	Extraordinary meetings, additional data collection exercises etc.
Uses	Alerts when to take action	Provides detailed information on what types of actions to take

Source: Adapted from MoH information use training manual, June, 2018

2.1.2 MONITORING AND EVALUATION SYSTEM

According to Samdi,2017, An M&E system is a set of components which are related to each other within a structure and serve a common purpose of tracking the implementation and results of a project. Mohamed, 2013, added that M&E system is an important tool for any program and or project, as it can accurately indicate whether a program is making a difference, for whom it is making this difference, and the particular areas that are performing well or are underperforming.

According to WHO, the aim of the M&E system is to guide collection, analysis, use, and dissemination of information that allows the tracking of progress made by the project. They added that a functional M&E system has six components that include (1) clear and measurable objectives, (2) a structured set of indicators for inputs, process, outputs, outcomes, impact, and (3) methods for data collection capable of monitoring and comparing progress over time, (4) an evaluation framework and methodology capable of establishing causation between the change and interventions, (5) clearly defined means for reporting and use of M&E results in decision-making and (6) sustainable organizational arrangements for data collection, management, analysis, and reporting.

2.1.3 IMPORTANCE OF M&E FOR HIV/AIDS PROJECT MANAGEMENT

WHO has defined Monitoring and evaluation (M&E) as acquiring, analyzing and making use of relevant, accurate, timely and affordable information from multiple sources for the purpose of project or program improvement, decision-making and to show accountability and project impact.

It is clear that the M&E activities are the core element in project management lifecycle. The Project Management Institute (PMI, 2017) divides project lifecycle into five major stages namely initiation, planning, implementation, control and project close out. Accordingly, monitoring is a function that happens during the implementation stage of the project life cycle. Information from monitoring facilitates the control function of the project. It is important that the monitoring happens continuously and effectively throughout the project implementation process to enable the project manager to adequately control the project.

The PMI also asserts that evaluations can happen at the end of the project during the lifecycle, where it can assess how the project performed and capture any lessons learned from the project. Monitoring information is very helpful in evaluating how the project progressed in terms of schedule, cost and any discouraging problems during implementation.

According to UNAIDS, monitoring and evaluation helps to track what is being done and whether the project is making a difference, allow program managers to estimate and allocate resources to achieve the best result. M&E can also help an organization to extract relevant information from completed and/or ongoing project activities that can be used as the basis for programmatic fine-tuning, reorientation and future planning.

Similarly, UNDP indicated that Without effective planning, monitoring and evaluation, it would be impossible to judge if work is going in the right direction, whether progress and success can be claimed, and how future efforts might be improved.

Furthermore, Abalange, argued that project M&E is important to different people for various reasons. First, M&E is important to project managers and their stakeholders to know the extent to which their projects are meeting the set objectives and attaining the desired effects. Second, M&E upholds greater transparency and accountability in the use of project resources, which is particularly, required by donors or development partners. Third, information generated through the M&E process is crucial to strengthen project implementation, improve quality of project interventions and enhance learning and improve evidence based decision making.

2.2 THEORY OF EVALUATION

The debates on the M&E concepts discussed in light of the three most common theories that are briefly discussed as follows.

2.2.1 PROGRAM THEORY

The study was guided by program theory. Program theory shows the capability of the program to fix a problem by addressing the needs and also gives tools to determine areas of focus in an evaluation (Sethi and Philippines, 2012).

Rossi argued that a program consists of an organizational plan on how to deploy resources and organize activities of the program to ensure that the intended target population receives the intended amount of intervention. The concept of a program theory is similar to the one used in logical models. The program theory hence uses logical framework approach as its methodology and it is a comprehensive version of the logic model that it presented through a graphical scale to relate to the logical model. The logical model supports the planning, communication and review of outcomes (Hosley, 2009).

The program theory is a guidance theory in the evaluation of projects as it shows the capacity of the program to attend to specific problems that need to be reviewed within projects. It added more guidance on what areas need to be focused on during the M&E process (Donaldson, 2015).

Program theory helps to focus M&E efforts on key concerns of project implementation. As well, there may be a need to pick the right indicators from among the many available, and one can use "monitoring questions" to select the indicators that will be most helpful (Jackson, 2013).

For the purpose of this study therefore, the researcher used program theory based and Logic Model Approach to assess the practices and related challenges in Project M&E. This is because the presents the advantage of offering information that could lead to additional explanations regarding the Organizational practice related to the scope and level of planning for M&E, M&E tools and methods being used, stakeholder's engagement in utilization of M&E products and factors affecting M&E practices. Where appropriate, this theory comes in convenient to provide alternative solutions and actions to be supported in order to obtain the intended results for projects understudy.

2.2.2 THE THEORY OF CHANGE

The term "Theory of Change" first emerged in the 1990s with primary purpose of addressing some of the problems evaluators faced when trying to assess the impact of complex social development programs. TOC is indicated as the theory of "how and why an initiative works"

TOC is an "on-going process of discussion-based analysis and learning that forms the basis for planning, implementation and evaluation and communicated through diagrams and narratives which are updated at regular intervals" (Vogel, 2012). Similarly, Wachamba, (2013), described TOC as a part of the program theory that used for developing solutions to multifaceted social problems. It provides a complete picture of early and intermediate term changes that are needed to reach a long term goal.

Theories of Change may be set at organizational, programme of sometimes project levels. They can be developed and used in many different ways for different purposes. However, they are perhaps most useful for complex organizations and programs involving multiple partners, as they enable a shared understanding of how change happens and an organization or program's own role in bringing about change (James, 2011).

2.2.3 THEORY-BASED EVALUATIONS

Once a program theory has been developed, the process of conducting a theory-based evaluation can commence to test the model assumed to explain the program and the mechanisms utilized to reach the intended outcomes (Glynn Sharpe, 2011, Rogers, 2000c, Rogers P. J., 2000b, Rogers P. et al., 2000a; Weiss, 1997).

They also added that theory-based evaluation has similarities to the Logframe approach, but with a much more in-depth understanding of the functions of a program or activity than program theory or program logic. While conducting theory based evaluation, an evaluator should investigate a number of vital components in order to make the findings reliable, valid, meaningful, and interpretable.

Likewise, prior to commencing evaluations, an evaluator should take into account the intended purpose of the findings and the level of complexity required.

2.3 APPROACHES OF MONITORING AND EVALUATION PROCESS

There are various M&E approaches that are being used by M&E practitioners and researchers. As indicated by Darrell, (2013), the logical and pragmatic are the most common M&E approaches.

2.3.1 A Logical Framework Approach

The Logical Framework Approach (LFA) is widely used by many major development organizations to plan, manage and monitor interventions. The approach was originally developed for military planning in the USA. It was adopted and was initially used by the USAID to make a standardized presentation of projects to systemize their project approval.

According to Charles and Humam, (2015), following USAID, various organizations that are engaged in managing different types of projects for designing, M&E projects used logical framework approach (LFA) as a tool. Darrel, emphasized that in order to use this approach, the project intended for implementation should have both goals and objectives. In effect, it has become the leading industry standard approach to planning, approving, managing and monitoring development interventions.

2.3.2 A Pragmatic Approach

This approach was established by the pragmatic philosophical school of thought that has importance to link the practice with theory. Indeed, in this case, theory arises out of practice or what should be done in the real world. In fact, this idea was marked by those people who promoted normative recommendation in order to answer the question about what should be done to achieve clarity and comprehension. Applying a normative approach to M&E focused on collection of information and use of collected data to measure effectiveness and efficiency. Whereas pragmatic approach to M&E would entail measuring risk by considering the impact of the measurable objective under consideration and the likelihood that objective will have an impact (Darrell, 2013).

In other way, a pragmatic approach to M&E will involve risk analysis where the findings and outcomes are demonstrated by way of a grid or matrix to summarize low to high potential for achieving objective. Pragmatic approach to M&E is ideal approach however in the real world practitioners are limited to use it continuously or as they want due to different limitations.

The study was guided by program theory using Logic model approach, to show the capability of the project to comply with standard practices to achieve its intended goals and objectives.

2.4 PRACTICES IN M&E OF HIV/AIDS PROJECTS

The contextual use of the term best practices in monitoring and evaluation is meant to refer to those practices that have been found to be effective and hence recommended in the field of monitoring and evaluation. Webb and Elliot, (2010), described such practices have been accepted by practitioners as an effective way to implement M&E in projects. Adding on that the study indicated that M&E practices start with baseline data collection through the gathering of basic information about a project.

2.4.1 Monitoring and Evaluation Planning

M&E plan is critical in enhancing project performance. According to WHO,2015, effective M&E implementation calls for the development of a detailed M&E plan. The planning process would involve advocating for the need for M&E, assessing strategic information needs, building consensus and commitment among stakeholders, particularly on indicators and reporting arrangement & tools, establishing mechanism for M&E plan review and approval.

Kalali, Ali & Davod K, 2017, stated that developing an M&E plan requires a proper understanding of the project, inputs, processes, output and outcomes. And they noted that the inputs required would include human resources with M&E technical capacity and resources, authority and mandate to develop the M&E plan and technology infrastructure.

A key aspect worth including in the M&E plan According to WHO is Data collection plan- how data will be collected, managed and how to ensure quality of data; what resources will be required at each stage; who will perform the analysis; and the dissemination plan., then the next step is to plan how the data will be reported as information and put to good use.

According to CDC,2013, PEPFAR funded projects require the grantee to document their project M&E system in a Performance Management Plan, which is a tool designed to help them set up and manage the process of monitoring, analyzing, evaluating and reporting progress towards achieving targets. The PMP also serves as a reference document that contains targets, a detailed definition of each project indicator, the methods and frequency of data collection with the responsibility for collecting the data. It also provides details on how data will be analyzed and evaluations required to complement monitoring data.

2.4.2 Methods and Tools of Project Monitoring and Evaluation

It is evident that project can have different M&E needs depending on the context, agency capacity and donor requirements. Chaplowe, indicated the importance of identifying methods, procedures, and tools to be used to meet the project's M&E needs.

According to World Bank, 2012, M&E systems use different tools and approaches, some of which are either complementary or substitute to each other, while others are either broad or narrow. Furthermore, World Bank suggested performance indicators, logical framework approach, theory-based evaluation, formal surveys, rapid appraisal methods, participatory methods, public expenditure tracking surveys, impact evaluation, cost benefit and cost effectiveness analysis as the most common M&E tools.

Similarly, Hunter (2019) and MoFED (2018) noted that project monitoring and evaluation methods might include: keeping project records, different surveys, case study, interviews, direct observation, focus-group discussions and mapping, rapid appraisal, checklists, logbook, questionnaires, rapid assessment, statistical data review, story and visual techniques. The project evaluation and review technique organize schedules and coordinates all project events in the form of a networked chart.

Jaszczolt et al., 2010, stated that the projects run by NGOs mainly use result framework and logical framework. The Result framework (also known as strategic framework) principal, applies coherent framework to develop effective practical tools for strategic planning, risk management, progress monitoring, and outcome evaluation. While the logical framework is a matrix that make use of M&E indicators at each project components as well as identify possible risks. The log-frame (logical framework) has four columns and rows that link the project goals and objectives to the inputs, process and outputs required to implement the project.

2.4.3 Resource Allocation for Monitoring and Evaluation

2.4.3.1 Budgetary Allocation

The project budget should provide a clear and adequate provision for M&E activities. A budget for M&E can be clearly explained within the total project budget to give the M&E function the recognition it plays in project management. According to USAID, 2016, some organizations argue for a M&E budget to account about 5 to 10 percent of the total project budget. According to Nina Frankel & Anastasia (2007) there is no set formula; various donors and organizations recommend that between 3 to 10 % of a project's budget 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.

2.4.3.2 Skilled human resource

Human capacity, with appropriate training and experience are crucial for the production of M&E results. Any organization is only as powerful as its human resource capabilities, according to World Bank there is a need to have an effective M&E human resource capacity in terms of quantity and quality.

M&E carried out by untrained and unknowledgeable people is certain to be time consuming, expensive and the results generated could be impractical and irrelevant. Therefore, there is a great demand for skilled professionals, capacity building of M&E systems, and coordination of training courses as well as technical advice (Gorgens et al, 2009). M&E human capacity building needs a wide range of activities, including formal training, in-service training, mentorship, coaching and internships.

2.4.3.3 Use of ICT in Project M&E

The practice of M&E has been made easy by the use of technology and software, primarily in the realm of ensuring precision and integrity of data. This is preeminent in the sense that the role of monitoring and evaluation is to ensure that data is used for strategic decision making.

Hovland (2007) states that some of the important physical ICT resources for M&E that in use today include: computers and other hardware and software for data storage and analysis, such as MS-Excel or other Business intelligence tools for data analysis and visualization. And telephones and/or mobile phones and GIS tools.

Although not technically a "physical resource", internet connectivity and mobile network access are also important resources that facilitate M&E functions, such as data collection, information dissemination, teleconferencing and secondary research.

The potential of information and communication technologies (ICT) to improve data collection and M&E activities is striking (World Bank Report, 2011). Mobile phones, new platforms and repositories, and even software for reporting have reduced costs and time, improved data validity, and increased the ease of implementation.

Kelly and Magongo, (2014) stated that the computers and computer-supported programs are normally relied upon for data management and data analysis. M&E teams employ computer and computer-aided programs in data analysis, which reduces too much paper work and also results in an efficient data management. Similarly, a growing trend in M&E has been the use of databases in reporting. Accurate results can be reported if databases are used. This is because databases can process large amounts of data and precisely reflect achievements.

2.4.4 Dissemination and Utilization of M&E Results

Information from M&E can be used to serve many purposes. Briceno, 2010, noted the utilization of M&E products as measuring point for a successful M&E system.

Welsh et al., 2015 added that Information from M&E system should help to: clarify the expected impact of the project; show how progress and impact will be assessed; collect and analyze necessary information for tracking progress and impact, give details reasons for success and failure, and show how this information can improve future actions.

As indicated by USAID,2019, M&E result should be shared with local level managers to enable them to: Identify and understand M&E results; understand the standards set for particular indicators; understand how the indicators were measured; compare the actual data with the project targets; propose corrective measures; follow up on the implementation of the correction measures and report on change brought by the M&E data vis-à-vis project targets.

Gorgens et al., 2010, although different types of projects require different types of M&E systems, collection of data and information at all levels of the projects life cycle adds value to every stage of the project by ensuring project targets are met. Weaknesses in the project are also identified on time and corrective measures taken.

An effective M&E system also calls for the interaction between the employees, procedures, data, technology and key stakeholders, in order to ensure feasibility and ownership (Chaplowe, 2008).

Furthermore, MoFED (2018), emphasized the need to report findings and follow up activity to take corrective measures, make lesson and re-planning based on provided recommendations. In the M&E activity, there should be a plan for dissemination and utilization of M&E findings. Utilization rate is a key feedback to furnish decision-makers with information along with evidence regarding project performance and existing good practices. M&E findings should be disseminated to the stakeholders by way of reports to the donors, depending on the requirement, communication to the community and beneficiaries and to the implementation staff to help improve their implementation practices and strategies.

2.5 REVIEW OF EMPIRICAL STUDIES

In a study by Mushori (2015) on determinants of effective M&E of county government projects, he noted that M&E is usually budgeted for but there is no specific allocation for its activities. Barasa (2014) in his study observed that inclusion of M&E budget in the strategic plan is crucial and some projects had stalled or performed poorly due to underfunding. He also notes that a budget should be all-inclusive taking into account all cost and expenses likely to be incurred.

According to a study conducted in South Africa by Hlatshwayo & Govender (2015) the conceptual challenges and practical difficulties in M&E framework was caused due to weak institutional and structural arrangement, lack of skills, limited capacity, poor knowledge and information management. This shows the importance of considering the mechanisms that helps to minimize the negative impact of these determining factors in order to enhance the effectiveness of M&E.

Study by Rogito (2010) in Kenya Marani District indicated from a survey done on 79 youth projects, that most of the youth project implementers (85.8%) had no training on M&E and most projects don't have M&E plans (74%) as well. He also found out that most of the projects (63%) don't collect M&E data and the goals are not achieved, and that the major challenges facing 19 M&E are M&E budget, skills and time. He concluded that lack of training on M&E. baseline surveys. M&E plans affected project implementation and hence the achievement of development objectives.

Athieno (2005) looked at whether NGOs involved in campaign against H1V/A1DS undertake M&E of their programmers found out that most of them conduct post-campaign evaluation which is done either annually or semi-annually. She noted that out of 218 , 15% did not conduct M&E, 37% of them conducted M&E annually, 29% semi-annually, 8% on monthly basis while only 11% conducted it on continuous basis. Out of those projects that conducted M&E. 44% did it after the project, 34% during and 18% before the projects. Only 44% of the NGOs used the results to improve the performance of the project while 28% used it in sourcing for funds while 42% was used in research and development.

According to a study undertaken by Mwangi, et al. (2015) a unit increases in technical competency of M&E team increases the effectiveness of monitoring and evaluation by 28% and this shows the importance of human resource capacity. This study also revealed the effect of human resource training, availability of facilities & infrastructure on M&E.

According to CLEAR, (2012), a study conducted in Bennin, revealed that, despite adequate capacity and high level of political support, M&E system had three challenges that is (i) to collect data from the pertinent population group and to access the collected and processed data, (ii) shortage of M&E professionals though the existing few M&E staff obtained basic M&E training, and (iii) the Information gathered through the M&E system was not sufficiently taken into account by the concerned bodies.

According to Fredrick and Makori, and CLEAR, the study from Kenya on effective use of M&E systems in HIV/AIDS related projects stressed to the usage of M&E systems to ensure project efficiency, effectiveness and impact. The study identified several factors that affect the effective use of M&E by project managers such as lack of commitment, incompetency on the use of the M&E systems, strict donor requirements and capacity limitations of the local implementers as a challenge for effective M&E practice and rather major M&E practices are driven by advocates and donor demands**.**

The finding from the study in Botswana by Mikias, (2017), on M&E practices and challenges of local NGOs implementing HIV/AIDS projects presented that the projects were not effectively monitored and evaluated and the M&E practices of the local NGOs fell short of the best practices.

According to study in Ethiopia by Zelalem Tadsse (2016), lack of participation of stakeholders during project designing, M&E, lack of and/or delayed release of funds, duplication of efforts, absence of physical space and base line data for M&E were the serious problems encountered while managing and implementing HIV/AIDS related projects. The observation made by the researcher showed that considerable numbers of HIV/AIDS related projects are facing difficulties in achieving their objectives and goals due to managerial and related reasons like ambitious expectation, vague objectives, absence of baseline information, inadequate monitoring systems, and lack of experience in project and program management and lack of sufficient fund.

In a report of strengthening the M&E system of HIV and AIDS projects in Child Fund Uganda, Ediau (2012) found that results from evaluation were not routinely collected, compiled, stored, analyzed and shared by Child Fund Uganda and project stakeholders are rarely realized. The results from such data were not effectively utilized to track and measure performance as well as inform program improvement and learning. Similarly results from Obure (2008) indicate that some problems are associated with post collection data management. As confessed by many field officers, the storage, processing and interpretation of data was ineffectively handled.

Results from the study strongly point to a weakness in the system, arising from the inability of stakeholders to handle and process data in a meaningful way. He concludes that this challenge seriously leads to mere collection of large volumes of data, which eventually might not be used in a helpful way. Data must be collected and analyzed regularly on the objectives and intermediate results.

TIR, (2007) establishes that as a result of lack of understanding of M&E organizations carry out casual compilations of reports from the field guided by donors' prescribed reporting requirements. This limits the utilization of the results contained in such evaluation reports, since there is minimal analysis of the project data by the project staff. The author notes that there is a common practice among development organizations to compile information without giving meaning to the data, and given that such reporting concentrates on accountability at the expense of learning, the utilization of such results remains scanty.

The Kenya social protection sector review (2012), that focused on main programs in the social protection sector in Kenya, conducted through literature review, landscape survey and in-depth interviews with project implementers, states that not many programs in Kenya have a functional M&E system, despite it being accredited for promoting transparency and accountability. From the programs reviewed 96% had developed some type of indicator framework for M&E, 91% conducted monitoring activities, 61% had a planned or ongoing impact evaluation and 39% had no M&E reports for public consumption. This was attributed to programs not allocating the required resources at the design stage of the M&E system.

There was also an inconsistency in the choice of performance indicators among the Kenyan programs which led to incoherent and incomprehensive M&E systems. Out of 88.1% of the Kenya safety net programs only 16.7% could provide a review team with a logical framework. The review also established that although M&E rarely influenced the decision making process, its information was being used to inform project and programme designs as well as inform policies. The review also notes that the country relies much on M&E international consultants and therefore recommends capacity building of national and progressive wean programme of civil servants (locals) because they will stay in the sector over the long term.

According to this survey (2013) the most commonly used tools and techniques by NGOs within Nairobi County are: logical framework, participatory approaches, evaluation surveys, site visits and strategic planning frameworks. This shows that M&E systems use different tools and approaches, some of which are either complementary or substitute to each other. The evaluator also has a choice of using a combination of tools and techniques in order to cross-validate the data (Nabris, 2002). According to Chesos (2010) most NGOs in developing countries are not able to develop appropriate tools hence resulting to substandard M&E systems that don't meet the stakeholders' needs.

In Mackay (2007:123) four challenges facing the M&E system are listed from the experience of Colombia these includes the lack of a single, clear conceptual framework; a need to clarify the roles and responsibilities of the organizations; absence of clear links between planning, budgeting, and evaluation, and problems with the availability and frequency of data, as well as problems with data quality controls.

The study in Indonesia by Hanik (2011) from UNDP and Shah (2007) from World Bank identified challenges relating to M&E systems these are: limited resources for collection and use of data, inadequate training of data collection personnel, lack of timely feedback of useful data to those in position to improve the programme performance; duplicated indicators, lack of proper reporting tools, poor documentation of services, excessively tedious reporting requirements.

In a study by Kawonga, et al. (2012:9-10) on HIV M&E system indicated that the anticipated aims of the M&E systems have not been realized in many countries due to low financial investment in M&E infrastructure, weak or ill-defined systems for collection, analysis, and dissemination of HIV data, inadequately trained data clerks, and insufficient technical capacity to transform HIV data into usable indicators (Atun et al 2010:10).

There was no independent study documented by assessing the M&E practice of ORHB CDC project. Therefore, this study will assess the actual M&E practices of the aforementioned project in ORHB in light of the best practices of M&E as described above.

2.6 CONCEPTUAL FRAMEWORK OF THE STUDY

A conceptual framework is a virtual or written product that explains, either graphically or in narrative form, the main things to be studied- the key factors, concepts, or variables and the expected relationships among them (Fredrick and Makori, 2016).

This study adopted a conceptual framework to describe the perceived challenges that supposed to affect the practices of M&E in ORHB. The variables under the best practice of in Project M&E, such as planning for M&E, budget allocation, Skilled human resource, utilization of the M&E findings, and standard tools & methods has listed simply to show the focus of the study is on selected M&E practices related variables.

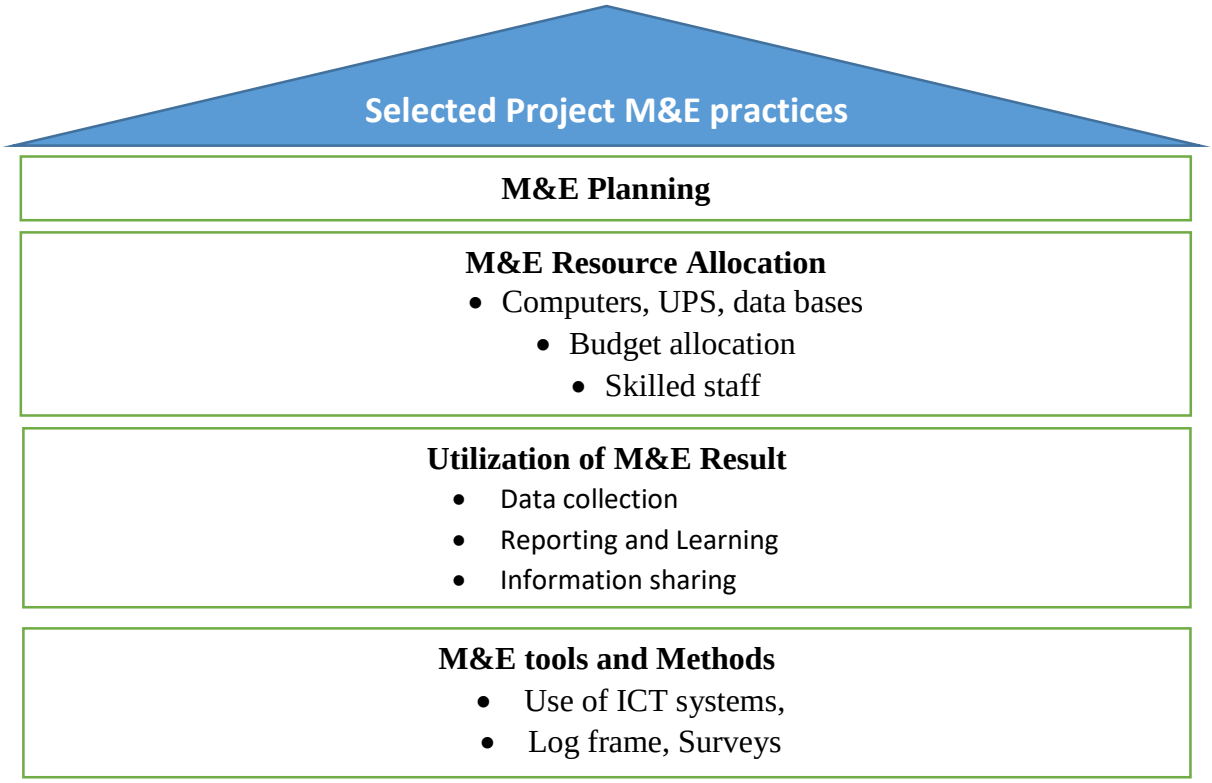

Figure 2.1: Conceptual framework of the Study: adapted from various literatures by the researcher

CHAPTER THREE: RESEARCH METHODOLOGIES

INTRODUCTION

This chapter outlines how the research project will be conducted. It describes the research design used, location, target population, sampling technique, data source, data collection tools and techniques and data analysis that will be used in this study.

3.1 RESEARCH DESIGN

According to Kothari (2008), a descriptive research design is used to describe an event or a feature of things as it exists at present and is appropriate when the study is concerned in specific predictions, narrative of facts and characteristics concerning individuals or situations. A descriptive study is concerned with finding out the what, where and how of a phenomenon of the interest.

Shao, (1999) describe the cross-sectional study as the most common type of research. That it looks at what is happening at a moment in time and is comparable to taking a snapshot at a particular time and is representative of what is happening at the time when the research is carried out. And also identifies some advantages of cross-sectional research to include among others the following: It can generate a realistic picture of what was going on at a particular point in time, performed at a relatively low cost, it may not take much of the respondents' time and data may be gathered in relatively short period of time.

Hence, a descriptive cross-sectional survey research design was applied to answer the questions of who, what, when, where and how details of the M&E practices of the organization.

3.2 DESCRIPTION OF STUDY VARIABLES

The dependent or outcome variable of the study is the practices in project M&E of Oromia Regional Health Bureau. Budget allocation, stakeholder's participation in M&E, human resource capacity, utilization of the M&E findings, dissemination and sharing of lessons learned and management support are the independent or exposure variables under the study that are said to affect the project M&E practice.

3.3 DESCRIPTION OF STUDY AREA AND TARGET POPULATION

3.3.1 DESCRIPTION OF THE STUDY AREA

Oromia is one of the ten regions and two city administrations making up the Federal Democratic Republic of Ethiopia. It is the largest and most populous region with a land area of 286,612 square kilometers. The capital city is Addis Ababa, which is also the capital city of Ethiopia. It is divided into 21 zones and 336 Woredas and 19 town administrations. There are 91 Hospitals, 1405 health centers, 1639 Clinics and 6559 Health posts serving an estimated population of more than 30 million. It stretches across central Ethiopia and shares boundaries with Kenya and South Sudan and with all the other regional states except Tigray. Over 90 percent of the people of Oromia live in rural areas, and agriculture has remained the source of livelihood for the overwhelming majority of the people.

3.3.2 TARGET POPULATION OF THE STUDY

Castillo (2009) defines target population as, referring to the entire group of individuals or objects to which researchers are interested in generalizing the conclusions. For this research, the target populations were the employees working on HIV project under Oromia region health bureau. The target study populations were 35 selected M&E officers and project officers, and 10 Project/program and M&E managers working with HIV CDC project at regional health bureau, Health facilities, and town health offices.

3.4 SAMPLING METHODS AND SAMPLE SIZE

According to Saunders (2009), purposeful or judgmental sampling often used when working with very small samples less than 200 study participants, and when one wish to select cases that are particularly informative. Since the research objective is to assess the current M&E practice of ORHB CDC project, the researcher purposively selects M&E experts, project officers, project manager/coordinator employed under the project.

3.4.1 Sampling procedures

First, the researcher discussed with Project Coordinator at Health Bureau about the staffing status and identified the number of project staffs at RHB, Health Towns and nearby high case load Hospitals. Accordingly, 6 Project officers, 16 M&E officers and 5 Health information advisors and specialists and 6 office heads, Project coordinator and central M&E manager were selected because of their knowledge and expertise in M&E system and the responsibility and accountability they assumed.

In addition, 10 Key informants including Bureau deputy head, Program M&E director, HIV program coordinators and officers were selected for in-depth interview using semi-structured interview guide.

Table 3.1: Study participants by organization and position

Count		**Current position held**						**Total**
		Office Head	Project Manager	Project officer	M&E Manager	M&E Officer	HIS advisor or specialist	
Current organization	Priority town	2	0	2	0	11	0	15
	Hospital	3	0	0	0	0	0	3
	ORHB	1	1	4	1	5	5	17
Total		**6**	**1**	**6**	**1**	**16**	**5**	**35**

3.5 DATA COLLECTION

3.5.1 TYPES AND SOURCES OF DATA

Data Type

The study deployed both quantitative and quantitative data collection methods. Qualitative exploratory approach in this context help the researcher to ask open questions to discover what is happening and gain insights about a topic of interest (Saunders et al., 2012). This approach is more appropriate and flexible to narrate in detail the issues related to the practices of project M&E of the organization under study. The quantitative approach is considered because of the reason that it is the right approach to describe the factors affecting M&E practices quantitatively.

Data Sources

Both primary and secondary data were gathered. The primary data was collected directly from project and program staffs that included project managers, M&E and Health information and project officers by employing both questionnaire and key informant interview guide. Secondary data, was collected by reviewing records of the organization's reports and other essential documents related to M&E practices of the project.

Data Collection Instruments and Procedures

Semi-structured questioner, semi-structured interview guide, observation and document review guide were used for data collection. Quantitative data were collected using a semi-structured questionnaire, which was hand delivered and in most case emailed to each of the study subject. The survey questionnaire contains both open-and close-ended questions. The questionnaire covers different topics to capture relevant information about the background information on participants, over all M&E Systems, M&E practices and the challenges they faced and the coping mechanisms they adopted during the past two project years.

Semi-structured interview guide was used for collecting the qualitative data focusing on the scope and level of M&E planning, resource allocation for M&E, methods and tools and the extent of M&E implementation, constraints and challenges in project M&E.

So as to get full picture of the practice an in-depth review of secondary sources relevant to the project was done. the bureau's strategic plan, annual plans, project agreement documents, performance reports, policies, guidelines and procedures, books, reputable journals, dissertations, conference papers, and other pertinent documents were reviewed as a source of secondary data.

3.6 METHODS OF DATA ANALYSIS AND PRESENTATION

This is the process of collecting, modeling and transforming data in order to highlight useful information, suggesting conclusions and supporting decision making (Sharma, 2005). The researcher has collected the data, using questionnaires, interview guides, and document analysis. The data that collected was examined and checked for completeness and clarity. Quantitative data was filtered, edited, entered in to and analyzed using descriptive statistics, mean and SD deviation with the help of the Statistical Package for Social Science (SPSS V20).

Whereas the qualitative data was analyzed using content analysis with thematic areas in accordance with the main objectives of the study. The data was then presented using frequency tables, graphs and charts.

3.7 RELIABILITY AND VALIDITY ANALYSIS

Creswell (2009**)** states that employing multiple data collection instruments help the researcher to combine strengthen and amend some of the inadequacies and for triangulation of the data. This study used tools adapted from previous researches with proved and accepted validity and reliability. Besides, the questionnaire and interview questions were customized to meet to requirement through pilot testing and subsequent discussion with experienced researchers and research advisors.

A Cronbach alpha test was conducted to measure the internal consistency and reliability of the data collection instruments. Cronbach's Coefficient Alpha is computed using SPSS to determine how items correlate among themselves. Reliability of at least 0.70 or higher is recommended for Social Science Research (Mugenda and Mugenda, 2003).

The Cronbach's reliability coefficient for this study was 0.861 which is more than 0.7 and therefore the instruments was deemed to be reliable.

Table 3.2: Inter-correlation among the selected Study Variables

Variables	Project M&E plan	M&E budget allocated	Sufficient skilled staff allocated	Standard tools for M&E activities	M&E information used for DM
Project M&E plan	**1.000**	.383	.453	.598	.753
M&E budget allocated	.383	**1.000**	.269	.370	.439
Sufficient skilled staff	.453	.269	**1.000**	.400	.460
Standard tools for M&E activities	.598	.370	.400	**1.000**	.641
M&E information used for DM	.753	.439	.460	.641	**1.000**

3.8 ETHICAL CONSIDERATIONS

Ethics are norms or standards of behavior that guide the moral choices about our behavior and our relationship with others.

Given the nature of this project, there are certain ethical issues that need to be taken into consideration when developing and administering data collection tools and techniques, to avoid any form of harm, suffering or violation. In the first instance, all participants treated with respect and courtesy.

This was done through obtaining consent before the research; ensuring confidentiality of data obtained and learning more about the organization's culture and project before the research and where necessary absolute sensitivity and caution was excised. In order to safeguard the rights of the participants, the researcher also explained to the participant the benefits of the study.

CHAPTER FOUR: DATA ANALYSIS AND INTERPRETATIONS

INTRODUCTION

This chapter outlines the analysis, presentation and interpretation of study results and of a discussion of the findings on the practices and challenges in project M&E practices of HIV project under the Health Bureau. The findings were analyzed and presented in relation to the specific objectives these includes: the scope & level of M&E planning, the tools & methods used in Project M&E, Resource allocation for project M&E and the practices in generating and using project M&E findings and finally, factors affecting monitoring and evaluating practices.

4.1 RESPONDENTS' DEMOGRAPHIC INFORMATION

4.1.1 RESPONDENTS' RESPONSE RATE

The study targeted 35 participants who were selected from Oromia regional Health Bureau HIV/AIDS Project and its affiliates in 10 Priority towns, and 3 High case load nearby hospitals. These respondents were working on M&E of HIV projects. Among the target participants, 32 of them have successfully responded and returned the study questionnaires with response rate of 91%. Jack, E.F. (2008) indicated a response rate of 60% or more as an adequate representation of the sample and the findings to be a reflection of the study population both in breadth and depth.

Accordingly, the response rate is adequate enough and acceptable to compute the data analysis and reporting of the findings.

4.1.2 Respondent's Level of Education

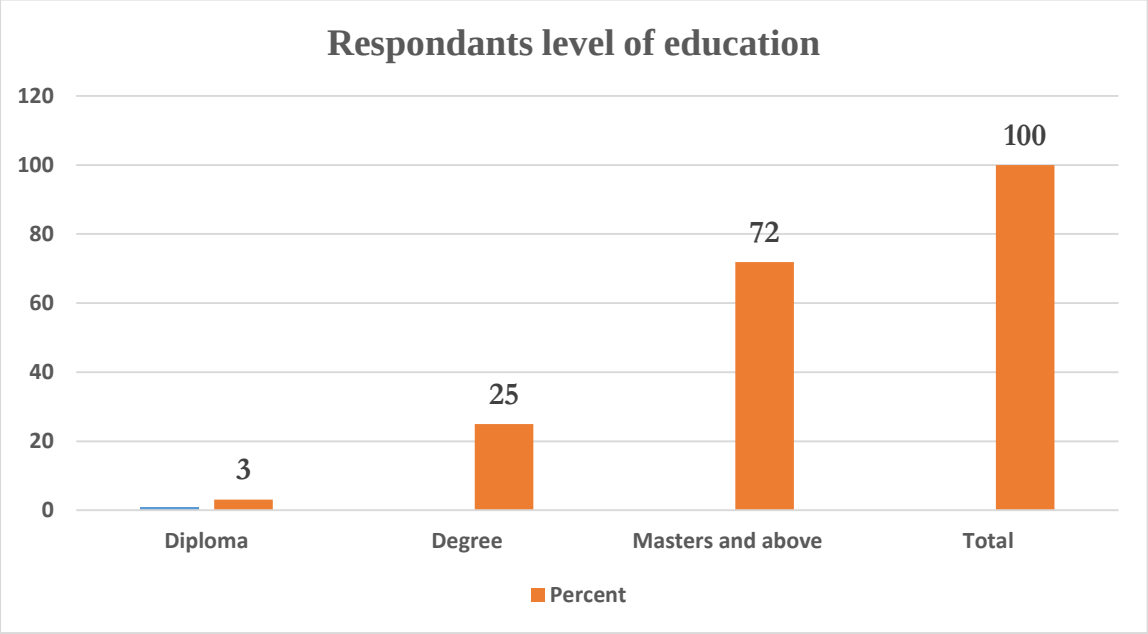

Figure 4.1:Respondents' Level of education

The study sorted the respondents' level of education in order to ascertain if the staffs were well equipped with the necessary knowledge and skills in their respective areas of specialization. From the study majority (72%) indicated that they had university Master's degree and above, followed by 25% of the respondents who had First degree (undergraduate) qualification and 3% who had diploma. None had certificate qualification as their highest level of education.

The findings therefore indicated that the respondents have the capacity, skills and management expertise to conduct M&E activities successfully in their organizations.

4.1.3 Respondents Age, Sex and Work Experience

The study revealed that majority, 23 (72%) of the participants were between 30 - 40 years' age group. And majority, 25 (78%) of the respondents were male making the gender ratio of 78% male and 22% female.

The study indicated that male gender dominates the involvement in monitoring evaluation activities of the project. This implies that there were more males than female involved in monitoring and evaluation activities amongst the project under ORHB. Hence. Attention needed to bridge the gender gap in the project.

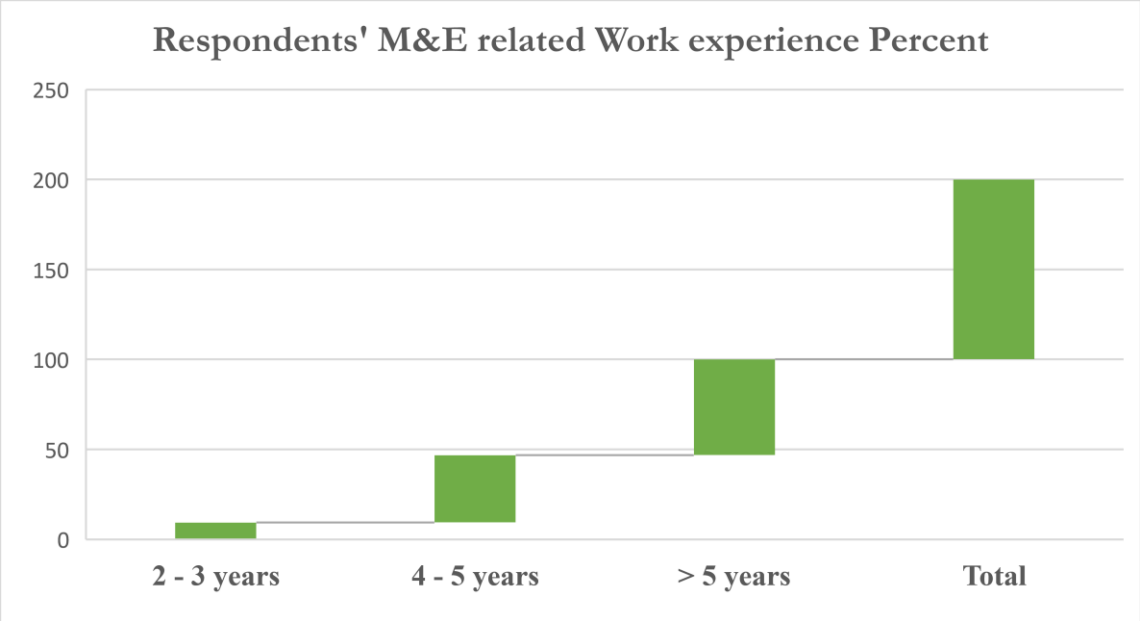

Figure 4.2:Respondents' M&E related Work Experience

Source: Survey data, 2021

As indicated in the above figure, majority (53%) of the respondents had worked in M&E for more than 5 years followed by 38% who had 4-5 years' experience in M&E projects. While 9% of the respondents from town health offices had worked in M&E projects for a period between 2 to 3 years.

The findings therefore imply that the respondents were experienced enough to provide valuable responses concerning the practices of monitoring and evaluation systems in HIV project in ORHB. This implies that the organization has employees that have institutional memory and good experiences in their respective position related to project M&E.

4.2 DESCRIPTIVE STATISTICS

4.2.1 THE OVERALL M&E PRACTICES OF ORHB

The study tries to capture the opinion of the interviewees on the current project M&E practice in light of the best practices. Accordingly, the respondents were asked if they agreed that the project has separate M&E unit with defined roles and responsibilities. Out of the total respondents 19 (59.4%) and 11 (34.4%) reported to agree and strongly agreed respectively, that the project have separate M&E unit with clearly defined roles and responsibilities. Whereas 2(6.2%%) of them said they are not sure about the presence of defined roles and responsibilities.

The respondent's perspectives in relation to the M&E trainings and clarity of M&E roles and responsibilities were assessed. The finding indicated that out of the total respondents 24 (75%) of the project staff have received training in M&E. And out of 16 M&E officers who participated in this study 11 (69%) of them have received M&E related trainings.

Among those trained majority,23 (71.9%) were disagreed with the statement saying they received standard M&E trainings while significant number 9(28.1%) of them said they are not sure whether the training they took is to the standard or not.

As far as the Organizational M&E capacity development plan is concerned, 19 (59.4%) of the total respondents know that their organization has M&E capacity development plan whereas 13 (40.6%) said they are not sure whether their organization has capacity development plan.

The result from in-depth interview with project management supported, where one of management member said: ''the project has been working with different stakeholders including Ministry of health, in-service training centers in Universities and Center for Disease control (CDC) to continuously build capacity of project staff to achieve better result" hence, the staff training is the priority for the project"

The review of project plan document indicated that there is Plan and M&E directorate for overall ORHB Programs and CDC Project M&E team under the deputy bureau head with defined roles and objectives.

The M&E unit of the project is situated under planning and M&E process of ORHB that oversees the activities of the project. And M&E coordinator assigned at each of the ten priority town health offices.

The town level M&E coordinators are horizontally under immediate follow up of each town disease prevention and health promotion core job process heads. The planning job processes at town level are not well organized and only follow regular program activities. So the M&E team at each level are expected to monitor and support the implementation of HIV and TB/HIV project in particular and building institutional capacity for planning and managing strategic Health information system in general using standard M&E tools and techniques.

Based on the findings presented above, it is possible to conclude that the bureau was able to build the capacity of the majority of its employees in M&E. However, significant number of project staffs reported they are not sure about the presence of defined roles and responsibilities among program and project M&E related activities. This might be due to lack of equal access to the information by the project staffs.

Regarding the availability of relevant M&E policy guidelines. Among the total participants, 12 (37.5%) and 9 (28.1%) of the respondents said that Bureau do not have M&E policy and they do not know whether it has M&E policy or not respectively. Moreover, among 11 respondents who said their organizations have M&E policy, only 3 of them have awareness about the M&E policy. This shows that the M&E officers and other project staff are not aware of the directions and are working without knowing what the M&E policy says. This might impact on the effectiveness of the M&E system at all levels.

With respect to the availability of M&E guidelines, all participants during interview indicated the Bureau is currently using National Ministry of health's and PEPFAR MER indicators guideline for HIV related M&E activities.

4.2.2 CURRENT M&E PRACTICE OF ORHB

The practices of M&E include level and scope of M&E work plan, Tools and Methods used in M&E, collecting data and using the collected data. From this perspective, respondents were asked some questions and their responses are discussed as follows.

4.2.2.1 LEVEL OF PROJECT M&E PLAN

M&E plan is a living document that helps to track and assess the results of the interventions throughout the life of a project. And it should be referred to and updated on a regular basis.

With respect to M&E planning, the survey revealed that majority of the respondents, 28(87.5%), were privy to the M&E plans of the project. Whereas 4 (12.5%) participants from towns and Hospitals, were not sure whether there is a comprehensive M&E plan or not.

Furthermore, the interview participants indicated that M&E plan was formulated just after finalizing the project plan. The M&E plans were developed by the project team at ORHB, MOH and CDC-Ethiopia technical support team with a number of considerations made in relation to available finances and capacity to carry out the proposed monitoring and evaluation activities.

Out of 28 respondents who said their organizations have M&E plan, 24 (85.7%) of them agreed that outcomes are properly stated in a way they can be easily monitored and indicators are linked with inputs, outputs and outcomes. However, few 5 (15.6%) and 3(9.4%) respondents reported that they are not sure that outcomes and indicators were linked with M&E plan respectively. Perhaps these respondents do not have sufficient knowledge to judge whether the outcomes are clearly indicated in M&E plan and indicators are linked with project components.

Table 4.1:Responses for questions related to Project M&E Planning

Variables	N	Mean	Std. Deviation
Organization have a comprehensive project M&E plan	32	3.87	.336
Project M&E plan with clearly indicated project outcomes	32	4.00	.359
M&E plan with indicators clearly linked to project inputs, outputs, outcomes and impact	32	3.97	.400

Source: Survey Data, 2021

The findings revealed that, all the mean averages are more than three which means Project M&E planning, M&E Plan indicate project outcome and link with project inputs, outputs, outcome and impact are largely practiced in the project. However, the practices indicate a standard deviation of less than 1 which means there is low variation in the respondent answers. This shows that in the project studied, the practices for monitoring and evaluation are being observed and was consistent.

The result was further supported by the interview with project managers, accordingly, five participants during the interview session indicated that the project has a detailed M&E plan with defined activities, the schedule, the frequency and responsibility for M&E activities in the separate planning document of the project.

They added, that the plan preparation process was participatory and where a top-down approach used in such a way that focus areas and priorities were defined centrally and customized to the context of the local levels. However, town level M&E officers said they are not aware of the presence and content of the project M&E plan. This implies that the plan preparation process was mainly to satisfy donors requirements at regional level and not well communicated to the lower level, even though it is implicitly understood in that the M&E plan components are actually used in practice.

4.2.2.2 AVAILABILITY OF THE RESOURCES FOR M&E

The study investigated whether the project monitoring and evaluation team was equipped with the necessary facilities and equipment to enable them effectively deliver their activities. The result will be discussed as follow:

Budget is an important input for every project task to be carried out as planned. Similarly, M&E activities require sufficient budget to achieve intended result. With this regard to project budget, respondents were asked whether the bureau has allocated sufficient budget for M&E activities or not. Accordingly, majority of the respondents, 22(68.8%) said that they are not sure whether ORHB allocated sufficient budget for M&E activities.

As a rule of thumb, most literatures revealed that projects should allocate 5-10% of the total budget for M&E activities. From the document review the major project expenses includes: costs for transportation, salary and periderm expenses for M&E staffs, training, tools preparation, meetings. all interviewed participants concerned that the resource allocation for M&E activities are not adequate.

According to interview with key informants, the budget for M&E in this project is less than 3% of total budget. The interviewees believe that inadequate resource allocation is due lack of attention during planning. Because of this, the M&E officers and other project staffs have no information about the budget allocated this might have affected the performance of the M&E system.

With respect to the availability of skill staff for M&E, only 4 (12.5%) of the respondents agreed that the health bureau recruited skilled professionals for M&E activities. But the majority 28 (87.5%) of the respondents either do not know or not sure whether skilled human resource hired for M&E activities.

Regarding the availability of software data bases and equipment that are vital for most M&E activities, majority, 27 (84.4%) and 26 (81.2%) of the respondents agreed that ORHB has software and other equipment to facilitate the M&E activities respectively.

Furthermore, the study informants asserted that they witnessed ineffective budget utilization at the end of each budget year due to poor financial monitoring and sometimes, late fund release, that was otherwise effective if done as planned and regularly monitored.

Table 4.2:Responses on the Availability of Resources required for M&E

Variables	N	Mean	Std. Deviation
allocated sufficient budget for M&E activities	32	3.72	.457
My office allocated sufficient skilled staff	31	2.23	.497
My office allocated sufficient ICT Software's needed	32	3.88	.336
Sufficient equipment (Computers, UPS & internet) Allocated	32	3.72	.634

Source: Survey data, 2021

From the table above, the result revealed that, all the mean scores are more than three except for allocated sufficient skilled staff, which means M&E budget, sufficient ICT Software's, sufficient equipment (Computers, UPS & internet) allocation were largely practiced by the project. However, the practices indicated a standard deviation of less than 1 which means there is low variation in the respondent answers. And this shows that the resource allocation practices are being observed and was consistent.

The result was further supported by the interview with project managers where participant from planning unit stated the project M&E has four focus areas which are (i) Indicators definitions area, (ii) recording and reporting tools, (iii) Information use and data quality improvement, (iv) M&E/HIS governance and capacity area. Added that the project has provided with electronic medical record database at more than 130 health facilities. Computers and accessories were distributed for the same number of facilities under RHB.

4.2.2.3 METHODS OF PROJECT M&E

World Bank indicated logical framework approach, performance indicators, theory-based evaluation, participatory methods, public expenditure tracking surveys and formal surveys, rapid appraisal methods, and impact evaluation, cost benefit and cost effectiveness analysis as the most commonly used M&E tools.

Regional Health Bureau Project M&E practices in assessed against the standard tools. Accordingly, the respondents were asked to rate the applicability of the tools that they had preferred. And the extent of utilizing these tools during M&E.

The findings show that, regarding the project M&E practices in using standard data collection and analysis tools as per the ministry of health recommendation, majority 31 (96.8%) reported to agree that the project was using the standard tools during data collection and analysis process. Similarly, 28 (87.5%) respondents agreed the tools and methods used in M&E are user friendly and easy to implement.

This followed by 4 (12.5%) who disagree with ease of the use of tools and methods used in M&E. Finally, all the respondents reported that the project is highly utilizing standard M&E tools during M&E activities.

Furthermore, the respondents were asked on what M&E tools are being used by their organization. And most of the key informants said that the project is using different health facility based and population based survey tools, Supportive supervisions tools, key performance indicators, Logical frameworks, and facility based and community level surveys as tools of M&E among the listed tools.

Among the standard M&E tools, M&E framework requires adequate M&E personnel, standardized data collection & reporting tools, integrated systems, and capacity for analysis and use of data.

Table 4.3:Responses on the availability and utilization of standard project M&E tools

Variables	N	Mean	Std. Deviation
Have relevant M&E guidelines & manuals	32	4.03	.177
ORHB utilize standard data collection and analysis practices in the project M&E	32	4.12	.421
Extent of utilization of the M&E tools during monitoring and evaluation	32	4.03	.177
Applicability of tools and methods used by M&E	32	3.91	.390

The findings revealed that the project has relevant M&E guidelines & manuals and is utilizing the standard M&E tools for data collection and analysis with (mean 4.03, STD .177) and (mean of 4.12, STD, 0.421) respectively. This shows that the M&E system is widely utilizing the standard M&E tools.

Similarly, the response from study participants in the interview session three of them said that there is more general M&E framework developed based on the funding agency (PEPFAR) framework and acknowledged the importance of a coherent M&E framework that aids in identifying the logic behind project elements and performance measurement, how they are related and the underlying assumptions.

However, the same interviewees with M&E unit suggested that the M&E frame work has not been well communicated and oriented to everyone involved in project implementation at all levels. Majority of the respondents are not clear about the project's M&E logical framework rather they are busy on the routine data collection and reporting.

These finding is in agreement with second report from World Bank (2011) that highly praised project monitoring and evaluation successes to the effective use of log frame matrix in monitoring of project outcomes.

4.2.2.4 Frequency of Data Collection and Reporting

Regarding the type and frequency of data collection, Findings from project documents revealed that the project has been collecting both qualitative and quantitative HIV service related data. And they are conducting monthly, semi-annual and annual based M&E activities based on the type of indicators and data need. This shows that M&E activities are regularly conducted by the regional health bureau.

The study also revealed that, among the total 32 respondents, 20 (62.5%) agreed that the M&E activities are carried out and within the schedule, whereas 12 (37.5%) the respondents said they are not sure whether the activities carried are within the schedule.

The finding from interview with program managers indicated that the schedule and frequency of data collection and reporting varies based on the type and contents of the report requirement, in most cases a compiled monthly, quarterly and annual performance data at submitted to donors on regular basis from each technical supported sites through regional health Bureau and/or Ministry or health M&E units.

Majority of the study participants asserted that the data generated by data clerks at health facility and is Report is submitted to HMIS officers and M&E officers at different levels for analysis. The reported data is then aggregated and analyzed by M&E officers with the help of different data tools and business intelligence and analytics software including MS-excel, Power-BI and Tableau for data analysis.

They further indicated that there has been tremendous progress in the generation of strategic information for HIV/AIDS; however, routine M&E activities still facing challenges including poor quality data, limited understanding of data elements and indicators, inadequate ownership, absence of effective M&E feedback mechanisms and, inadequate data demand and use practices.

4.2.2.5 DATA QUALITY CONTROL PRACTICES

In the M&E system, the data quality control method is paramount because any M&E report that is produced with poor quality data is not acceptable and is misleading. Thus, in order to check whether ORHB has data quality control method (DQC), respondents were asked if there is data quality control method in project M&E system.

All key informants agreed that there is data quality control method in M&E system. Data quality check has been done through visual scanning, mapping indicators with sources, using various Data quality assessment methods at different levels including Lot Quality Assurance sampling at facility level, and Routine Data Quality Assessment and Performance of Routine Information system management at administrative level.

Most used M&E methods as displayed by participants are using check lists for baseline assessment, supportive supervision, document review, periodic review meetings, documenting of best practices.

Most of the respondents agreed that the role M&E assumed in this project is narrowly perceived and practiced focusing on ensuring data quality issues (accuracy, timeliness, consistency, concordance, reliability and completeness…) than integrating to the broader project performance issues like inputs, outputs, and processes/ activities monitoring.

From this result, since many of the respondents believed that there is data quality control method, most powerful data analysis tools, it is possible to conclude that ORHB has data quality control and data analysis methods as per the national standards which is good indication for good M&E system.

4.2.2.6 DISSEMINATION AND UTILIZATION OF M&E RESULTS

Utilization of M&E results is an important aspect of the M&E process as it involves putting M&E results into use. The World Bank stipulates "the value of M&E does not come simply from having M&E but from using the information to help improve project or program performance". This implies that the significance of M&E results utilization is critical and every effort should be put in place to ensure that M&E results are used.

Accordingly, study participants were asked questions regarding the utilization of M&E products. Respondents were asked whether results and findings from M&E are relevant and useful or not and out of the total respondents 25 (78.1%) respondents agreed that the results and findings from M&E are relevant and useful. Out of the total respondents, 7(21.9%) respondents said they are not sure whether results and findings from M&E are relevant and useful.

The important issue in utilization of information produced by M&E system is to disseminate the information using the mechanisms that meet the interest of the intended users. With this regard to strategy used by ORHB to disseminate the M&E findings to stakeholders, the majority of the respondents, 12 (35.3%) and eleven (32.4%) are said the findings direct report to donors and to beneficiaries during performance review meetings respectively. This shows that M&E findings are disseminated to donors and beneficiaries.

The other key issue in utilization of M&E information is the accessibility of the information to relevant staffs. This is because M&E officers and other pertinent employees will improve their activities if and only if they have access to the information on their project.

With respect to this, respondents were asked to what extent they agree to the question that says "M&E information is accessible to all staff of your office".

Accordingly, 26 (81.2%) respondents agreed while 5 (15.6%) respondents said they are neutral on this statement. This implies that the health bureau made M&E information accessible to its employees though it should work hard to improve the accessibility of the information to staffs at all levels.

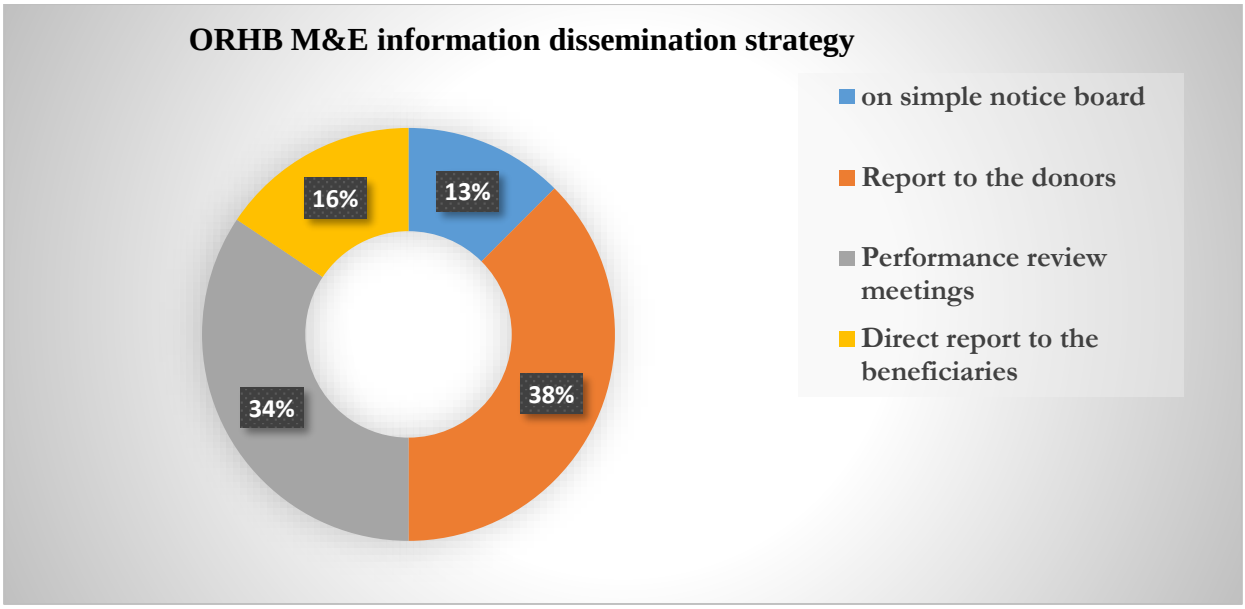

Figure 4.3:Responses on M&E information dissemination strategy used by ORHB

An M&E system is said to be successful if the information it produced is utilized by all types of its intended users. From this perspective, the study respondents were asked if project M&E information and findings are frequently used by the primary users for decision making.

Accordingly, 27(84.4%) respondents, agreed whereas, 4(12.5%) said they are not sure whether the information and findings are frequently used by the primary users for decision making. Regarding the primary users, 19 (59.3%) respondents, said management bodies utilize the M&E findings followed by 7 (21.9%) respondents who said the M&E findings are utilized by project/program officers. And 6 (18.8%) respondents said that the M&E findings are utilized by other stakeholders.

The mean of utilization of Monitoring and Evaluation results by primary users of the HIV project was 3.81 with 0.471 SD. These indicated less variation in the view that M&E results for the project were utilized.

Similarly, the result from key informant interview asserted that there is a trend of dissemination of M&E findings to relevant stakeholders through reporting mechanisms and formal meeting. However, the way to reach the general public about the project is limited. There is a gap of consistency in making follow-up for improvements of M&E findings based of the recommendation given.

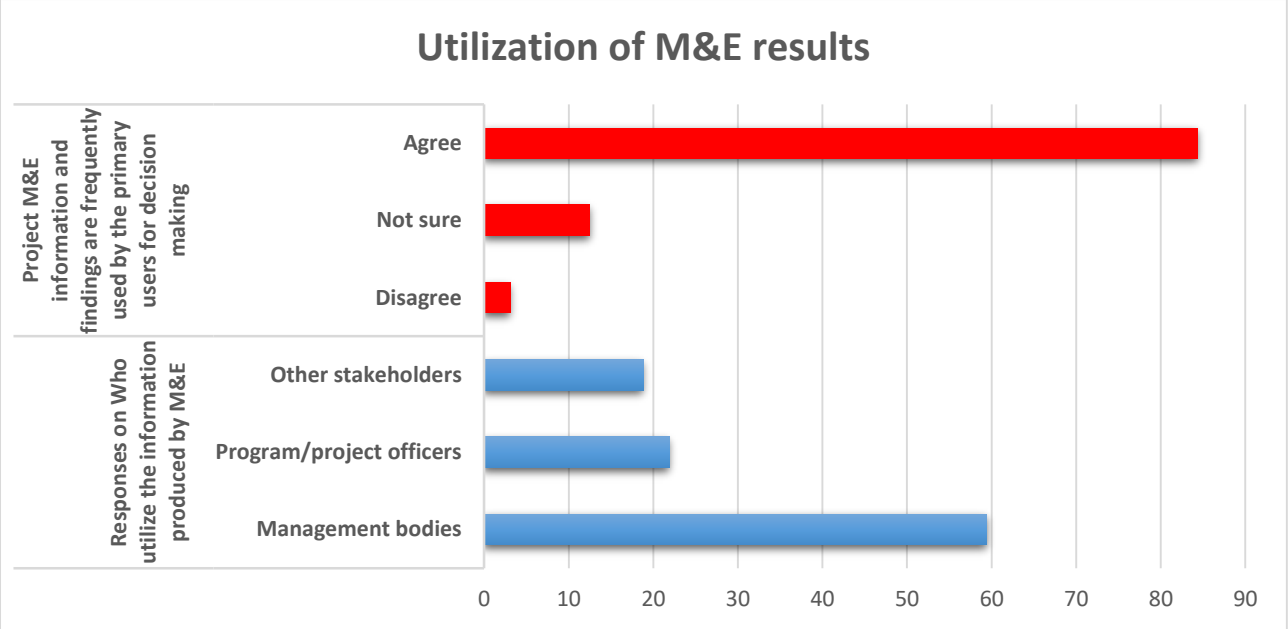

Figure 4.4:Responses on the utilization and primary users of information produced by M&E

Interviews that were conducted with the project staff seem to resonate with the result above as participants were generally in agreement that M&E results are utilized. It was reported by a project coordinator that based on the project performance review meetings that M&E results have led to the improvement of the project in general.

Based on the information from the project documents, the M&E results has been used during Quarterly performance review meeting by management and shared with the Ministry of Health and donors (in this case, PEPFAR-CDC) and some information disseminated to the public on the official web site of the ORHB. This shows that the management and project officers of ORHB utilize the M&E findings for their decision making which is encouraging.

With respect to documentation of project lessons learned, the study informants believed that Lessons learned from the implementation should be captured and documented for incorporation into the subsequent projects and sharing with other stakeholders. And the majority of the respondents argue that the project under the bureau is not practicing documentation of M&E related best practices per national guidelines.

4.3 CHALLENGES OF M&E PRACTICE AT ORHB

Challenges can be related to organizational, behavioral and environmental factors that will affect the practice of M&E. From this perspective, respondents were asked to mention the challenges they faced while implementing the M&E.

Accordingly, the main challenges for M&E system in ORHB as mentioned by the participants were inadequate budget for M&E, shortage of skilled human resources, the existence of different reporting requirements that are presented by different donors and implementing activities are time consuming.

Most respondents further added gaps in technical knowledge with regard to defining performance indicators, collection, analysis and interpretation of data at lower level of the health system is another important challenge. Furthermore, few numbers of respondents mentioned staff turnover and Shortage of M&E recording and reporting tools as the challenges that they faced to during implementing M&E activities.

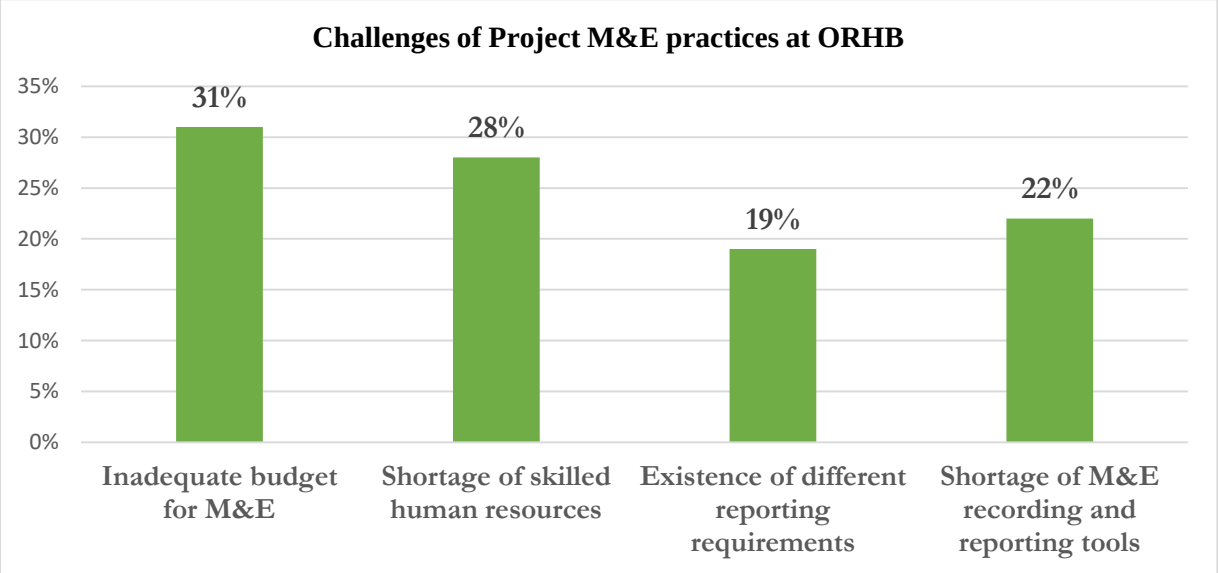

Figure 4.5:Responses on the Challenges of Project M&E practices at ORHB

From the above discussion it is possible to conclude that the challenges of the M&E system of ORHB are related to the allocation of budget, shortage in recording and reporting tools and the skills of professionals who are working on project M&E at different levels of the system.

4.4 STRENGTHS AND WEAKNESS OF THE M&E SYSTEM AT ORHB

The respondents were asked to forward the strength and weakness of the M&E system of health bureau. Although the respondents forwarded various strengths and weaknesses in relation to the M&E system, the frequently raised strengths are (i) well placed planning and coordination, (ii) report generation and sharing as per the national HMIS standard, and (iii) providing technical support and capacity building training to stake holders.

M&E system weakness according to the respondents' responses are (i) lack of organizational and individual M&E capacity assessments, (ii) lack of culture of reward and recognition related to M&E and overall performance, (iii) lack of clarity among project staff in relation to duties and responsibilities and also absence of accountability, (iv) lack of supportive supervision and mentorship and feedback mechanism and (v) less integration of project M&E team with program staff and lack of project management experience.

The respondents were also asked to rate the overall effectiveness of the M&E system in the regional health bureau. Accordingly, majority 26 (81.2%) respondents said the M&E system is effective, while 8 (26%) respondents said the M&E system is ineffective.

From the evidence discussed above, it is possible to conclude that that the M&E officers and other project staffs have fairly good knowhow about the M&E system and if they get some technical support, they will strengthen the M&E system by avoiding the weaknesses they observed.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

INTRODUCTION

This chapter tries to present summary of findings from the results and discussion part and forward the possible conclusions and recommendations on the M&E practices and related challenges for PEPFAR/CDC funded HIV project of Oromia Region Health Bureau.

5.1 CONCLUSIONS

Based on the findings from the study, it is possible to conclude that ORHB has M&E plan with outcomes that properly stated and indicators are linked with inputs, outputs and outcomes of the intervention.

The plan preparation process was participatory and follow top-down/bottom-up approach in such a way that focus areas and priorities were defined at RHB level and customized to the context of the local area.

The project has provided with adequate ICT equipment including computers and its accessories to support HIV project electronic medical record data base at health facilities.

Study also revealed that ORHB is using standard M&E tools endorsed by ministry of health including, key performance indicators, Logical framework and facility based HMIS and different community level survey for data collection, aggregation & reporting, However, there is variation in methods/techniques used and capacity in data analysis and presentation at different levels of the system.

Likewise, research indicated that organization is disseminating its M&E findings to donors and beneficiaries using direct reporting and formal meetings. In addition, it is noted that the project M&E information and findings are frequently used by management bodies, Project/Program officers and other stakeholders including funders for decision making.

Moreover, the M&E system of ORHB was challenged by different factors including time consuming M&E activities, inadequate budget for M&E, inadequate skilled human resource in M&E, various reporting requirement from different funders and shortage of recording and reporting tools.

5.2 RECOMMENDATIONS

First, this study was very limited in terms of scope and time; whilst it presents a pointer of the issue, a more in depth analysis would be highly beneficial. However, based on the findings that are articulated in this report, the following practical recommendations are forwarded to adhere to the best project M&E practices:

- ORHB should allocate sufficient budget and skilled staffs for M&E activities to be successfully implemented.
- The management of ORHB should provide continuous support for M&E unit/section/department and strengthen synergy with different units and particularity with program units and ICT directorate.
- The region should work to enhance and standardize data analysis and presentation and use through reward & recognition, experience sharing mechanisms
- The overall project M&E plan, tools and frameworks has to be standardized and communicated with all project staffs at all level so that the project M&E team at lover level of the health system will benefit from the tools.

5.3 RESEARCH LIMITATION AND AREAS OF FURTHER RESEARCH

5.3.1 LIMITATIONS OF THE STUDY

Given the limited timeframe and the vastness of the region, the assessment was limited to Regional Health Bureau, selected nearby town health offices and Hospitals. The study focused on a single development organization and/or specific project. Thus, there was a time limitation to cover all the details and all zones and towns in the region.

The study has the limitations in such a way that; it is based on data collected from limited number of samples, thus, the findings from the study cannot be generalized to other projects as different practice assessments might yield different results.

In addition, the study could not include the opinions of other stakeholders like Ministry of Health and CDC-E due to time and financial limitation to access these parties easily.

The credibility of the findings depends on the accuracy of the answers from the respondents. Therefore, there might be a social desirability effect and subjectivity in response. Because of this, systematic variance in the survey population due to either known or unknown influences could cause bias.

5.3.2 SUGGESTION FOR FUTURE RESEARCH

This study tries to address a number of relevant issues to assess the practice of M&E system in ORHB, however, it did not investigate other dominant issues that are related to M&E system for instance the impact of M&E practices for e.g. the planning process and other factors on the actual performance of the projects.

Therefore, further study can be done on how the management practices influence performance of donor funded project. Most importantly the region has to deal on the role of project M&E on the local ownership and sustainability of the project.

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ANNEXES:

Data collection tools

Introduction and consent form

Dear Sir/Madam,

My name is Bedri Ahmed a graduate student of the Addis Ababa University School of Commerce. I am conducting a research on the 'Practice and challenges of Monitoring and Evaluation system in ORHB CDC project. This is partial fulfillment of the degree in Masters of Arts in Project Management. You are selected because, you are among those who can contribute the most valuable ideas for the topic. The findings of this study will be of value in strengthening monitoring and evaluation systems of your and other similar organizations. I would appreciate it if you kindly assist me by responding to all the items attached in the questionnaire. Your participation in this study is on voluntary base. You are kindly requested to respond to questions to the best of your knowledge. You can terminate the interview at any time.

The semi structured interview questions are presented here to capture your genuine and valuable opinions. So based on these interview questions please utmost of your knowledge & experience try to give me your ideas on the current M&E practice in the project, key factors hindering effective implementation of M&E practice in the project and coping mechanisms for effective implementation of M&E practices in the project under the bureau as a recommendation.

Please note that the information you provide is confidential and will be used for academic research purposes only. Your cooperation will be greatly appreciated.

With king respect

Bedri Ahmed
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bedriahmed3@gmail.com

QUESTIONNAIRE FOR HIV M&E EXPERTS AND PROJECT TEAM

INTRODUCTION

This questionnaire is meant to collect information on "Assessment of practices of Monitoring and Evaluation system at ORHB CDC project. The information collected through this questionnaire will be treated with confidentiality and used for academic purpose only. Kindly take a moment to answer all the questions as accurately as possible.

SECTION I: RESPONDANT'S GENERAL INFORMATION

S.#	**Questions**	**Variables** **Response**
1.1	Respondent's Gender:	1. Male 2. Female
1.2	Respondent's Age:	Below 20 years □ 20 – 30 years □ 30 – 40 years □ 40 – 50 years □ Above 50 years □
1.3	Level of education	1. Secondary school completed □ 2. Certificate □ 3. Diploma □ 4. Degree □ 5. Masters and above □
1.4	Your Profession	Computer Science
1.5	What is your current position in the organization?	Office Head □ Project Manager□ Program/Project Officer□ M&E Manager□ M&E Officer □ Other (specify) IT Officer
1.6	M&E related work experience at the organization in years	1. Less than 1 year □ 2. 2 – 3 years □ 3. 4 – 5 years □ 4. More than 5 years □
1.7	In which organization you are currently working	1. _____Priority town 2. _____ Hospital 3. Oromia RHB □
1.8	Have you been trained on Monitoring and Evaluation?	Yes No
1.9	Does your organization have M&E capacity development plan for its employees?	Yes No Do not know

SECTION II: THE FOLLOWING QUESTIONS DEALS ON ASSESSING YOUR ORGANIZATIONS' OVER ALL M&E SYSTEMS (using Likert scale, tick the appropriate response regarding ORHB M&E systems)

2.1	Project staffs are using standard M&E tools and guidelines in data collection, Analysis and presentations	1. Strongly disagree □2. Disagree □ 3. Neutral □4. Agree □5. Strongly agree □
2.2	My office allocated sufficient budget for M&E activities	1. Strongly disagree □2. Disagree □ 3. Neutral □4. Agree □5. Strongly agree □
2.3	My office allocated sufficient skilled staff for the project	1. Strongly disagree □2. Disagree □ 3. Not sure □4. Agree □5. Strongly agree □
2.4	My office allocated sufficient ICT Software's needed	1. Strongly disagree □2. Disagree □ 3. Not sure □4. Agree □5. Strongly agree □

2.5	My office allocated sufficient equipment's (Computers, UPS, internet)	1. Strongly disagree □2. Disagree □ 3. Not sure □4. Agree □5. Strongly agree □
2.8	Project staffs received standard M&E trainings and is adequate to effectively conduct M&E activities	1. Strongly disagree □ 2. Disagree □ 3. Not sure □ 4. Agree □5. Strongly agree □

SECTION III: THE FOLLOWING QUESTIONS FOCUS ON EXPLORING THE M&E PRACTICES IN YOUR ORGANIZATION

3.1	My organization have M&E unit with clearly defined roles and responsibilities	1. Strongly disagree □ 2. Disagree □ 3. Not sure □ 4. Agree □5. Strongly agree □
3.2	My organization have necessary guidelines/manuals for M&E activities	1. Strongly disagree □ 2. Disagree □ 3. Not sure □ 4. Agree □5. Strongly agree □
3.3	My organization have a comprehensive project M&E plan ?	1. Strongly disagree □ 2. Disagree □ 3. Not sure □ 4. Agree □5. Strongly agree □
3.4	In the M&E plan, the project outcomes are clearly indicated in a way to be monitored and evaluated.	1. Strongly disagree □ 2. Disagree □ 3. Not sure □ 4. Agree □5. Strongly agree □
3.5	In the M&E plan, indicators are clearly linked to the inputs, outputs, outcomes and impact of the project.	1. Strongly disagree □ 2. Disagree □ 3. Not sure □ 4. Agree □5. Strongly agree □
3.6	ORHB is following the ministry of health's standard data collection and analysis practices in the project M&E	1. Strongly disagree □ 2. Disagree □ 3. Not sure □ 4. Agree □5. Strongly agree □
3.7	In your opinion, how do you rate extent of utilization of the M&E tools during monitoring and evaluation?	1 - Very low □2-Low □3 - Not sure □4 – high □ 5 – Very high □
3.8	The applicability of tools and methods used by M&E is easy and user friendly.	1. Strongly disagree □ 2. Disagree □ 3. Not sure □ 4. Agree □5. Strongly agree □
3.9	How would you rate the management influence on M&E systems	1. Very ineffective □2. ineffective □3. Not sure □ 4. Effective □5. Very effective □
3.10	Level of influence of management in M&E designing	1. Very Large extent, 2, Large Extent 3. Some Extent , 4. Not at all
3.11	Level of influence of management in planning of M&E	1. Very Large extent, 2, Large Extent 3. Some Extent , 4. Not at all
3.12	Level of influence of management in implementation M&E systems	1. Very Large extent, 2, Large Extent 3. Some Extent , 4. Not at all
3.13	Level of influence of management in resource allocation	1. Very Large extent, 2, Large Extent 3. Some Extent , 4. Not at all
3.14	At what point do you involve stakeholders?	1, First term M&E 2, Midterm M&E 3, End term M&E 4, at all stages of M&
3.15	To what extent do you involve stakeholders to participate on monitoring and evaluation?	1.Small extent 2. Moderate extent 3. Large extent
3.16	Stakeholders are adequately involved during the all stages of M&E	1. Strongly disagree □ 2. Disagree □ 3. Not sure □ 4. Agree □5. Strongly agree □
3.17	How would you rate the effectiveness of the M&E system in ORHB	1. Very ineffective □2. ineffective □3. Not sure □ 4. Effective □5. Very effective □

SECTION IV: UTILIZATION OF INFORMATION PRODUCED BY M&E

4.1	How did your organization disseminate the findings of M&E? (Multiple responses are possible).	1. No dissemination □ 2. On the notice board □ 3. Report to the donor □□4. Community meetings 5. Report to the beneficiaries □6. Other (specify)

4.2	M&E information is accessible to all staff of your office	1. Strongly disagree □ 2. Disagree □ 3. Not sure □ 4. Agree □5. Strongly agree □
4.3	The project M&E information and findings are frequently used by the primary users for their decision making.	1. Strongly disagree □ 2. Disagree □ 3. Not sure □ 4. Agree □5. Strongly agree □
4.4	Stakeholders‟ feedback is sought during all stages of M & E	1. Strongly disagree □ 2. Disagree □ 3. Not sure □ 4. Agree □5. Strongly agree □
4.5	Stakeholders receive feedback by means of having M & E results and findings communicated to them	1. Strongly disagree □ 2. Disagree 3. Not sure □ 4. Agree □5. Strongly agree □

SECTION V: FACTORS THAT AFFECT THE PRACTICE OF M&E

Among the following factors which of them affect the practice of M&E in your office (1 is most highly, 2, highly, 3. Moderately, 4. Slightly, and 5. Not at all)

Please put 'X' mark in the box under the number)		1	2	3	4	5
5.1	a) Budget allocation	□X	□	□	□	□
5.2	b) Stakeholders participation in M&E	□	□	□X	□	□
5.3	c) Human Resource Capacity	□X	□	□	□	□
5.4	d) Strength of M&E team	□X	□	□	□	□
5.5	e) Utilization of the M&E findings	□X	□	□	□	□
5.6	f) Support of management	□X	□	□	□	□
5.7	g) Others (Specify)					

SECTION VI: FACTORS THAT AFFECT THE PRACTICE OF M&E

6.1 What do you think is(are) the Strengths and Weaknessess with M&E practices at ORHB?

6.2 What would you recommend to be done to improve the M&E systems at ORHB and its subsidiary offices?

THANK YOU FOR YOUR COOPERATION AND SUPPORT!

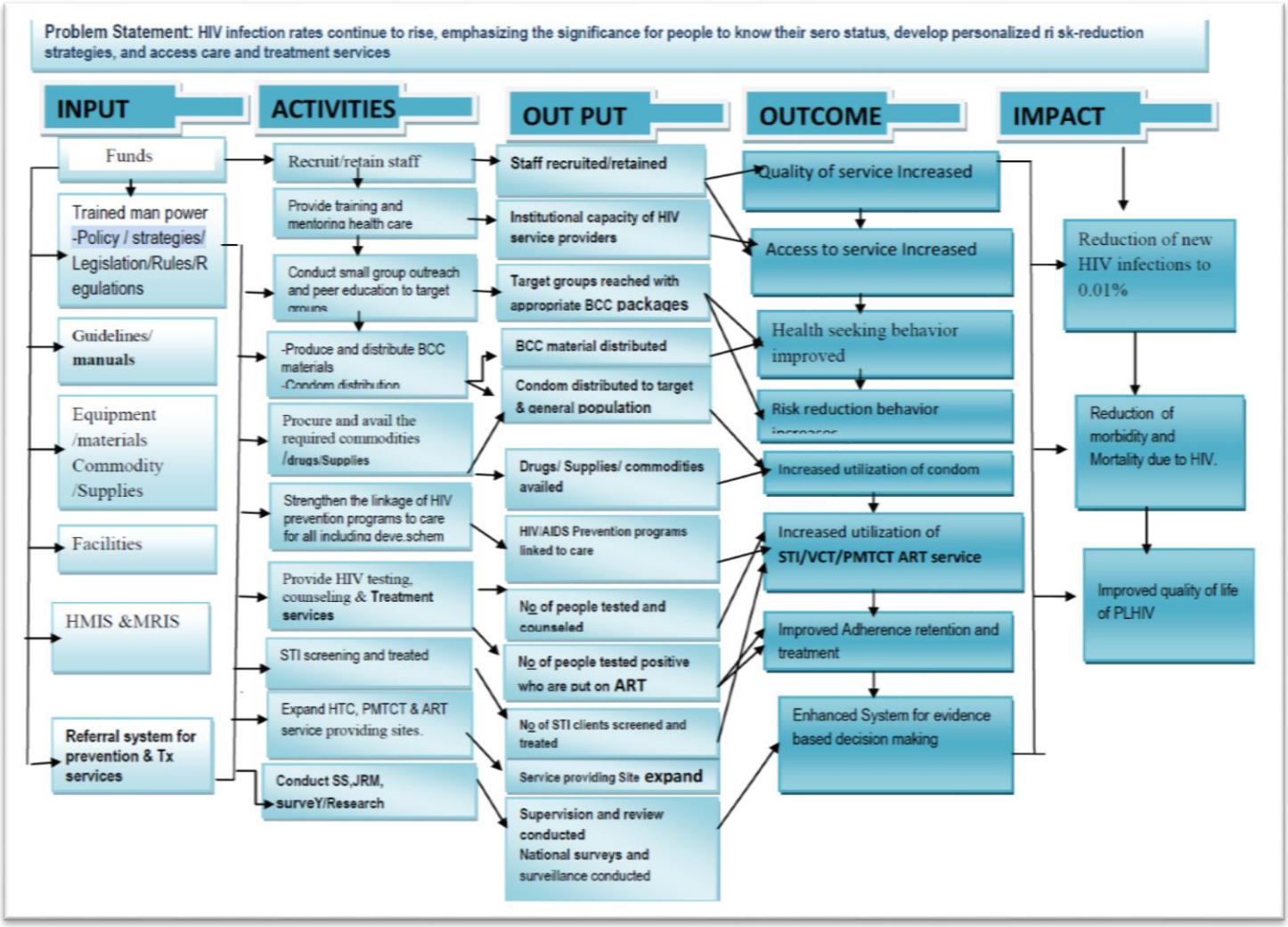
Semi structured Interview Questions

Please answer the following questions where appropriate and fill in the space on the separate page as appropriate.

1. Please would you describe How HIV program related M and E systems are executed at ORHB?
2. What is the level and scope of planning for M&E process of HIV projects?
3. Presence of separate M&E plan? And its contents
4. if 'no M&E plan at all' what do you think is the reason?
5. What are the tools & methods used in HIV Project M&E?
6. M&E Policy, M&E guideline/manuals, project M&E framework, Checklists, Baseline assessment conducted, types of ICT systems used?
7. What are the data collection & analysis process/tools used in M&E of the project?
8. kind of data collected, Dataflow, recording and reporting tools & procedures, DQC methods,
9. What do you think is contributing to the difficulty in using the M&E tools and methods?
10. What and how is the generating and use of project M&E findings looks like?
11. Types of information included in M&E reports
12. Who and how of the data analysis procedures
13. Types and frequency of reporting
14. How is the reporting and information dissemination mechanisms?
15. Who, When and How is the M&E findings get utilized?
16. Documentation of project best practices
17. How often and at what stage do you involve stakeholders (internal & external) in M&E practices and Who are the stakeholders" involved in M&E systems and what are their importance?
18. Explain some of the ways in which the ORHB management influences M&E systems of the project?
19. How is M&E financed and budgeted? Do you think M&E activities are optimally budgeted?
20. What would be the qualifications for one to be M&E officer? Does your organization have M&E capacity development plan for its employees? What is the criterion of selecting your employees for training on M&E? Have you been trained on M&E? Do you think that the M&E unit is well capacitated and optimally utilized?

21. How do you evaluate the way CDC project M&E contribute to strengthening strategic health information system implementation in the region?
22. What is your project management plan for phase out strategy to ensure sustainability?
23. In your opinion, what are the overall strengths of ORHB HIV project M&E system?
24. In your opinion, what are the weaknesses of your organization's M&E system?
25. What are the key challenges faced in using the M&E system in the project?
26. What would you recommend to be done to improve M&E systems at ORHB?

THANK YOU FOR YOUR COOPERATION AND SUPPORT!



Typical National HIV/AIDS logical framework

Source: Ministry of Health National HIV/AIDS M&E logical framework, 2018