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College of Business & Economics

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Graduate Program MA in Project Management

**PRACTICES AND CHALLENGES OF PROJECT MONITORING AND
EVALUATION OF HEALTH FACILITIES TECHNICALLY SUPPORTED
BY ICAP IN ADDIS ABABA ETHIOPIA.**

BY

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**A RESEARCH PROJECT WORK SUBMITTED TO ADDIS ABABA UNIVERSITY
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DECLARATION

I, Meazaye Degif, declare that the study entitled “Monitoring and Evaluation Practices and Challenges of Health Facilities Technically Supported by ICAP ETHIOPIA in Addis Ababa City” is my original work prepared under the guidance of my advisor, Solomon Markos (PhD). This paper is submitted in partial fulfillment of the requirement for the Award of Master of Arts Degree in Project Management, and it has not been previously submitted to any diploma or degree in any college or university. I would like also to confirm that all the sources of materials used in this study are duly acknowledged.

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Date: _____

CERTIFICATION

This is to certify that Meazaye Degif has carried out her research work entitled “Monitoring and Evaluation Practices and Challenges of Health Facilities Technically Supported by ICAP ETHIOPIA in Addis Ababa City” in partial fulfillment of the requirement for the Award of Master of Arts Degree in Project Management at Addis Ababa University College of Business and Economics School of Commerce. This paper is an original work and has not been submitted to any diploma or degree in any college or university.

Solomon Markos (PhD)

June 2023.

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LIST OF ABBREVIATIONS

AACAHB	Addis Ababa City Administration Health Bureau
AARHB	Addis Ababa Regional Health Bureau
ART	Antiretroviral Therapy
BPR	Business Process Reengineering
CSA	Central Statistical Agency
CBS	Case-Based Surveillance
CU	Columbia University
CDC	Centers for Disease Control and Prevention
EFY	Ethiopian Fiscal Year
EPHI	Ethiopian Public Health Institute
EPHIA	Ethiopia Population-based HIV Impact Assessment
HIS	Health Information System
HMIS	Health Management Information System
HIV	Human Immunodeficiency Virus
ICAP	International Centre for AIDS Care and Treatment Programs
IEG	Independent Evaluation Group
MRs	Medical Records
MRU	Medical Record Unit
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NIMES	National Integrated Monitoring and Evaluation Strategy (Uganda)
NGO	Non-Governmental Organization
PEPFAR	President's Emergency Plan for AIDS Relief
RHB	Regional Health Bureau
SOP	Standard Operating Procedure
SPSS	Statistical Package for Social Science
UNAID	United States Agency for International Development
TA	Technical Assistance
VL	Viral Load

ABSTRACT

It is well understood that using accurate, de-duplicated, and de-identified patient level information becomes paramount for monitoring the performance of the health care & clinical cascade and ability to automatically share patient-level data between disparate information systems (clinical, laboratory, pharmacy, surveillance). This is critical and will allow for enhanced quality of health care, improved clinical outcomes, and disease surveillance. This study, thus, is in the very rationale of assessing the current practice and challenges associated with the monitoring and evaluation system of Health facilities technically supported by ICAP ETHIOPIA. The study was conducted on selected health facilities implementing M&E regarding HIV prevention. Following a review of related literature to the topic of the study, the study utilized both qualitative and quantitative approaches. A census method were used to reach out the health facilities and 105 questionnaires were distributed targeting one individual from each health facility using purposive sampling consisting Health Professionals and M&E Officers. The response rate was 87.6% and data analysis was done using SPSS version 27. The findings were analyzed using descriptive statistics such as frequency distribution, percentages, mean and standard deviation. The research revealed that the M&E practice of the study organizations are moderately good. The study also showed nine different type of challenges related to M&E practice which is: expertise shortage, lack of performance improvement plan, poor communication, inconsistent checklist adherence, lack of regular performance review, inadequate resource allocation, data recording & documentation problem, lack of senior management support, and stakeholder involvement. In addition, there was a noticeable gap in training provisions and understanding of M&E guidelines. Given the finding, some relevant recommendations have been forwarded to enhance and achieve better monitoring and evaluation implementations within the health facilities under the technical support of ICAP ETHIOPIA.

Keywords: Monitoring and Evaluation, Practice, Challenges, Health Facilities, and ICAP ETHIOPIA.

CHAPTER ONE

INTRODUCTION

1.1. Background of the Study

Monitoring and Evaluation are vital tools for any project work activities since both play an essential role in determining how a project works and actions are measured and how they can help in the achievement of project goals leading to the successful performance of a task in an organization. Therefore, the M&E system is crucial to the successful implementation of any project. (Prabhakar, 2008). He also pointed out that Monitoring and Feedback were factors leading to project success.

According to (OECD, 2011), Monitoring and Evaluation refer to measuring changes in projects or programs and assessing their impacts. By providing such information to key stakeholders and management, M&E can inform current and future project planning and delivery. Even though M&E are often grouped together, they are two distinct elements in project management but are related. The focus is to determine the importance and attainment of objective, development efficiency, effectiveness, impact, and sustainability. Thus, the primary purpose of Monitoring and Evaluation is to measure and assess the progress of a project to improve performance and achieve the project's desired goals.

According to (FAO, 2021), The Monitoring and Evaluation process refers to all the functions required to measure a project/plan progress and to assess the achievement itself. As monitoring is a continuous process in which stakeholders obtain regular feedback on progress towards achieving the set milestones and results (often focusing more on process, activities, inputs, and outputs), while Evaluation is the periodic review of the results of a project/plan (typically carried out at mid-term or at completion) towards its outcomes, development goals, and impact.

Good planning, monitoring and evaluation can be established clearly using links between past, present and future initiatives and development results. (UNDP, 2009) states that, Monitoring and Evaluation helps in extracting relevant information that can be used as basis for future planning. In order to get to the right direction and achieve the desired goal of a project effective planning,

monitoring and evaluation is essential. They are also vital management tool in an organization commitment to accountability for results, resources entrusted to it, and organizational learning.

M&E practices and their use has become very important globally and they both represent the essential component in achieving the required project performance. In the context of (Rist et al., 2011), Monitoring and Evaluation is one of the five pillars of result-based management (RBM) in developing countries, and it is highlighted that the M&E system is vital and demonstrating results through increased accountability and transparency is essential in improving developing countries and donors commitment towards the public.

The adoption of monitoring and evaluation systems in NGOs is executed by external consultants to meet government requirements, funders, and other stakeholders. Adopting monitoring and evaluation in the health sector plays a critical role. It has been proven that the system promotes the effective use of resources and is acknowledged as best practice in conjunction with providing prior progress tracking and aids in ensuring that the project is being implemented functionally by complying with the requirements and having outreach to the desired target groups. (Britton, 2005)

The practice and adoption of monitoring and evaluation in health sectors, as reported by (Pant, 2016), say that the M&E system smoothens the identification of core indicators along each link in the results chain, associates the data sources and methods with the indicators, provides the necessary tools and direction for data analysis from the diverse sources and illustrates how data can be exchanged and used in the decision-making process at different levels of in the system. Addressing the monitoring and evaluation needs and having the skills required helps the people in healthcare when researching diseases by tracking them from the output and helps to analyze their development and decision making.

1.2. Background of the Organization

ICAP ETHIOPIA commenced its work in Ethiopia in 2005. Globally it has been founded at Columbia's Mailman School of Public Health in 2003 and expanded its operations to more than 30 countries. ICAP's work in Ethiopia began with a primary focus on HIV prevention, care, and treatment and uses lessons learned in this area to address other challenges such as malaria, tuberculosis, non-communicable diseases, and maternal and child health. (ICAP, 2015)

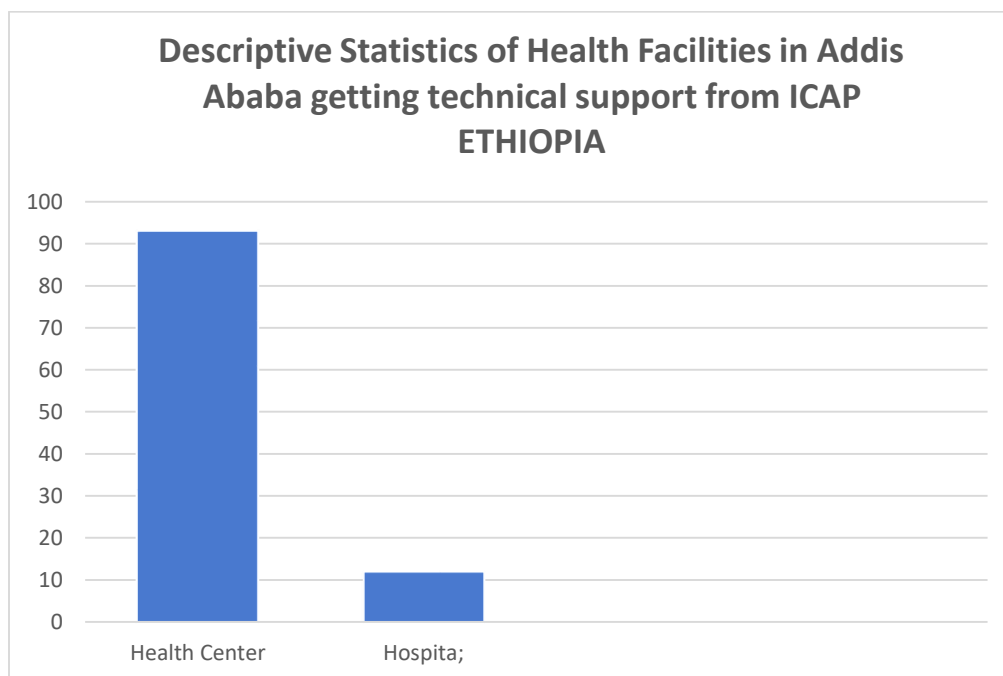
ICAP provides multilevel technical assistance and capacity building support: nationally, to improve HIV related policies and guidelines; regionally, to strengthen RHBs' capacity to manage HIV programs; and at facility level, to enable health care workers to deliver comprehensive, high quality services. ICAP works closely with regional health bureaus to tailor support to regional needs and priorities and build technical and management capacity for short- and long-term program planning and implementation. ICAP continues to build regional health bureaus' capacity to monitor compliance of service inputs, availability, and quality with national standards. Through participating in quarterly regional health bureau supportive supervision visits to health facilities and by working with the bureaus to resolve issues requiring ad hoc site presence, ICAP has improved routinely collected data for planning, performance management, and continuous quality improvement. In addition, to strengthen the program reporting, planning, and performance management at the regional level, ICAP has worked with the Regional Health Bureau by strengthening core M&E skills and systems. (ICAP, 2018)

ICAP Ethiopia regarding M&E has introduced the paper-based record keeping and reporting (paper-based M&E system) for HIV services at the national level and integrated the system with Health facility-level M&E to facilitate the integration of HIV program M&E into the national health management information system. Paper-based M&E tools are complemented by an electronic patient-level database for HIV care and treatment, which enable users to generate automated HIV care and treatment reports that include quality of care variables, as well as HMIS and PEPFAR monitoring, evaluation, and reporting indicators. Furthermore, to improve data collection and reporting systems, ICAP has provided basic and refresher M&E training to healthcare providers and data clerks, ensured facility-level M&E tools are readily available, and conducted data quality assurance checks on patient charts and registers. (ICAP, 2015).

Addis Ababa Regional Health Bureau (AARHB) is one of the regional bureau that works in collaboration with ICAP ETHIOPIA. According to the 2012 Health and Health related indicators published by the Ministry of Health, the number of health facilities under administration of Addis Ababa Regional Health Bureau is 111 in total which includes 13 Hospitals and 98 Health Centers. Among these health facilities 105 health facilities (12 hospitals & 93 health centers) are under technical support and receive technical assistance regarding HIV prevention from ICAP ETHIOPIA. Therefore, this study aimed to assess the monitoring and evaluation practice of Health

facilities and the challenges that affect these institutions under technical support of ICAP ETHIOPIA located in Addis Ababa, Ethiopia.

Figure 1.1 Descriptive Statistics of Health Facilities in Addis Ababa



Source: ICAP ETHIOPIA

1.3. Statement of the Problem

Ethiopia is making towards achieving HIV epidemic control, as highlighted by the Ethiopian Population-based HIV Impact Assessment (EPHIA). As the country progresses towards UNAID's 95-95-95 goals on a national scale, the demand for reliable and timely data to support epidemic control becomes increasingly important. However, amidst the ongoing conflict in Ethiopia, it is crucial to prioritize the upkeep of information systems and the utilization of patient-level and surveillance data in conflict-affected areas. This prioritization ensures that individuals receiving antiretroviral therapy (ART) are integrated into care, program performance is effectively monitored, and the progress of the affected population is tracked. (EPHI, 2020)

To support these efforts, the President's Emergency Plan for AIDS Relief (PEPFAR) plays a key role by enhancing capacity in developing, maintaining, and utilizing efficient, high-quality, secure, sustainable, and interoperable health information systems (HIS). PEPFAR's involvement is instrumental in supporting the utilization of accurate, de-duplicated, and de-identified patient-level

information. Such information plays a crucial role in monitoring the performance of the clinical cascade and supporting HIV case-based surveillance (CBS). (ICAP, 2020)

Efficient utilization of patient-level and surveillance information is essential at various levels, including national, regional, sub-regional, and health facility levels. This utilization informs evidence-based decision-making, program planning, and resource allocation. Furthermore, the Centers for Disease Control and Prevention (CDC) provide support to scale CBS and strengthen information systems. This support includes reinforcing patient-level health information systems to monitor case detection, linkage to ART, retention in care, and viral load suppression. Integration of these systems enhances healthcare quality, improves clinical outcomes, strengthens disease surveillance efforts, and contributes to achieving epidemic control. (Ebenezer et al., 2019)

However, despite the critical importance of Monitoring and Evaluation (M&E) practices in the healthcare system, comprehensive literature reviews reveal that such activities are often given insufficient attention by the health sector. Furthermore, M&E professionals face challenges due to the complexity and integrative nature of the M&E process. Challenges include withholding necessary input information, failure to adhere to developed M&E frameworks, and neglecting the importance of stakeholder involvement in the M&E cycle. The healthcare facilities addressed in this study seek technical support from ICAP ETHIOPIA to implement M&E systems. Therefore, it is essential to assess the existing practices and challenges faced by these facilities and determine potential coping mechanisms to improve project performance and M&E practices.

1.4. Research Questions

The Questions addressed in this study are:

- What is the current Monitoring and Evaluation Practice implemented by the health facilities that are technically supported by ICAP ETHIOPIA?
- What are the Challenges faced in implementing the Monitoring and Evaluation Practice in health facilities that are technically supported by ICAP ETHIOPIA?
- What are the methods and mechanisms employed by the health facilities receiving technical support from ICAP ETHIOPIA to address the challenges encountered?

1.5. Research Objectives

1.5.1. General Objective of the Study

The study aims to assess the application of Monitoring and Evaluation Practices and Challenges in Health Facilities Technically Supported by ICAP ETHIOPIA.

1.5.2. Specific Objective of the Study

The Specific objectives of the study are:

- To assess the Monitoring and Evaluation Practices in health facilities technically supported by ICAP ETHIOPIA.
- To identify the Challenges encountered in implementing the M&E Practice under the health facilities technically supported by ICAP ETHIOPIA
- To determine the methods and mechanisms carried out by the health facilities technically supported by ICAP ETHIOPIA in dealing with the challenges encountered.

1.6. Definition of Terms

The following are conceptual and operational definitions of key terms that are defined within the context of the study and the organization.

- **ICAP ETHIOPIA:** ICAP have started to execute its programs in Ethiopia in 2005 by supporting and working with the Ministry of Health (MOH) in Ethiopia to enhance strategic information systems and to develop innovative approaches to increase the efficiency of health service. ICAP provides technical support to improve HIV prevention, care & treatment, and malaria diagnosis and care.
- **Health Facilities:** Any location where healthcare is provided. It ranges from small clinics and doctors' offices to urgent care centers and large hospitals. In the context of the study, it includes hospitals and health centers that are located in Addis Ababa.
- **Monitoring:** A continuing function that uses systematic data collection 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 using allocated funds. Thus, monitoring embodies the regular tracking of

inputs, activities, outputs, outcomes, and impacts of development activities at the project, program, sector, and national levels.

- **Evaluation:** The process of determining the worth or significance of a development activity, policy, or program to determine the relevance of objectives, the efficacy of design and implementation, the efficiency or resource use, and the sustainability of results. An evaluation should enable the incorporation of lessons learned into the decision-making process of both partner and donor.
- **Challenge:** It is something new and complex that needs great effort and determination. In the context of the study, it is the problems encountered in the organization while conducting the M&E system and practice.
- **Practice:** a set of guidelines delineating the expected techniques and procedures. It is also the act of doing something regularly or repeatedly to improve skills. In the study context, it is the actual observation of the M&E system in the organization that needs to be elaborated.

1.7. Significance of the Study

The study mainly assesses the implementation of monitoring and evaluation practices and challenges encountered by health facilities technically supported by ICAP ETHIOPIA. Thus, identifying these difficulties will help improve the Monitoring and Evaluation system and benefits these health facilities and ICAP ETHIOPIA. In addition, it will also have practical significance for those who are involved in the M&E system in the implementation of monitoring and evaluation by making the obtained information as input. Furthermore, the study's findings will benefit health facilities and projects executed under ICAP ETHIOPIA in improving the M&E practice performance by measuring each project's objective obtainment. Finally, it will be an input to monitoring and evaluation knowledge since it can be used as reference material for future researchers.

1.8. Scope of the Study

The study focused on health facilities in central Ethiopia, specifically in Addis Ababa, that receive technical support from ICAP ETHIOPIA. ICAP Ethiopia is a Non-Governmental Organization dedicated to supporting the Ministry of Health (MOH) in the realm of HIV prevention, care, and

treatment. Their assistance also extends to improving HIV prevention, care, treatment, and malaria diagnosis and care. Within the study, the evaluation was specifically limited to the implementation of monitoring and evaluation practices in relation to HIV prevention within Hospitals and Health Centers technically supported by ICAP Ethiopia. The respondents for the study consisted of M&E Officers, ART Clinic Heads, ART Data Clerks, and Health professionals.

Conceptually, the study focused on assessing the overall monitoring and evaluation practices and challenges encountered during the implementation of the system. Methodologically, a descriptive research design utilizing a quantitative approach was employed. The objectives of the study dictated the concentration on employees of health facilities receiving technical support from ICAP Ethiopia, specifically within the domain of monitoring and evaluation.

1.9. Limitation of the Study

There are key limitations related with this study; in general, there were time and resource constraints that limited the study to Addis Ababa. The distribution of the questionnaire to the respondents posed a challenge due to their dispersed locations across various areas in Addis Ababa. This resulted in escalated transportation expenses and consumed a significant amount of time. Despite the numerous challenges encountered, every essential step and effort was taken to gather pertinent information for the study, ensuring that the overall quality of the collected data and information remained uncompromised.

1.10. Organization of the Study

The study is organized into five chapters. The first chapter introduces the study's background, the rationale of the study, the research questions, and the study's objectives. Besides, it encompasses the significance and the scope of the study. The second chapter presents theoretical and empirical reviews of the related literature. The third chapter deals with the methodology of the study. The fourth chapter mainly concerns with the analysis of data. The last chapter, chapter five, presents the conclusion and recommendation, which will be drawn from the findings of the study in addition to the implication for further studies.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1. Theoretical Review

2.1.1. Overview of Monitoring and Evaluation

Monitoring and Evaluation represent the essential component in achieving the required project performance. Monitoring and Evaluation (M&E) was first initiated in 1973 by the World Bank Independent Evaluation Group (IEG) and supported the implementation of the M&E system. Since then, the World Bank has continued to support government efforts in developing countries by reinforcing the monitoring and evaluation practice and system. Implementing the M&E practices and their use has become vital globally because they are implemented in economic, social, political, and environmental projects. As a result, organizations are more focused on the need for M&E, the M&E team capacity building, and maintaining the M&E data quality. (G. Lopez-Acevedo & Krause, 2012)

A constant and growing pressure from internal and external stakeholders is exerted on organizations (governmental and non-governmental), expecting them to be more responsive to their demands for better governance, accountability and transparency, greater development effectiveness and delivery of tangible results. As demands for greater accountability and results have grown, the accompanying need for useful and usable result based monitoring and evaluation system to support the management of policies, programs, and projects emerged. Thus, M&E is a powerful tool in improving performance of organizations and achieve better results (Goergens & Kusek, 2010)

According to (OECD, 2011), both Monitoring and Evaluation refers to the process of measuring changes in projects, programs or policies and assessing their impacts. (Kiboi et al., 2018), also describe monitoring and Evaluation, as a continuous management function that is related to each other within a structure and offers a common purpose following the performance and results of a project. Moreover, M&E involves a group of indicators, tools, processes, and individuals; required to determine whether the project is being carried out following the standards (Monitoring) and has produced the anticipated result (Evaluation).

In the context of (Rist et al., 2011), Monitoring and Evaluation is one of the five pillars of result-based management (RBM) in developing countries, and it is highlighted that the M&E system as vital and demonstrating results through increased accountability and transparency is essential in improving developing countries and donors commitment towards the public. It is also indicated that the importance of enhancing national capacities in M&E with suitable, economic, and sustainable approaches cannot be overemphasized. Monitoring informs regularly on progress made in policy, program, and project implementation toward targets and provides information necessary to adjust those targets if necessary. It covers financial and physical implementation as well as outcome and impact indicators without establishing linkages with the rest of the public value chain. Evaluation is “the systematic and objective assessment of an ongoing or completed project, program, or policy and its design, implementation, and results to determine the relevance and fulfillment of objectives.” (Winiko et al., 2018)

2.1.2. Definition of Monitoring and Evaluation

2.1.2.1. Monitoring

Monitoring is the routine collection and analysis of information to track progress against set plans and check compliance to established standards. It helps identify trends and patterns, adapt strategies and inform decisions for project/programme management. Monitoring is necessary since it continuously generates the information needed to measure progress towards results throughout implementation and enables timely decision-making. It also helps decision makers be anticipatory and proactive, rather than reactive, in situations that may become challenging to control. (IFRC, 2011)

Monitoring can be undertaken on an ongoing basis during the implementation of a project at a regular basis. According to (IOM, 2018), Monitoring is defined as an established practice of internal oversight that provides management with an early indication of progress, or lack thereof, in the achievement of results, in both operational and financial activities. Often monitoring is confused with reporting, which is one of the components of monitoring. While reporting only refers to the compilation, transfer and distribution of information, monitoring focuses on the collection and analysis, on a regular basis, of the information required for reporting. Therefore, monitoring encompasses the planning, designing, selecting of methods and systematic gathering

and analysis of the content, while reporting summarizes that content with the purpose of delivering the relevant information.

Monitoring can also be defined a continuous process of collecting and analyzing information and comparing the actual progress against planned results in order to determine how well the project is being implemented. It uses the data generated by the project itself (characteristics of individual participants, enrolment and attendance, end of program situation of beneficiaries and costs of the program) and makes comparison across individuals, types of programs and geographical locations. The existence of a reliable monitoring system is essential for evaluation. (ILO, 2011)

Monitoring is a good management tool which should, if used properly, provide continuous feedback on the project implementation as well assist in the identification of potential successes and constraints to facilitate timely decisions. Monitoring systems provide managers and other stakeholders with regular information on progress relative to targets and outcomes. This enables managers to keep track of progress, identify any problems, and alter operations to take account of experience, and develop any budgetary requests and justify them. This enables the early identification of problems so that solutions can be proposed. It is considered to be a critical part of good management. (OECD, 2011)

Simplicity, transparency, accessibility, cost-effectiveness, ability to provide essential information timely, & flow of information upside down and flexibility are some of features of monitoring. (Gorgens, 2009) , Monitoring is not only concerned with the transformation of inputs into outputs, but can also take the following forms:

- **Physical and financial monitoring:** is measuring activities of a project progress against the established schedules and success indicators
- **Process monitoring:** is identifying what factors are accountable for project activities progress or success of output production.
- **Impact monitoring:** is measuring the initial responses and their reaction to project activities and their immediate short term effects.

2.1.2.2. Evaluation

Evaluation is a selective exercise that attempts to systematically and objectively assess progress towards and the achievement of an outcome. Evaluation is not a one-time event, but an exercise involving assessments of differing scope and depth carried out at several points in time in response to evolving needs for evaluative knowledge and learning during the effort to achieve an outcome. All evaluations even project evaluations that assess relevance, performance and other criteria need to be linked to outcomes as opposed to only implementation or immediate outputs. (UNDP, 2002)

According to (ILO, 2011), evaluation is a process that systematically and objectively assesses all the elements of a project to determine its overall worth or significance. The objective is to provide credible information for decision-makers to identify ways to achieve more of the desired results. Evaluation aims to determine the relevance and fulfilment of objectives, developmental efficiency, effectiveness, impact and sustainability. (IFRC, 2011), also says evaluation should provide information that is credible and useful, enabling the incorporation of lessons learned into the decision-making process of both recipients and donors.

Evaluation is the systematic and objective assessment of ongoing or completed projects, program, strategy or policy, its design, implementation and results. It allows for more rigorous analysis of the project implementation and examining why one effect worked better than the other. Evaluation enriches learning processes and improves services and decision-making capability for those involved in a project. It also provides information not readily available from monitoring, which can be derived from the use of evaluation criteria, such as in-depth consideration for impact, relevance, efficiency, effectiveness, coverage, coordination, sustainability, connectedness and coherence. (IOM, 2018)

According to (Mle, 2014), evaluation can be categorized as

- **Interim evaluation:** This basically is executed during the life of the project mostly at the mid-term.
- **Terminal evaluation:** This assesses the progress made in achieving the pre-determined objectives at the end of the project and provides a basis for future action and decision making. The findings and recommendation further used to decide whether to proceed or stop the project or when to consider a newer phase.

- **Ex-post evaluation:** This is conducted after the project is completed and have elapsed number of years in order to measure the impact.

Among the several purposes of evaluation, some are: assist in determining degree of objective achievement, determining & identifying problems regarding project planning & implementation, generating data to allow cumulative learning, for improving management and better impact assessment and assist in reformulation of objectives, policies and strategies of a project. (Action, 2020)

2.1.3. Comparing Monitoring and Evaluation

Monitoring and Evaluations are different yet complementary elements in project management. Monitoring is a routinely information gathering process in order to make informed decisions for project management. It provides project managers and other stakeholders with regular information on project progress in relative to its objectives and outcomes. In addition, it enriches project managers with detailed information that is necessary to track current project situation & its schedule, to identify project trends & patterns, to measure progress towards the expected outcome .Furthermore, a reliable and relevant information during implementation helps managers to adjust operations to take an account of experience and formulate a budgetary requests regarding the project. (Hunter, 2009)

Evaluation, on the other hand, evaluation provides insights into the reasons behind the success or failure of a project in attaining its desired objectives. Depending on the project's purpose, evaluations are conducted to assess cost-efficiency, effectiveness, impact, and/or sustainability. Evaluations primarily focus on addressing three types of questions: "why" questions, which aim to identify the factors that contributed to the observed changes; "how" questions, which investigate the sequence or process that led to successful or unsuccessful outcomes; and "compliance and accountability" questions, which examine whether the planned activities were implemented as intended. Evaluations involve a more analytical approach compared to monitoring and aims to explore causal relationships. (Shapiro, 2001)

Table 2.1 Comparison of Monitoring and Evaluation

	Monitoring	Evaluation
Why	Check progress, inform decisions and remedial action, update project plans, support accountability	Assess progress and worth, identify lessons and recommendations for longer-term planning and organizational learning; provide accountability
When	Ongoing during project/ programme	Periodic and after project/ programme
Who	Internal, involving project/ programme implementers	Can be internal or external to organization
Link to logical hierarchy	Focus on inputs, activities, outputs and shorter-term outcomes	Focus on outcomes and overall goal

Source: IFRC 2011

2.1.4. Benefits of Monitoring and Evaluation

Monitoring and evaluation of projects can be a powerful means to measure project performance, track progress towards achieving desired goals, and demonstrate that systems are in place that support organizations in learning from experience and adaptive management. Used carefully at all stages of a project cycle, monitoring and evaluation can help to strengthen project design and implementation and stimulate partnerships with project stakeholders. (Rossi et al., 2004)

Monitoring and evaluation is vital in identifying whether primary aim of project is achieved or not. The M&E system also provides feedback to organizations and different stakeholders in order to make appropriate changes and adjustments to drawn strategies if necessary. (Barry et al., 2009). In addition, providing information for basic project management and learning and/or demonstrating accountability to different stakeholders are one of the major purposes served by the Monitoring and Evaluation system. The M&E system may also designed to provide evidence for advocacy or policy influencing work; enable supervision and control of staff or resources; support resource allocation; enhance communication between different stakeholders; support marketing or fundraising; or enhance the empowerment of different stakeholders. (INTRAC, 2019)

According to (Atkinson, 1999), Monitoring and evaluation enable implementers: make informed decisions regarding program operation and service delivery based on objective evidence; ensure

effective and efficient use of resources; objectively assess the extent to which the program has had the desired impact, in what areas it is effective, and where corrections need to be considered; and meet organizational reporting and other requirements, and convince donors that their investments have been worthwhile or that alternative approaches should be considered.

(Otieno, 2000), briefly discusses the importance of monitoring and evaluation at sector as well as project levels as: at a sector level monitoring and evaluation can:

- Enhance project design through the feedbacks provided from the mid-term, terminal and ex post evaluations.
- Inform and guide sector through the analysis of the results and impact of interventions, and the strength and weakness of their implementation, enabling governments and organizations to develop a knowledge base of the type of interventions that are successful.
- Provide the evidential basis for building consensus between stakeholders

And at project level monitoring and evaluation can:

- Provides regular feedback on the performance of a project and show the need why ‘mid-course’ correction is relevant.
- Identification of problems at early stage and propose remedies
- Evaluate the achievement of project objectives
- Monitoring an access to the project service and outcomes b the target population.
- Measure the impact of the project on various indicators including those related to project goal.
- Incorporate stakeholder views and promote participation, ownership and accountability

(Biwott et al., 2017) states, M&E is important for incorporating the views of stakeholders, particularly the target population and can be a further mechanism to encourage participation and increased ownership of a project. Thus, the key reasons for M&E can be summarized as:

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

- For operational management: provision of the information needed to co-ordinate the human, financial and physical resources committed to the project and to improve performance.
- For strategic management: provision of information to inform setting and adjustment of objectives and strategies.
- For capacity building: building the capacity, self-reliance and confidence of beneficiaries and implementing staff and partners to effectively initiate and implement development initiatives.

2.1.5. Monitoring and Evaluation Practice

Monitoring and Evaluation (M&E) is a technique incorporates efficient and organized procedures like tracking, assessing and improvising the performance and outcome of projects, programs, policies or interventions. M&E deals with data collection, analysis and interpretation to quantify progress, pinpointing the strengths and weakness and informing the policy-makers and scholars.(Agyeya Tripathi, 2021)

M&E technique uniquely focuses on generating factual information and insights which is a primary input in informing decision-making entities, improving performance and enhance accountability. Furthermore, it also involves certain patterns like stating clear objectives and indicators, designing and defining data collection methodologies, analyzing and interpreting data, reporting findings mechanisms and utilizing and using the digested data or information for a desired purposes which can be academia and decision making. A well designed and defined M&E technique assures the resource consumption in an effective and efficient manner, required and timely intervention can be implemented, to achieve the desired, expected outcomes and impacts. (Gatimu et al., 2021)

The Features that associated with Monitoring and evaluation techniques and considered as the best features that lead into achieving a practical M&E system are mentioned as follows:

2.1.5.1. Monitoring and Evaluation Supervision

The process of incorporating monitoring and evaluation (M&E) techniques with a regular project or program supervision is referred as M&E supervision. It comprises both oversight and guidance provided by project supervisors regarding the data collection, analysis and reporting features of

the M&E. M&E supervision primarily focus in ensuring the M&E techniques are effectively and efficiently incorporated with the daily management of a project or program. By integrating M&E into a regular project supervision, M&E supervision plays main role in ensuring that M&E techniques are not seen as distinct or additional tasks but are rather an integral part of project management. M&E enhances the quality and timeliness of data collection, facilitates learning and adaptation, and strengthens the overall effectiveness of the M&E process. (Adams & Garbutt, 2008a)

According to (Baddr, 2010) some key aspects of M&E supervision are:

- **Integration of M&E into Supervision:** M&E supervision ensures that M&E techniques are not a replacement technique rather an integral part of regular project or program supervision that involves incorporating M&E objectives, indicators, and data gathering methodologies into the overall supervision framework to obtain an efficient outcome.
- **Data Collection and Reporting:** At this phase, which is data collection and reporting M&E supervision deals with gathering up-to-date and relevant data both during a regular supervision visits or interactions with project staff. Supervisors often gather information on project progress, challenges, and achievements to inform the M&E process. Furthermore, they might provide suggestions and feedback to project staff members based on the data gathered.
- **Data Analysis and Interpretation:** One of the key aspects of M&E supervision is Data analysis and Interpretation which deals with analyzing and interpreting the gathered data during supervision visits. Supervisors mainly assess the gathered data to identify the trends, patterns and areas which require attention. They may implement ordinary data analysis techniques to draw preliminary conclusions and insights.
- **Feedback and Support:** Another aspect of M&E supervision is the feedback and support. M&E Supervision provides feedback based on the findings from the data analysis to the project staff members. Supervisors highlight strengths, weaknesses, and areas where improvement is needed by offering guidance and support to address the identified matters. To enhance the overall project performance and achievement, feedback is given in a constructive manner.

- **Learning and Adaptation:** M&E Supervision by nature encourages the idea of learning, sharing and adaptive management approach. The collaboration between supervisors and staff members leads to reproduce the M&E findings, identify lessons learned, and adjust strategies and techniques as deemed necessary. The collaboration between these two entities promotes continuous improvement and enhances project effectiveness and efficiency.
- **Reporting and Utilization:** As for reporting and utilization of M&E findings, M&E supervision plays a major role. Supervisors might involve in preparing reports, summaries of the data gathered during the supervision visitations, emphasizing the key findings and recommendations. They collaborate with project managers and M&E staff members to effectively communicate and utilize the findings for better decision-making and improvement of a project.

2.1.5.2. Training on Monitoring and Evaluation

Various authors and researchers have emphasized the importance of incorporating staff members training as a key aspect within the implemented Monitoring and evaluation system. Proper and official staff members training on Monitoring and evaluation play a major role in promoting the understanding of M&E goals, objectives, limitations, prerequisites, requirements, and mechanisms, while empowering staff members by acquiring the essential skills for implementation. Some researchers argue that, to ensure effective acquisition of the M&E techniques, it is important that the whole staff members participate in M&E activities beforehand.

Organizations and individuals which are involved in project management, development work, and program implementation should essentially get training in Monitoring and Evaluation (M&E). M&E benefits to assess the effectiveness, efficiency, and impact of projects and programs, ensuring that goals are achieved and resources are utilized optimally. (Chaplowe & Cousins, 2016). Likewise, conducting assessment and training on a regular basis also helps to determine success factors and areas of improvement where change is required. It also raises the degree of accountability, allowing every stakeholder to track progress and hold each other responsible for achieving goals. Furthermore, it is evident that organizations that train its personnel on a regular basis have better result & performance than those do not. (Keep et al., 2002)

Employees mostly enroll in to training programs expecting a unique, skills, techniques and experience .Effective way to Cultivating employee commitment and talent is by pledging a regular and timely training. Research on this aspect of commitment suggests that training on Monitoring and Evaluation can significantly contribute to promoting a sense of gratitude towards the organization. In governmental organizations, employees participate in various training with unique expectations and ambitions. When these expectations and aspirations are met, it enables employees to establish a stronger connection with organization. (Oluwakemi Ayodeji et al., 2011)

2.1.5.3. Formatting and Scheduling

Formatting and scheduling are crucial aspects of M&E (Monitoring and Evaluation) practice. Formatting and scheduling contribute to the effectiveness of organization and implementation of M&E techniques. Moreover, these elements are integral components of M&E techniques that promote consistency, efficiency, accountability, and transparency, ultimately enhancing the quality and effectiveness of monitoring and evaluation system. Furthermore, both formatting and scheduling play a major role in creating accountability and transparency in M&E practice. Defined timelines and reporting formats benefits in tracing progress, identifying delays or bottlenecks, and hold responsible entities accountable for meeting deadlines (Chaplowe, 2011)

Formatting, which is one of the key aspects of M&E, involves structuring the framework of M&E in a defined and articulate manner. This includes defining the objectives, indicators, data gathering methodologies, and reporting formats. Monitoring and Evaluation practitioners can only guarantee consistency and facilitate the interpretation of the findings. Scheduling, which is also one of the key aspects of M&E on the other hand, refers to the orderly arrangement of activities within the M&E process. This involves defining goals, metrics, and data gathering techniques, and designing report formats. A well-organized schedule leads to timely data gathering and analysis enables stakeholders to make knowledgeable and accurate decisions and take necessary measures.(UNDP, 2009)

There are several crucial reasons that formatting and scheduling needs undivided attention in monitoring and Evaluation practices. Firstly, as it promotes standardization and consistency in data gathering, ensuring that data is captured across different projects and programs in a uniform manner. This facilitates comparisons, aggregation, and synthesis of data, leading to reliable and

valid conclusions. Secondly, effective formatting and scheduling promotes management resources efficiently. M&E practitioners can allocate resources to a certain project or program, such as human resources, funding, and equipment suitably to ensure their optimal utilization by outlining the sequence and timetable of the activities.(Njoroge, 2018)

2.1.5.4. Monitoring and Evaluation Guidelines

To conduct monitoring and evaluation activities effectively and consistently, M&E guidelines with frameworks and set of instruction is needed. The M&E guidelines ensure that the M&E execution are standardized, reliable, and aligned with the organizational or industry standards. (UNDP, 2002). (Saunders, 2015) stipulates that, M&E guidelines should be customized to the specific demand, context, and scope of project or organization. M&E guidelines serve as a benchmark documents for M&E practitioners, ensuring that M&E practices are conducted in a consistent and transparent manner in line with best practices.

To conduct an efficient and effective monitoring and evaluation technique within projects and programs utilizing Monitoring and evaluation guidelines with set of frameworks is crucial. These M&E guidelines outline the main principles, methodologies, and steps involved in implementing Monitoring and evaluation processes. These M&E guidelines serve as a reference and steering point for M&E practitioners, by providing guidance on data gathering, analysis, reporting, and utilization for evidence-based decision making. Monitoring and Evolution guidelines basically deals with topics such as defining M&E objectives, selecting applicable indicators, establishing data collection methodologies, ensuring data quality, analyzing, and interpreting data, and utilizing findings to improve program or project performance. An M&E guideline includes ethical considerations, engagement of every stakeholders, and integrating the M&E process into project management cycles. By implementing M&E guidelines, any organization can ensure a guided and timely tracking of progress, measure impact, identify areas for improvement, and eventually enhance the effectiveness and accountability of their projects or programs. (OECD, 2021)

2.1.6. Tools and Methods of Monitoring and Evaluation System

It is widely acknowledged that monitoring and evaluation plays a critical role in assessing the effectiveness, efficiency, and impact of projects, program, and interventions by providing a systematic approach to gather, analyze, and interpret data for decision making, improving project/

program performance, and demonstrating accountability. In order to achieve an effective M&E system tools and methods is pivotal in collecting, analyzing, and, reporting relevant information. Various tools and methods can be employed to different projects depending on the context of the project and understanding each tools and methods strength and limitation is essential for designing and implementing effective M&E system that generates reliable and actionable insights. (Mtshali, 2015)

Apparently, the M&E system differs with the type, sector, and country of application. Therefore, to have a successful and effective M&E system modifying specific terms as per the project flexibility and learning other project/ organization experiences is necessary. Likewise, realizing role of stakeholder's involvement and ability to communicate effectively is pointed out essential in the implementation of M&E system. (Hunter, 2009). It is also indicated that identifying & utilizing appropriate tools and methods, procedures, and practitioners that matches the organization/ project context can effectively track progress, identify challenges, measure outcomes, and make informed decisions to enhance project effectiveness and achieve the desired goals. Moreover, having a well-designed M&E system assisted by suitable tools and methods helps in making evidence based decisions, advanced learning, and facilitates continuous improved program/project implementation. The above facts reassured the importance of the M&E tools and methods as the central pillar for the effective and successful implementation of the M&E system. In order to achieve this commitment in accessing tools and proper utilization of each tools from the management is essential to produce the desired results. Allocating sufficient finances to cater these tools and methods and ensuring their sustainability by providing the appropriate training is the key in having successful M&E system.(G. Kamau, 2015)

Different authors indicated the importance of tools and methods utilized in implementing the monitoring and evaluation system. (Chaplowe, 2011), for instance, addressed various tools, approaches, and methods used altogether, and some are complimentary. However, in order to cross-validate the data, evaluators utilize a variety of methods by combining different tools and data sources. According to the (WHO, 2004),the M&E system utilizes various tools and methods according to the project scope and objective. Furthermore, it suggested performance indicators, logical framework approach (log frame), theory-based evaluation, formal surveys, systematic surveys, rapid appraisal methods, participatory methods, success measures, impact evaluation,

cost-benefit & effectiveness analysis, and public expenditure tracking surveys as the most used and implemented tools in the M&E system.

Likewise, (FitzGerald et al., 2009), pointed out plan selection and risk management tools and techniques; project initiation tools and techniques; project management preparation tools and techniques; project management implementing tools and techniques and project management tracking and managing tools and techniques as majorly known tools and techniques utilized. Furthermore, setting up and organizing the process of tracking reviews, assessing & documenting progress toward achieving desired goals within the M&E system is also considered as vital tool for performance management tool according to (Essa, 2014). This plan contains a clear definition of the project system process and data collection frequency and material. It also provides information about who the responsible body is for the data collection, data analysis, and evaluation and provides balanced & reliable data from project monitoring and tracking. Similarly, (Passey, 2012), emphasized that monitoring and evaluation method in project includes: keeping project records, different surveys, case study, 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 organize schedules and coordinates all project events.

In addition, various authors have identified several coping methods and mechanisms to address the challenges encountered in monitoring and evaluation (M&E) systems. Strengthening institutional capacity through defining clear roles, establishing leadership structures, and promoting coordination and collaboration is crucial. Capacity-building initiatives and training programs enhance staff skills in data collection, analysis, and utilization. Standardization and guidelines for data collection, aggregation, and verification ensure consistency and accuracy, while technology and digital solutions such as mobile data collection tools and electronic databases improve data management and analysis. Encouraging data-driven decision-making at various levels enhances the value of M&E systems, and stakeholder engagement and collaboration foster ownership, accountability, and utilization of M&E findings. Emphasizing a culture of continuous learning and improvement through regular evaluation, feedback mechanisms, and adaptive management approaches helps identify gaps and drive iterative improvements. By adopting these

coping strategies, organizations can enhance the effectiveness of their M&E practices and ultimately improve project outcomes and decision-making processes. (Harklerode et al., 2017)

2.1.7. Monitoring and Evaluation Practice in Ethiopia

In Ethiopia, the government has developed “one plan, on budget, one report” policy to strengthen the primary health care system and making HMIS the core information system as an essential information provider in the health system monitoring. Also in its Health Sector Development program (HSDP), the Ministry of Health puts utmost importance to strengthening the Health Information System (HIS) of which the routine Health Management Information System (HMIS) is an integral part and recognized HMIS and M&E as central pillar for the effective health care delivery. (Enkossa, 2012)

The routine health management information system (HMIS) serves as the primary data source for the healthcare sector. In Ethiopia, the HMIS underwent redesign in 2007/2008, guided by principles of standardization, simplification, and integration. Subsequently, it went through two revisions in 2014 and 2017, with a general expectation for revision every three to five years to align with programmatic developments, strategic plans, and initiatives. To address the evolving monitoring and evaluation (M&E) requirements, the existing HMIS indicators and source documents were reviewed through an iterative and participatory approach. (MOH, 2013)

The HMIS plays a crucial role in generating regular and reliable health information, which supports decision-making at all levels of the healthcare system to enhance service delivery performance. It is not merely a data collection system but also a tool for utilizing information in decision-making processes to improve healthcare services. Under the Business Process Reengineering (BPR) framework, the HMIS/M&E Core process aims to support and strengthen local performance monitoring by addressing five strategic issues vital for enhancing and continually improving the HMIS. (MOH, 2021)

2.1.8. Monitoring and Evaluation Practice in Health Sectors

A monitoring and evaluation strategy incorporates a number of recognized best practices in the monitoring and evaluation system. Practices are a collection of actions such as planning and coordination, capacity building, surveillance, and data demand that can help to project decision making and learning. (Kabonga, 2019).

Monitoring and evaluation practice is considered as a useful guide for project performance improvement as well as its achievement. It is widely practiced by various practitioners/stakeholders as an effective way to implement M&E in projects. It is reported that, the adoption of monitoring and evaluation and its practice in health sector facilitates the identification of core indicators along each link in the results chain, connect indicators to data sources and data collection methods, provide tools and guidance for analysis of data from multiple sources and demonstrate how data can be communicated and used to inform decision making at different levels in the health system hence addressing the M&E needs of different users and for multiple purposes. (Kiboi et al., 2018)

It is determined that the M&E practice plays a major role in a project cycle and adopting practices such as periodical training of the M&E staff, recruiting skilled M&E personnel, and application of technology for data M&E collection facilitate the enhancement of project productivity, project implementation, and project management. The Monitoring and Evaluation practices, for instance, maintaining the M&E data quality, capacity building of the M&E team, and planning for M&E is continued to be used utterly on health projects due to the existence of crucial elements in managing such projects. (Gachanja Kinyua & Njoroge, 2021). Furthermore, generating quality data is crucial for the monitoring and evaluation system of health projects & their performance as well as for developing appropriate policies, plans, and, strategies to ensure sound patient care. (Mpofu et al., 2014).

In Africa, the dominant M&E association which is the African Evaluation Association (AFREA) was formed in 1999 in response of the domestic and global influence originating from the rapid growth for professional evaluation associations and the use of monitoring and evaluation systems worldwide. Likewise, the Sector Wide Approaches (SWAPs) were introduced in the health sector of African countries in the early 1990s to address the growing demands of improving service delivery and performance of healthcare system.(Danforth et al., 2023)

Currently, the mass African countries possess the M&E system. They also receive donor support for statistical capacity building and have access to donor evaluations. Having a number of M&E initiatives and system, Uganda was the first country in which PETS (Public Expenditure Tracking Survey) were undertaken. The diagnoses of Uganda's M&E arrangements in 2001 & 2003

revealed a large number of uncoordinated and disharmonized monitoring system at the sector and subsector levels and there is at least 16 separate systems. A detailed investigation of three sectors (health, education, and water and sanitation) revealed a considerable data-collection burden at the district and facility levels. The management information systems for those three sectors collected data on nearly 1,000 performance indicators, involving almost 300,000 data entries per annum for each of the 110 districts in Uganda. Unfortunately, the quality of the data was highly uncertain and often considered poor causing a heavy burden on the frontline staff. Thus the growing need originates by the government to develop the National Integrated M&E system become a necessity. The objective of NIMES is to create an umbrella M&E system within which existing systems will be coordinated and harmonized and government capacities to conduct and use M&E strengthened. Majorly, in this case NIMES reduced the performance of indicators boost the performance of the M&E system as well as accountability.(Mackay, 2007)

Moreover, greater efforts have been taken to enhance the monitoring and evaluation system in Kenya. In 2003 the government adopted wide monitoring and evaluation system and generated a Monitoring and Evaluation Department (MED) with main responsibility of operationalizing NIMES to ensure transparency and accountability of different stakeholders towards Economic Recovery Strategies. This is as a result of having no central monitoring and evaluation (M&E) systems by most sectors for their programs and projects. In 2010 the health sector has made a collaborative effort with the government to improve its approach to M&E and establishes M&E as a key component in operationalizing activities to ensure transparency, integrity and access to information, and in promoting accountability principles at all levels of healthcare service delivery. Furthermore, in 2014 identification of key reasons why the health service has to be monitored and evaluated is determined by health sector M&E framework and emphasizes on the need for transparency, accountability and public participation. (Chan et al., 2010). Similarly, the health sector M&E practice & system in Tanzania is led by a working group working in conjunction with both the government and donors. The major role of these working groups are analyzing sector performance and policies, reviewing sector M&E system and, identifying capacity-building priorities of the M&E system. (Schacter, 2000)

2.1.9. Monitoring and Evaluation Challenges

Monitoring and Evaluation system can face various challenges that can hinder their effectiveness and performance of a project. Addressing these challenges requires careful planning, adequate resources, stakeholder engagement, capacity building, and a commitment to using M&E findings for evidence-based decision-making and improvement. Many literatures highlighted these challenges encountered by different organizations from different perspective and below is an attempt to summarize some major & significant challenges identified:

According to (Adams & Garbutt, 2008b), challenges related to monitoring and evaluation is leveled in to three. The first one is challenges to participatory M&E, secondly it discusses challenges related with evaluators and lastly it outlines challenges regarding the monitoring programs. In participatory M&E issues observed are; struggling to cope with the M&E system due to lack of time & resources and considering participation only as a development activities and neglecting that participation should part of M&E are significant challenges identified. Challenges to evaluators are putting the participatory approach into practice where different stakeholders were involved leading evaluation to be executed by external evaluating agencies. And challenges to the monitoring programs faced mainly are by project managers in developing monitoring systems that measures the goal of the program; they face problem concerning the planning process, and being appointed after the funds are all set & goals have been set making their input and participation little.

The 1990 year was where both challenges and opportunities for project monitoring and evaluation has emerged. There was an attempt by World Bank to restrict the development of M&E practice due to the challenges observed in attempt to widen the M&E system. These challenges were implementation and planning failures. An observation in the implementation failure led to the design of independent M&E units having ranging programs for data collection and analysis. However, this led to implicit separation of monitoring from evaluation causing frequent M&E activities failed to come up with useful, cost-effective, decision-making information due to doubts about data accuracy in collection or analysis. In transition M&E had to respond to increasing concerns about public sector problems as not being merely due to managerially ineffective or inefficient implementation, but more of general planning problem. (Cameron, 1993)

Many organizations face difficulty in conducting the M&E system as well as utilizing lessons learned from various M&E reports to improve their M&E practice and system. This is mainly due to the absence of learning culture from other experiences. Not only this, but they also face difficulties regarding having less skilled and inadequate personnel in the M&E department. If we take Sub-Saharan countries as an example, the number of personnel with the necessary skills and capacity in designing the M&E activities and system is inadequate. Even if training was provided to increase the number of skilled person as well as the skills of those in the system have brought a disappointing results. Furthermore, the existing M&E specialist being expensive becomes a problem for organizations with inadequate resources to engage in such experts. Thus, it is possible to conclude that the fact that these challenges occurred, make organizations suffer from lack of technical expertise, knowledge and understanding of M&E. (G. C. Lopez-Acevedo et al., 2010)

Another finding from (Jili, 2016) indicates, African countries face a number of challenges mainly related with statistical immaturity branched into data gap and data discrepancy between the national and international system sources from NGOs. And it is found that there is a huge data gap and variations in different aspects. The number of variations between the national and international sources observed were: problems regarding definitions, issues concerning methodologies, lack of recent data and coordination from international & national level respectively, estimation variation used at international level regarding the population number from the national one, lack of transparency & coordination among international sources and delay in publishing results by the local sources are confirmed as a concern and expressed as significant challenges.

2.2. Empirical Review

A study by (Jahid, 2019), on “Challenges to Effective Monitoring and Evaluation Systems: Lessons from Afghanistan”, pointed out several key challenges were identified. The first significant challenge lies in institutionalizing and coordinating the M&E system, including defining and clarifying roles and leadership within government and institutions, aligning and coordinating efforts across different sectors, and building internal staff capacity. Another challenge relates to data collection, with issues such as inadequate staffing, high staff turnover, infrequent training for data collection skills, duplication of efforts, delays in data collection and submission, and limited data verification. Furthermore, the absence of standardized rules or standards for data collection, aggregation, and verification hampers the effectiveness of M&E systems. The review

also revealed that while strategic frameworks exist in many systems, their consistent use of M&E data for decision-making around strategy, budgeting, or program management is lacking. Finally, challenges in donor-government harmonization were observed, particularly due to the continued use of parallel implementation and reporting systems by donors, although there is a positive trend of reducing separate systems. These findings shed light on the various challenges faced in implementing effective M&E systems and provide valuable lessons for improvement in Afghanistan and other contexts.

A report by (Ebenezer et al., 2019), on “Monitoring and Evaluation Systems in Five African Countries” have reported the challenges of the monitoring and evaluation system and its practice in five different African countries: Ghana, Kenya Rwanda, Uganda and Zambia. The challenge these countries face is rationalizing and enhancing their existing M&E system rather than developing new ones. Data quality issues and inconsistent donor criteria for M&E exist, creating a situation of too much data and insufficient information. The limited government demand for M&E data in the majority of other nations exacerbates these issues on the supply side.

- The significant challenges regarding the M&E system observed in Ghana were Lack of approved national M&E hindering structuring and institutionalizing of M&E, Limited use of evaluation outcomes and findings only for evidence based decision making due to inadequate capacity to drive the M&E by the government, and failure to localize the M&E practice since the system is donor driven.
- In Kenya, Lack of consistent M&E practice due to delay in approving the M&E policy and Lack of financial and human resources in the public sector to execute the M&E system were pointed out as major M&E challenges encountered.
- Similarly in Rwanda, Lack of sufficient M&E experts in public sectors, Lack of budget to fund the M&E system and exceeding demand for M&E than the supply was presented as significant challenges.
- In Uganda, Difficulty to coordinate and conduct the national M&E system due to financial and technical constraints, Lack of awareness of the available M&E infrastructure leading to limited use of the system, and Failure to have sector strategy plans by M&E implementers were observed.

- Likewise in Zambia identified challenges concerning the M&E system were, Monitoring data used is in a limited way since it is paper based, Limited human resource at the operational level and Lack of budget.

Another study conducted on “Determinants of Effective Monitoring and Evaluation in Health Service Delivery: A Case of Nairobi City County Health Facilities” (Kiboi et al., 2018), shows that there is Lack of sufficient trained M&E specialists to conduct the M&E system, Data gathered were inaccurate, incomplete & untimely, Lack of consistent funding for Monitoring and Evaluation activities, and Poor quality of generated reports are some of the challenges faced by health sectors in Kenya since the concept of M&E is new to the health sector and inefficiencies have been attributed to weak and ineffective monitoring and evaluation system. The authors also pointed out that there is a positive and strong relationship between health sectors and M&E human capacity which in turn will have good implication that there is existing M&E practitioners who are trained and well experienced.

A study conducted on “Monitoring and Evaluation Challenges and Approaches by Nongovernmental Organizations in Musoma, Tanzania” (Mathayo & Kinyina, 2022), highlighted, Insufficient fund, Inadequate capacity building and Poor project performance, Inadequate skilled M&E experts and Inconsistent reporting requirements from multiple donors are challenges facing the majority of NGOs during implementation of monitoring and evaluation leading to negative impact on the success of projects. Furthermore, the authors emphasized skills and expertise such as M&E log-frame design, setting of indicators, designing & preparation of data collection tool and report writing are major requirements for monitoring and evaluation system.

Correspondingly, another study on “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” (Ahmed, 2021), demonstrated that, there is indeed faced challenges derived from multitude factors. Existence of time-consuming M&E activities, inadequate budget for M&E, inadequate skilled human resource, and lack of recording & reporting M&E tools are observed causing in failure to meet donors’ requirement. Furthermore, a study on “Assessing Project monitoring and Evaluation Practice in Ethiopian public health institute: The case of Center for Disease Control (CDC) Project” (Nasir, 2021), reveals that, inadequate human resource & incapability of arranging training to capacitate personnel periodically, lack of guiding document,

and limited number of available expertise hinders the organization/ project's effective implementation of the Monitoring and Evaluation performance as it should be. It is also indicated that there is poor practice in project evaluation activities relative to monitoring.

A study on “Assessment of Monitoring and Evaluation Practice and Challenges: A Case of Capacity Development for Health Professionals and Biomedical Technicians Project at GIZ”, (MENGISTU, 2020), pointed out major difficulties as; lack of management commitment for the M&E system & process, failure in selecting the appropriate performance indicators, managerial implementation of M&E activities being ineffective, and failure in designing evaluation. Besides the stated challenges, the researcher stipulated that there is good existing M&E practices within the organization and labeled some of them as best M&E practices of the organization.

Moreover, a study on “Practices and challenges of Monitoring and Evaluation of HIV/AIDS program: A case study of Addis HIV/AIDS Prevention and Control Office (AAHAPCO)” (Demeke, 2018), unveils that even if the organization possesses a well-educated and experienced M&E expert there is a problem in providing the necessary training that equips these M&E practitioners and make them competitive in the world of monitoring and evaluation. In addition, the researcher also indicated the M&E activities performed in a traditional way and there is no new insight to the M&E activities from what has been practiced by predecessors. Most importantly, the M&E staff suffers from lack of technical knowledge due to the absence of M&E policy, Procedures and manuals within the organization. Furthermore, the organization was challenged by lack of M&E budget, Lack of adequate skilled human resource and time-consuming M&E activities.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Research Design and Approach

An observational study is where the researcher stands apart from events taking place in the study and simply observe and record. Observational study may be descriptive or analytical. A descriptive study is an observational study in which it simply describes the distribution of a characteristic. (Fathalla, 2004).

The study adopts a descriptive research design to assess the Monitoring and Evaluation practice in Health Facilities that are technically supported by ICAP ETHIOPIA. It assesses the challenges encountered by these Health Facilities while implementing the M&E system. In addition, observation was used as an instrument to describe the Monitoring and Evaluation practices within these Health Facilities and determine the associated challenges they encountered. Therefore, an observational descriptive study design was used as an instrument to assess the Monitoring and Evaluation practice and challenges in these Health Facilities

Qualitative research is used to discover patterns in ideas and views, whereas quantitative research measures an issue through producing numerical data or data that can be translated into usable statistics. Qualitative studies typically have what, how, and why questions to address the research questions as well as objectives that involve the collection of qualitative data rather than quantitative data. Qualitative researchers involve participant observation, in-depth interviews, document analysis, and focus groups to gather and analyze relevant data. Meanwhile, in quantitative research, quantitative studies are focused in investigating how and why phenomena vary, and uses statistical models and produces more objective analytical data. (Abuhamda et al., 2021)

The study, therefore, utilized a mixed approach to gather relevant information on the Monitoring and Evaluation practice and its challenges within these Health Facilities by employing both quantitative and qualitative methods to collect primary and secondary data. Relevant data and information will be gathered from M&E officers, ART Clinic Head, ART Data Clerk, Health Professionals, and Statisticians. The primary and secondary sources will help to triangulate data

from different sources regarding the rationale of the study. Therefore, combining multiple sources will help in minimizing bias from single source and data collection method.

The study employed document review, observation and questionnaire as a data collection instrument. The primary data were gathered by distributing questionnaires to get relevant information and better understanding of the M&E practice and challenges faced by these health facilities. The secondary data were from various document reviews.

3.2. Study Setting and Population

The study was conducted in central Ethiopia, Addis Ababa. Based on 2012 (EFY) figures from the Central Statistical Agency (CSA) of Ethiopia, the Addis Ababa Region has an estimated total population of 3,686,068 consisting of 1,389,817 male and 1,527,478 female. 100% of the populations are urban dwellers and covers an estimated area of 526.99 square kilometers.(CSA, 2017). Currently, the city comprises 11 administrative sub-cities and has 111 public health facilities.

This study focused on health professionals working in public health facilities in Addis Ababa city that receive technical support from ICAP Ethiopia. Specifically, the target population included professionals involved in the monitoring and evaluation system of HIV prevention and ART programs in hospitals and health centers. Data was collected through a census method, with all 105 health facilities receiving technical support from ICAP Ethiopia participating. Purposive sampling was used to select one respondent from each facility to provide relevant information. The study aimed to gather comprehensive insights into the effectiveness and impact of these programs in the specified context.

3.3. Data Source and Type

The primary data was collected through a survey questionnaire, which was self-administered while the secondary data was from different literatures and various M&E reports from different sectors and the health facilities. And this data was merged with the primary data to produce relevant information. The primary sources for this study were professionals who are engaged in monitoring and evaluation system from the health facilities getting technical support of ICAP ETHIOPIA.

3.4. Data Collection Method

A self-administered questionnaire was used for data collection. The questionnaire consisted of questions related to background variables, and questions that assess the practice and challenges of Monitoring and Evaluation by targeting individuals with better understanding of Monitoring and Evaluation system from health facilities that are technically supported by ICAP ETHIOPIA. Observation was also used to get qualitative data.

3.5. Data Analysis and Presentation

After the data collection was completed: first the data was checked for completeness and consistency, then the data was categorized, coded and entered using computer-based software. SPSS program for analysis; descriptive summary using frequencies, proportions, graphs and cross tabs were used to present study results. After data entry, frequencies were computed to clean and check data for missed variables and outliers. Proportions and frequencies was used to describe the study population characteristics in terms of the variables.

3.6. Reliability Test

(Heale & Twycross, 2015), defines reliability as the consistency of measure; whilst (Abowitz & Toole, 2010), argue that reliability is based on the application of uniform measurement rules and the uniformity of measurement results over time. In other words, it addresses the overall consistency of a research study's measure. The coefficient Alpha or (Cronbach's Alpha) method is one of the most widely used methods for measuring reliability. Cronbach's Alpha is preferable to the split-half procedure because it supports correlation for all possible ways of dividing the measure into two halves (Polat & Donmez, 2010). The reliability coefficient of the scale was established by Cronbach's Alpha using the SPSS package, which reflected the Alfa coefficient to be above 0.7.

Table 0.1 Reliability analysis based on Cronbach Alpha Test

	Cronbach's Alpha	N of Items
Org. of M&E Structure	.898	10
M&E Practice (supportive supervision	.729	4
M&E Practice (training)	.784	3
M&E Practice(formatting and scheduling)	.701	5
M&E Practice(guidelines)	.702	5
Challenges of M&E Practice	.772	11
Coping methods & mechanisms	.762	8

Source: Own Survey 2023

3.7. Ethical Considerations

To conduct this research, project ethical approval was requested & secured from Addis Ababa University, school of commerce ethical clearance committee. Then after obtaining permission from the relevant bodies in the respective organization, researcher took informed consent to solicit the willingness of professionals to participate in the study. The researcher assured to provide essential information and adequate response regarding participant's questions. During data collection process the data collector informed each study participant about the purpose and anticipated benefits of the study, and ensured the raw data set shall not be used for any other purpose than the intended purpose.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, AND INTERPRETATION

4.1. Response Rate

This chapter deals with the presentation, analysis and interpretation of the data obtained from respondents through questionnaire. Interpretation on collected data conducted using descriptive statistics': total mean and standard deviation. A total of 105 health facilities are available in Addis Ababa that are currently receiving technical support from ICAP Ethiopia. The questionnaire was administered to one person from each health facility. Where a total of 105 questionnaires were distributed through a Google sheet and hardcopy. And 92 questionnaires were returned (51 through hardcopy and 41 through the online Google form). Which makes a response rate of 87.6%. The evidence on participation experience of respondents shows that all respondents had experience in ART projects. They also held positions of M&E Officer, ART clinic head, ART data clerk, and, Health Professionals in their respective health facilities. The response rate of the study is satisfactory to generalize the study condition as it acted as a representative opinion of the target group. Descriptive analysis/frequency, and mean ranking were carried out to answer the research questions.

4.2. Demographic Information

A total of 105 respondents were targeted to participate in the study. Considering total available 105 health facilities under technical support of ICAP ETHIOPIA in Addis Ababa, 12 are hospitals and remaining 93 are health centers. Out of the total respondents, 12 (13.0%) were from hospitals and 80 (87.0%) were from health centers. From the response the researcher concluded that all responses from hospitals are returned. Respondents were having a position of M&E Officer, ART clinic head, ART data clerk, and, Health Professionals. Majorities (87%) of respondents were workers from Health centers and the remaining (13%) were from Hospitals. Majority (52.2%) of them were experienced between 6 – 10 years. Regarding their educational status more than half (62.0%) had a bachelor's degree while the remaining (4.3%) had diploma and (33.7%) had a Master's degree. Job position wise, most (35.9%) of participated professionals were M&E Officers followed by ART Data Clerk (29.3), Health Professional (23.9), ART Clinic Head, and Other accounted for 6.5% and 4.3% respectively

Table 0.1 Descriptive Statistics of respondent's demographic information

		N	%	Mean	Std. Deviation	Variance	Percentiles
Organization Type	Health Center	80	87%	1.13	.339	.115	2.00
	Hospital	12	13%				
Project Duration	1-5yrs	48	52.2%	1.61	.710	.505	3.00
	6-10yrs	32	34.8%				
	11+	12	13.0%				
Respondent's Job Position	M&E Officer	33	35.9%	2.54	1.313	1.723	5.00
	ART Clinic Head	6	6.5%				
	ART Data Clerk	27	29.3%				
	Health Professionals	22	23.9%				
	Other	4	4.3%				
Work Experience	1-5 yrs.'	36	39.1%	1.70	.624	.390	3.00
	6-10 yrs.'	48	52.2%				
	11-15yrs	8	8.7%				
Educational Level	Diploma	4	4.3%	2.29	.545	.298	3.00
	Degree	57	62.0%				
	Masters	31	33.7%				

Source: Own survey 2023

As can be seen from the above Table 4.1, the respondents were experienced in participating in ART projects. According to respondents the projects are categorized in to three types of projects duration period. These are 1-5 years, 6-10 years and above 11 years. The classification is based on life span of ART projects. Out of the total respondents, 48 (52.2%) projects had 1-5 years project life span, 32 (34.8%) projects had 6-10 years project life span, and the remaining 12(13.0%) had more than 11 years project life span. Moreover, the Work Experience composition of respondents in the organization were; 36(39.1%) of the respondents were found between 1-5 years category, 48(52.2%) of respondents were found 6-10 years' work experience category, the remaining 8(8.7%) of respondents were 11-15 years' work experience category. Based on the aforementioned data the researcher concluded that most of the respondents are younger employees of the organizations. In addition, the respondents were from different level of educations. Out of the total respondents, 4(4.3%) has a college diploma, 57(62.0%) have Bachelor degree and 31(33.7%) have a Master's degree. Therefore, 95.7% of respondent have first degree and above. This implies that majority of the employees have the required educational background to respond to the questionnaire.

4.3. Overall Assessment of the M&E Practice and Challenges

4.3.1. Organizational Monitoring and Evaluation System

Table 0.2 Descriptive Statistics on how the M&E is organized

	Mean	Std. Deviation	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
1. There is a comprehensive separate M&E Project Plan, indicating What, why, How of M&E	3.70	.923	2.2	10.9	16.3	56.5	14.1
2. There is a dedicated staff for M&E in the project under consideration	3.77	1.039	6.5	4.3	15.2	53.3	20.7
3. The purpose of your M&E plan is directed towards upward accountability	3.67	.962	2.2	12	18.5	51.1	16.3
4. The purpose of your M&E is directed towards down ward accountability (Results of M&E activities are used for internal purpose & learning)	3.82	1.039	6.5	4.3	10.9	55.4	21.7
5. The difference and relationship between Monitoring and Evaluation is clearly spelled out in the M&E guide/plan	3.95	1.093	4.3	9.8	6.5	45.7	33.7
6. Reporting is made in an explicit and consistent way	4.11	1.021	6.5	-	7.6	47.8	38
7. There is a frequent update and change in the M&E system/ plan for improvement	3.34	1.170	9.8	13	25	38	14.1
8. There is a clearly defined distribution of role for M&E	3.72	1.041	2.2	13	38	41.3	23.9
9. There is sufficient budget allocated for project/program specific to M&E	2.98	1.058	8.7	25	31.5	29.3	5.4
10. Project /program decision making process make use of M&E finding	3.65	.988	4.3	6.5	26.1	45.7	17.4

Source: Own survey 2023

(Nwosu, 2023), discussed How to interpret mean and standard deviation for a Likert type survey. According to (Nwosu, 2023), mean values has to divide in to five categories such as 1.0 to 1.8 as Strongly dis agree, 1.81 - 2.6 as disagree, 2.6 - 3.4 as neutral, 3.41 - 4.2 is agree and above 4.21 to 5.0 is strongly agree category.

The ten areas of organization of the Monitoring & Evaluation system are: availability of a comprehensive separate M&E Project Plan, dedicated staff, upward accountability, down ward accountability, clearly spelled out the difference and relationship between Monitoring and Evaluation guide/plan, explicit and consistent Reports, frequent update and change in the M&E system/ plan for improvement, clearly defined distribution of role for M&E, allocated specific finance for M&E project/program, and Project /program decision making process make use of M&E finding.

Explicit and consistent Reporting was the highest (4.11), in which 85.8% of respondents agreed on it. On the other hand, the budget allocated for project/program specific to M&E was the lowest (2.98) and 33.7% of respondents believe there is no sufficient allocated budget for project specific to M&E, while 25% are neutral about it . This indicates that respondents feel there is no sufficient allocation of budget for specific M&E activities from their organizations.

From the above table 4.3, it can be understood that 72.8% of respondents confirmed there is a comprehensive separate M&E plan while the remaining 13.1% oppose it. A mean score value of 3.77 shows that 74% of respondents agree on presence of a dedicated M&E staff. However, Profession wise, 23.9% of the respondents were Health professionals which implies that in some health facilities there is no specified M&E unit, and the M&E activities are conducted by the staff themselves.

From the top ranked factors with a mean score of (4.11, 3.95, 3.82, 3.77, 3.72, 3.7, 3.67 and 3.65) and grand mean score of 3.67 (table 4.3), the respondents give their data observation that there is relatively well-organized M&E system within the health facilities.

4.3.2. Supportive Supervision of M&E Practice

Table 0.3 Descriptive Statistics for Supportive Supervision on M&E Practice

	Mean	Std. Deviation	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
1. There is a control mechanism on staff who uses HMIS for recording of an accurate and quality data	3.33	.734	1.1	76	5.4	28.3	57.6

2. Performance monitoring team is responsible for monitoring of the service delivery staff (as per the standard).	3.33	.806	1.1	8.6	9.8	20.7	51.4
3. Responsible staffs filled the registers promptly up on service delivery and correctly	3.64	.866	1.1	12	25	59.8	10.9
4. ART unit is responsible for applying of demographic data for planning and performance review	3.86	.844	8.7	-	14.1	51.1	26.1

Source: Own survey 2023

As can be seen from the above table 4.4 the four factors of Monitoring and Evaluation Supportive Practice are: Responsible staffs filled the registers promptly up on service delivery and correctly, Performance monitoring team is responsible for monitoring of the service delivery staff (as per the standard), ART unit is responsible for applying of demographic data for planning and performance review and There is a control mechanism on staff who uses HMIS for recording of an accurate and quality data.

The ART unit is responsible for applying demographic data for planning and performance review was the highest (3.86), implies agreement of the respondents by 82.2%. Both Performance monitoring team is responsible for monitoring of the service delivery staff (as per the standard) and there is a control mechanism on staff who uses HMIS for recording of an accurate and quality data were comparatively scored lowest mean value (3.33). It indicates that supervision is not made within the M&E departments and there is no control mechanism on M&E staff who utilize HMIS. 70.7% of the respondents agree that there is a responsible staffs filled the registers promptly up on service delivery and correctly. Hence, we can understand, there is a presence of ART unit and responsible staff that filled the registers and that apply demographic data.

4.3.3. Monitoring and Evaluation Training Practice

Table 0.4 Descriptive Statistics for Training Practice in M&E System

	Mean	Std. Deviation	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
1. A plan for M&E training is available and given for staff in its application	2.41	.666	3.3	58.7	31.5	6.5	-
2. Training is given for staff on how to register available information provided by the client	2.68	.983	8.7	40.2	27.2	21.7	2.2
3. The focal person or health worker from M&E unit is given training on performance monitoring.	2.54	.895	9.8	40.2	39.1	7.6	3.3

Source: Own survey 2023

The three factors of Monitoring and Evaluation Training Practice are: availability of a plan for M&E training and given for staff according to their application, Training for staff on how to register available information provided by the client, and the focal person or health worker from M&E unit is given training on performance monitoring.

Considering mean rank, the factor “Training is given for staff on how to register available information provided by the client” ranked top (2.68). 48.9% of the respondents disagree while 27.2% of them have neutral opinion regarding the factor. And the factor “A plan for M&E training is available and given for staff in its application” ranked bottom (2.41) because 50% of the respondents claimed that no training is provided on performance monitoring.

Though specific factors can be ranked according to their mean score, two factors are under category of disagree (1.81-2.6) and the remaining one factor is under category of response neutral. Since disagree responses are negative by nature it can be concluded that respondents are not satisfied on monitoring and evaluation training practice and also implementation of specific tasks. Responses suggests that health facilities require effective implementation of Monitoring & Evaluation trainings and work further on planning M&E trainings & provide opportunities for staffs in receiving trainings periodically.

4.3.4. M&E Practice (formatting and scheduling)

Table 0.5 Descriptive Statistics Formatting & Scheduling in M&E Practice

	Mean	Std. Deviation	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
1. All medical records are filled completely	3.50	1.163	4.3	21.7	13	41.3	19.6
2. MRs returned to MRU on daily basis after clients receive their service	3.62	.947	-	16.3	21.7	45.7	16.3
3. Assigned person or one team member collected all required reportable data elements and provided to HMIS focal person monthly	3.66	1.072	1.1	19.6	14.1	42.4	22.8
4. The M&E ART unit display information and updated data according to the reporting period	3.80	1.061	1.1	16.3	12	42.4	28.3
5. Periodic supervision received from Addis Ababa Health Bureau and ICAP ETHIOPIA	3.34	1.112	5.4	22.8	15.2	45.7	10.9

Source: Own survey 2023

Five areas of Monitoring & Evaluation practice formatting and scheduling are: complete recording of medical data, daily returns of MRs to MRU, assigned person or one team member collected all required reportable data elements and provided to HMIS focal person monthly, The M&E ART unit display information and updated data according to the reporting period and Periodic supervision.

The response on the M&E ART unit to display information and updated data according to the reporting period is ranked top with mean score (3.80) showing 70.7% of respondents agree that data are updated & reported within the specific time frame while 17.4 of them disagrees.

Periodic supervision received from Addis Ababa Health Bureau and ICAP ETHIOPIA is ranked bottom with mean value (3.34) and 56.6% of the respondents was claimed there is periodic supervision from responsible bodies.

Four factors in these specific categories and the grand mean (3.5848), lied under response “agree” and since mean scores of these factors are under range of 3.41 to 4.2. The remaining one factor as can be seen on the table 4.6 is in the response category of neutral. Therefore, it can be concluded that the situation to monitoring and evaluation practice specifically in formatting and scheduling is good. However, it requires further work on Periodic supervision received from Addis Ababa Health Bureau and ICAP ETHIOPIA.

4.3.5. M&E Practice (guideline)

Table 0.6 Descriptive Statistics for Guideline use in M&E Practice

	Mean	Std. Deviation	Strongly Disagree	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
1. Clear guideline is given for registration that enable me to discharge my responsibility	2.50	.791	7.6	44.6	39.1	7.6	1.1
2. The ART unit program’s guideline is very detail and it encompasses all the necessary issues of the M&E process.	2.46	.670	3.3	54.3	35.9	6.5	-
3. Guideline given by the supervisors are strictly adhered by the performance monitoring team	2.48	.602	2.2	51.1	43.5	3.3	-
4. The guideline has simplified the monitoring and evaluation of the PEPFAR program	2.38	.644	3.3	60.9	30.4	5.4	-
5. The guidelines are consistent to identification and tracking mechanism for "dropout" and "lost to follow-up" cases	2.45	.618	2.2	55.4	38.0	4.3	-

Source: Own survey 2023

Five factors of Monitoring & Evaluation practice specifically for guidelines are: Clear guideline is given for registration to discharge responsibilities, The ART unit program’s guideline is very detail and it encompasses all the necessary issues of the M&E process, Guideline given by the supervisors are strictly adhered by the performance monitoring team, The guideline has simplified the monitoring and evaluation of the PEPFAR program and The guidelines are consistent to identification and tracking mechanism for "dropout" and "lost to follow-up" cases.

Comparing listed factors on the above table 4.7, availability of Clear guideline of registration that enable the respondents to discharge their responsibilities have highest mean score (2.45). This implies that 52.2% of the respondents confirmed available guidelines are unclear and hindered their performance. Similarly, 57.6% of the respondents negatively responded regarding “guideline given in ART program is not compressive that incorporates all the issues required for Monitoring & Evaluation practice”. This implies that it’s hard to rely on the guideline in practicing the M&E effectively. There is also a problem with adherence of the guideline is supported by 53.3% of the participants and 64.2% of them responded that provided guideline did not effectively facilitate an easy and simplified implementation of M&E practices.

However, from the mean scores of all five factors (2.4522) are under category of disagree (1.8-2.6). This clearly shows that there are gaps that need to be filled by the project team and responsible bodies or senior management regarding M&E guideline and specific issues (according factors listed in the above table).

4.4. Challenges in M&E Practice

Table 0.7 Descriptive statistics of identified challenges in implementing the M&E System

	Mean	Std. Deviation	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
1. The project/ professionals often face challenges regarding M&E practice and system.	3.91	.690	2.2	1.1	12	72.8	12
2. Data reported from staff are consistent and accurate	3.64	1.105	4.3	16.3	9.8	50	19.6
3. In most of the time reports are timely submitted	3.78	.970	2.2	14.1	4.3	62	17.4
4. One of the major factors hindering M&E practice in efficient manner is lack of adequate expertise in the field	3.89	1.000	4.3	6.5	9.8	54.3	25
5. Lack of senior management support from M&E department	3.65	1.053	4.3	9.8	22.8	42.4	20.7
6. Failures of understanding and communication can be taken as a challenge	3.86	.967	2.2	10.9	8.7	55.4	22.8

7. Poor cooperativeness on the job during M&E activities	3.63	1.116	2.2	20.7	12	42.4	22.8
8. Inconsistent use of checklist for successful implementation	3.64	1.033	2.2	17.4	12	51.1	17.4
9. Lack of focus on and throughout the M&E process	3.89	.931	-	12	13	48.9	26.1
10. Application of insufficient resources, particularly for M&E system & activities	4.00	.756	-	4.3	15.2	56.5	23.9
11. Participation of project stakeholders in M&E is non-existent	3.49	1.022	-	23.9	18.5	42.4	15.2

Source: Own survey 2023

Eight challenges of Monitoring & Evaluation practice are those listed on the above table 4.8; Lack of adequate expertise in the field, Lack of senior management support, communication, Poor cooperativeness on the job, Inconsistent use of checklist, Lack of focus, Application of insufficient resources, and Participation of project stakeholders in M&E is non-existent. Mean score of each factor are in the range of 3.49 to 4.00. Therefore, 84.8% of the respondents confirmed the existence of challenges during ART project implementation.

Application of insufficient resources, particularly for M&E system activities have highest mean score (4.0) and were confirmed by 80.4% of the respondents. This suggests that it is required to work more on it compared to the remaining challenges. 79.3% of the respondents agree on lack of adequate expertise in the area of M&E practice which in turn hinders effective implementation and performance of M&E. Similarly, failure of communication & common understanding and lack of focus on & throughout the M&E process considered as challenges by 79.3 % and 75% of the respondents respectively. 68.5% of the respondents indicated that there is lack of regular adherence to provided checklist during the M&E implementation and its process. Lack of cooperation in the workplace and lack of senior management support from M&E department are labeled as challenges with mean scores of 3.63 and 3.65 respectively.

Open ended questions were also provided on challenge parameter concerning respondents' opinion on the reason for "lack of commitment for staff at grass root level for capturing detailed information" some participants reflect their opinion and the researcher summarized possible causes as follows. Most of the respondents agreed that excess amount of work load and poor

satisfaction led them to experience a waning level of engagement or diminished interest in the work environment. In turn, this will affect employee's commitment and effective performance. On the other hand, on average some respondents explained, knowledge gap concerning data quality and data usage; minimum salary; unavailability of updated information; limited capacity & resource including time and lack of awareness are mentioned as factors leading to less staff/employee commitment. Another idea forwarded was, low insight of the participatory program from staff and presence of poor communication among staff & responsible bodies. These listed challenges confirmed the presence of less commitment within health facilities under study.

To sum up, significant challenges encountered in health facilities are; inadequate expertise in the field, insufficient senior management support, Poor communication & cooperativeness on the job, inadequate regular adherence to provided checklist, inadequate regular performance review, Carelessness, Application of insufficient resources, Lack of performance improvement plan and Absence of stakeholder involvement in M&E. Particularly, each challenges needs to be addressed with best solutions for better and effective implementation of the M&E system.

4.5. Coping Methods & Mechanisms

Table 0.8 Descriptive statistics for Coping Methods & Mechanisms to address identified Challenges.

	Mean	Std. Deviation	Strongly Disagree %	Disagree %	Neutral %	Agree %	Strongly Agree %
1. The M&E methods and tools currently employed in assessing project performance and progress is considered efficient.	3.97	.583	-	2.2	12	72.8	13
2. Stakeholder engagement and participation is considered as vital in the M&E process within your organization/ project.	4.09	.706	-	5.4	4.3	66.3	23.9
3. The M&E methods and techniques in measuring the effectiveness and impact of interventions is considered successful.	3.89	.748	-	6.5	14.4	63	16.3

4. M&E findings and recommendations utilized in decision-making and program improvement is productive.	3.92	.774	-	6.5	14.1	59.8	19.6
5. The M&E system is integrated into project planning and implementation to address challenges faced.	3.97	.791	-	6.5	13	57.5	22.8
6. Alternative or mixed M&E methods are utilized in overcoming specific challenges.	3.89	.748	-	4.3	20.7	58.5	18.5

Source: Own survey 2023

Coping method and mechanisms category contains two sections of responses. Respondents replied for six coping methods and mechanisms using Likert scale as ordinal data and it can be seen on the above table 4.9. The remaining two on table 4.10 below addresses questions as multiple choice of nominal data type.

Section one incorporates methods and mechanisms such as: the efficiency of M&E methods and tools for assessing project performance and progress; consideration of Stakeholder engagement and participation; The M&E methods and techniques in measuring the effectiveness and impact of interventions; productivity of M&E findings and recommendations utilized in decision-making and program improvement; The integration of M&E system into project planning and implementation to address challenges faced; and Utilization of alternative or mixed M&E methods in overcoming specific challenges.

Comparing the listed six coping mechanisms and methods 90.2% of the respondents considered Stakeholder engagement and participation (4.09) as vital in the M&E process within their organization/ project. Mean score of each method and mechanisms implied that respondents have agreed on the importance of each factor for further implementations.

85.8 % of respondents confirmed that employed M&E tools and methods are efficient while the remaining 2.2% responded negatively. Integration of M&E system in to project planning and implementation addresses challenges was supported by 80.3% of the respondents while 77% of them confirmed utilizing alternate or mixed M&E methods will help in overcoming challenges.

79.4% of the respondents agreed on the use of M&E findings and recommendations in decision making, while 79.3% of the respondents considered the utilization of M&E methods and techniques as coping mechanisms to overcome challenges.

Table 0.9 Descriptive Statistics for Methods Used In Overcoming the M&E Challenges

	N	Frequency	%
Building staff capacity	92	3	3.3
Minimize the burden of data collection and reporting	92	17	18.5
Develop an integrated M&E system	92	31	33.7
Computerize M&E system	92	34	37
Increased role of management	92	7	7.6
Allot more budget for M&E	92	19	20.7
Limit M&E activities	92	15	16.3
Adopt Participatory approach for M&E	92	42	45.7
Other	92	14	15.2
Valid N (listwise)	92		

Source: Own survey 2023

Section two incorporates issues such as specific methods that the organization utilizes in coping with M&E challenges and possible solutions that can contribute to positively enhance the organization's M&E system. 20.7% of respondents suggested allotting more budget for M&E and 45.7% of them selected adopting a participatory approach as an important coping methods that shall be implemented.

Solutions to address M&E challenges are also suggested by respondents as can be seen on the table 4.10 above. Building staff capacity, minimizing burden of data collection and reporting, develop an M&E system, computerize M&E system, and increase role of managements are solutions suggested by respondents. Of these five factors 37% of respondents reflect their opinion on computerizing M&E system and 33.7 of them indicated, developing an integrated M&E system within their organization will contribute positive M&E enhancement and increase effectiveness.

4.6. Qualitative (Observation) Analysis

During the qualitative part of the study, detailed observations were conducted in a total of 51 health facilities. Out of these, 7 were hospitals, while the remaining facilities were health centers. The purpose of these observations was to closely examine the data recording and reporting activities carried out by the health facilities. Overall, the qualitative part of the study involved conducting in-depth observations in the selected health facilities to gain insights into their data recording and reporting activities.

The observations focused on various aspects of the health facilities' operations related to the monitoring and evaluation of ART project. One important aspect was a review of ART (Antiretroviral Therapy) medical records. These records contain crucial information about the patient's receiving ART, including their treatment history, medication regimens, and clinical progress. By reviewing these records, the researchers were able to gather insights into the quality and completeness of the data recorded by the health facilities. In addition to the ART medical records, the researchers also observed Patient Information Registers. These registers are typically used to capture basic demographic information of patients, such as their names, ages, and contact details.

Furthermore, laboratory analysis result registers were also reviewed as part of the observation process. These registers are essential for tracking and recording laboratory test results conducted for patients. By examining these registers, the researchers assessed the accuracy and timeliness of laboratory data recording and reporting within the health facilities. Lastly, the researchers examined the ART drug dispensing registers. These registers document the dispensing of antiretroviral drugs to patients.

Some of the problems observed were:

- Missing and Unreadable information
- Cancellation of data without making initials
- Erasing data with correction fluid
- No clear SOP on document recording and reporting.
- Unavailability of training records of the standard operating procedures for document recording and reporting, where the SOPs were available.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.1. Introduction

This chapter summarizes the study findings, discussions, conclusions, and suggestions for future research. In this chapter first, the findings which is made from chapter four is summarized, conclusions of the major findings are drawn, and then some possible recommendations are forwarded based on the major findings of the study. The findings are described in accordance with the study's objectives, which were to analyze the monitoring and evaluating practice and challenges of health facilities under technical support of ICAP ETHIOPIA.

5.2. Summary of the Findings

The general objective of this study was to assess the monitoring and evaluation practice and challenges of health facilities technically supported by ICAP ETHIOPIA in Addis Ababa city. The specific objectives were to assess the monitoring and evaluation practices and challenges encountered in health facilities technically supported by ICAP ETHIOPIA and to determine the coping methods & mechanisms utilized in overcoming identified challenges. Census was used to select health facilities under technical support of ICAP ETHIOPIA and purposive sampling was used to select respondents working in the M&E area of the health facilities. The reliability test was done, and Cronbach alpha values were checked to assure the internal consistency of the research instrument. As a result, the overall Cronbach alpha value was .764 which indicates that there is acceptable internal consistency of measurement scales.

From the data analysis and interpretation in the previous chapter, the following summaries of findings are derived.

- The data analysis provides supporting evidence for the presence of an organized Monitoring and Evaluation (M&E) system within the health facilities under study. Majority of the respondents agreed that there is a comprehensive separate M&E system and plan in place, which demonstrates both upward and downward accountability, meaning that there are mechanisms for reporting to higher authorities as well as sharing information within the facilities. It is also indicated that there is a defined distribution of role of M&E between

ART units. As a result of this, reporting is made in an explicit and consistent manner within these health facilities. Even though most of the employees agreed on the presence of dedicated M&E staff, on average it is observed that there is no specific M&E unit in some health facilities under study. Furthermore, most of the respondents disagreed with the notion of an adequate allocated budget specifically for M&E projects. This finding suggests that financial resources allocated for M&E activities may be insufficient or limited, potentially affecting the comprehensive implementation of monitoring and evaluation initiatives within the health facilities. Likewise, the respondents also expressed their disagreement regarding the presence of frequent updates and changes in the M&E system for improvement. These findings suggest the need for further attention and resources to optimize the M&E practices within the health facilities.

- Similarly, there is poor monitoring and evaluation practice regarding Training provision and understanding of M&E Guideline. The analysis of the results revealed that a significant majority of the respondents expressed their disagreement with each of the provided questions. This implies that there exists a noticeable gap in both parameters. Two factors, absence of a clear guideline and lack of adequate training can be considered as challenges causing this gap in each parameter. The confirmation of these factors is also evidenced by the insights gathered from the open-ended questions.
- Regarding the assessment of monitoring and evaluation, the remaining two parameters: supervision and formatting & scheduling; the study showed that there is good monitoring and evaluation practice. In terms of supervision, the result indicates that there is comparatively good monitoring and evaluation practice. And also, the finding highlights that the formatting and scheduling of the study demonstrate a good monitoring and evaluation practice. This suggests that there are well-defined formats and schedules in place for conducting M&E activities within the health facilities. Considering these positive findings in supervision, formatting & scheduling, and organization of M&E, it can be concluded that the overall monitoring and evaluation practice within the health facilities under the technical support of ICAP Ethiopia is good.
- Concerning the assessment of one of the research objectives, the participants' responses regarding the challenges associated with monitoring and evaluation indicate a positive consensus across all the listed factors. This implies that the M&E units within each health

facility unanimously agreed on the challenges but varied with magnitude of response. Overall, the positive agreement among the M&E units regarding the challenges encountered underscores the importance of recognizing and addressing these issues. Thus, this information will give insight for responsible bodies to take an action in dealing with challenges encountered.

- Findings from the coping methods & mechanisms parameter indicated that all participants have agreed on the importance of proposed factors and each factor will have valuable input in dealing with identified challenges. This suggests that the participants, who likely include individuals from the M&E units and other relevant stakeholders, acknowledge the relevance and potential effectiveness of these factors in overcoming the challenges faced in monitoring and evaluation. This agreement provides a solid foundation for implementing targeted interventions and strategies to enhance the monitoring and evaluation practices within the health facilities.
- From the qualitative analysis, findings revealed that, overall, there were relatively good practices in monitoring and evaluation (M&E) related to data recording and reporting activities. However, it is important to note that some recording problems as well as lack of written SOPs on document recording and reporting were also observed during the study. ART medical records, patient information registers, laboratory analysis result registers and ART drug dispensing registers were reviewed and observed well for the analysis.

5.3. CONCLUSION

The study assessed monitoring and evaluation practice of health facilities receiving technical support from ICAP ETHIOPIA as well as exposing challenges these health facilities facing. A descriptive research design was used to describe M&E practice and to identify challenges encountered while implementing monitoring and evaluation practice. The study utilized a quantitative research approach where 92 self-administered questionnaires were filled by health M&E officer and health professionals. That were found to be usable for statistical analysis.

A descriptive statistics were used to summarize the relevant data and infer conclusions. The findings are described in accordance with the study's objectives, which were to analyze the monitoring and evaluating practice and challenges of health facilities under technical support of ICAP ETHIOPIA.

The findings of the study entail that the M&E system in the health facilities under study exists well in which the organization of the overall M&E system shows a positive response supported by having good practices in three parameters. The qualitative analysis also revealed that there is comparatively good M&E overall practice within the health facilities. However, despite the two parameters by the organizations, the findings show limitations and weakness of the training practice and guideline implementation practice. Majority of them indicated that there is no clear guideline, these organizations did not have an organized M&E system and active patient database which facilitate timely decision making and also poor involvement of beneficiaries who are the major stakeholders of the associations in designing the project as well as conducting M&E. In addition, it is observed that there is no sufficient allocation of budget for specific M&E activities from their organizations.

The assessments conducted revealed the presence of obstacles within the health facilities under study when it comes to conducting monitoring and evaluation (M&E) activities. These challenges include inadequate expertise in the field, insufficient senior management support, Poor communication & cooperativeness on the job, inadequate regular adherence to provided checklist, inadequate regular performance review, Carelessness, Application of insufficient resources, lack of performance improvement plan and Absence of stakeholder involvement in M&E.

The findings of the study also revealed the key coping methods and mechanisms recommended by the health facilities to address the challenges encountered. This indicates that all participants recognized the significance of these factors in addressing the identified challenges and believed that each factor could contribute valuable inputs to the coping strategies. These methods are; Building staff capacity, minimize burden of data collection and reporting, develop an M&E system, computerize M&E system and increase role of managements.

5.4. RECOMMENDATION

The data analysis and conclusion in the preceding sections provide some insight about the overall result of the study. In the light of the above conclusion, addressing these issues would be crucial to enhance the effectiveness and efficiency of the M&E practices within the health facilities. By having a clear understanding of the challenges faced by the M&E units, the responsible bodies

should develop targeted strategies and interventions to mitigate and overcome these obstacles. The following recommendations is made by the researcher in addressing key challenges identified:

- The responsible body should develop a comprehensive and standardized guidelines for M&E processes. These guidelines should provide clear instructions, protocols, and procedures to ensure consistency and effectiveness in data collection, analysis, and reporting.
- Adequate training should be provided to ensure a more consistent and accurate understanding and implementation of the M&E system. Training programs should be designed to enhance M&E staff's knowledge and skills in data collection, analysis, and interpretation.
- It is recommended to allocate a dedicated budget specifically for M&E activities within the health facilities. Further attention and resources to optimize the M&E practices should be given to enable the implementation of robust M&E systems, including the procurement of necessary equipment, resources, and personnel.
- Adopting participatory approach; this collaborative approach lead to enhanced effectiveness, efficiency, and quality of the M&E processes, ultimately contributing to improved health outcomes and program management.
- Foster regular updates and improvements: It is important to foster a culture of continuous improvement, conducting regular review and evaluation of the M&E system, and necessary updates should be implemented to address emerging needs and challenges.
- Strengthen collaboration and communication: Enhancing supervision and promoting effective communication between M&E units and other stakeholders should be implemented. This can be achieved by establishing mechanisms for regular feedback, sharing of best practices, and knowledge exchange.
- Document control & handling procedure and training relevant staff on the SOP.

In general, implementing these recommendations, the health facilities under technical support of ICAP ETHIOPIA can strengthen their M&E practices, improve data quality, and enhance evidence-based decision-making. These actions will ultimately contribute to the effectiveness and efficiency of healthcare programs, leading to improved health outcomes for the communities served.

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Annex

Questionnaire for data collection on Monitoring and Evaluation Practice and Challenges of Health Facilities Technically Supported by ICAP ETHIOPIA in Addis Ababa City.

Addis Ababa University

School of commerce

Project Management

Letter of Consent to Participate in the Research

Dear Sir/Madam:

My name is Meazaye Degif. I am a postgraduate student at Addis Ababa University School of Commerce, and currently, I am doing research on the title “Monitoring and Evaluation Practice and Challenges of Health Facilities Technically Supported by ICAP ETHIOPIA in Addis Ababa City” for the partial fulfillment of Masters of Arts in Project Management and you are requested to participate in this research by filling the following questionnaire.

The finding of the study would be significant for the effectiveness of the study. Therefore, your response is highly valuable, and there are no identified risks from participating in this study. The report of the study will only be communicated in aggregate form to protect the identity of the respondents and the finding of the study will be used only for academic purpose.

For any further information, the investigator may be reached at the following addresses.

Meazaye Degif

Email: meazayedegif37@gmail.com

Thank you for your kind cooperation and precious time.

PART ONE- Background Project

Part 1A	Organization Type	1. Health Center	☐
		2. Hospital	☐

Name of the Organization _____

Please select one project supported by ICAP ETHIOPIA that is completed or ongoing which you are very familiar with and provide basic information for subsequent questions.

Title of the Project for review _____

Total Project Budget _____

Part 1B. Project duration 1. 1-5yrs ☐ 2. 6-10yrs ☐ 3. 11+ ☐

Part 1C. No. of project staff _____

Part 1D. Respondents Job position

1. M&E Officer	2. ART Clinic Head	5. Other
3. ART Data Clerk	4. Health Professionals	

Part 1E. Work Experience 1. 1-5yrs ☐ 2. 6-10yrs ☐ 3. 11-15yrs ☐ 4. 15+

Part 1F. Educational level 1. Diploma ☐ 2. Degree ☐ 3. Masters ☐ 4. PhD ☐

Part Two. This Part Deals with Overall Assessment of the M&E Practice

Instructions: Please indicate how much you agree or disagree with each of the following statement by ticking (X) the response box that best reflects your project M&E practice. Please answer all the questions to enhance the objectivity of the research.

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

9	There is sufficient budget allocated for project specific M&E					
10	Project /program decision making process make use of M&E finding					
11	In financial terms, what portion of the project of the total project/ budget allocated to Monitoring and Evaluation? _____					
M&E Practice (supportive supervision)						
1	There is a control mechanism on staff who uses HMIS for recording of an accurate and quality data					
2	Performance monitoring team is responsible for monitoring of the service delivery staff (as per the standard).					
3	Responsible staffs filled the registers promptly up on service delivery and correctly					
4	ART unit is responsible for applying of demographic data for planning and performance review					
M&E Practice (training)						
1	A plan for M&E training is available and given for staff in its application					
2	Training is given for staff on how to register available information provided by the client					
3	The focal person or health worker from M&E unit is given training on performance monitoring.					
M&E Practice (formatting and scheduling)						
1	All medical records are filled completely					
2	MRs returned to MRU on daily basis after clients receive their service					
3	Assigned person or one team member collected all required reportable data elements and provided to HMIS focal person monthly					
4	The M&E ART unit display information and updated according to the reporting period					
5	Periodic supervision received from Addis Ababa Health Bureau and ICAP ETHIOPIA					
M&E Practice (guideline)						
1	Clear guideline is given for registration that enable me to discharge my responsibility					
2	The ART unit program's guideline is very detail and it encompasses all the necessary issues of the M&E process.					
3	Guideline given by the supervisors are strictly adhered by the performance monitoring team					
4	The guideline has simplified the monitoring and evaluation of the PEPFAR program					
5	The guidelines are consistent to identification and tracking mechanism for "dropout" and "lost to follow-up" cases					

Part Three. This Part Deals with Assessment of Major Challenges in the M&E Practice

Challenges in M&E Practice						
S/ N	Assessment Statements/ Question	Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)
1	Data reported from staff are consistent and accurate					
2	In most of the time reports are timely submitted					
3	One of the major factor hindering M&E practice in efficient manner is lack of adequate expertise in the field					
4	Lack of senior management support from M&E department					
5	Failures of understanding and communication can be taken as a challenge					
6	Poor cooperativeness on the job during M&E activities					
7	Inconsistent use of checklist for successful implementation					
8	Lack of focus on and throughout the M&E process					
9	Application of insufficient resources, particularly for M&E system & activities					
10	Participation of project stakeholders in M&E is non-existent					
11	What do you think is the reason for the lack of commitment for staff at grass root level for capturing detailed information? _____					
12	What additional challenges would you like to mention while implementing/ practicing the M&E system in your project/organization? Please specify _____					

Part Four. This Part Deals with Assessment of Coping Mechanisms used to deal with Challenges

Coping Methods & Mechanisms						
S/ N	Assessment Statements/ Question	Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)
1	The M&E methods and tools currently employed in assessing project performance and progress is considered efficient.					
2	Stakeholder engagement and participation is considered as vital in the M&E process within your organization/ project.					
3	The M&E methods and techniques in measuring the effectiveness and impact of interventions is considered successful.					
4	M&E findings and recommendations utilized in decision-making and program improvement is productive.					
5	The M&E system is integrated into project planning and implementation to address challenges faced.					
6	Alternative or mixed M&E methods are utilized in overcoming specific challenges.					
7	Which of the following methods does your organization opt for in coping with M&E challenges?	1. Allot more budget for M&E 2. Limit M&E activities 3. Adopt a participatory approach for M&E 4. Other: _____ _____ _____				
8	Which of the following possible solutions could contribute to positively enhancing your organization's M&E system?	1. Building staff capacity 2. Minimize the burden of data collection and reporting 3. Develop an M&E system 4. Computerize M&E system 5. Increased role of management 6. Other: _____ _____ _____				
9	What recommendation/suggestion would you give that could improve M&E practice and curb the challenges? _____ _____ _____					

List of Health Facilities in Addis Ababa under Technical Support of ICAP ETHIOPIA

No.	REGION	ZONE	FACILITY TYPE	OWNERSHIP	NAME	ZONE NAME	WOREDA NAME
1	Addis Ababa	Akaki Kality	Health Center	Public	Akaki Health Center	Akaki Kality Sub City	Akaki Health Center
2	Addis Ababa	Akaki Kality	Hospital	Public	Tirunesh Beijing Hospital	Tirunesh Beijing Hospital	Akaki Kality Sub City
3	Addis Ababa	Akaki Kality	Health Center	Public	Akaki Kela	Akaki Kality Sub City	Akaki Kela
4	Addis Ababa	Akaki Kality	Health Center	Public	Selam Fire Health Center	Akaki Kality Sub City	Selam Fire Health Center
5	Addis Ababa	Akaki Kality	Health Center	Public	Gelan Health Center	Akaki Kality Sub City	Gelan Health Center
6	Addis Ababa	Akaki Kality	Health Center	Public	Saris Health Center	Akaki Kality Sub City	Saris Health Center
7	Addis Ababa	Akaki Kality	Health Center	Public	Kality Health Center	Akaki Kality Sub City	Kality Health Center
8	Addis Ababa	Akaki Kality	Health Center	Public	Serti Health Center	Akaki Kality Sub City	Serti Health Center
9	Addis Ababa	Akaki Kality	Health Center	Public	Klinto Health Center	Akaki Kality Sub City	Klinto Health Center
10	Addis Ababa	Akaki Kality	Health Center	Public	Tulu Dimtu Health Center	Akaki Kality Sub City	Tulu Dimtu Health Center
11	Addis Ababa	Nefas Silk-Lafto	Health Center	Public	Woreda 02 Health Center	Nifas Silk Lafto Sub City	Woreda 02 Health Center
12	Addis Ababa	Nefas Silk-Lafto	Health Center	Public	Nifas Silk Lafto No 02 Health Center	Nifas Silk Lafto Sub City	Nifas Silk Lafto No 02 Health Center
13	Addis Ababa	Nefas Silk-Lafto	Health Center	Public	Woreda 04Health Center	Nifas Silk Lafto Sub City	Woreda 04Health Center
14	Addis Ababa	Nefas Silk-Lafto	Health Center	Public	Woreda 05 Health Center	Nifas Silk Lafto Sub City	Woreda 05 Health Center
15	Addis Ababa	Nefas Silk-Lafto	Health Center	Public	Woreda 06Health Center	Nifas Silk Lafto Sub City	Woreda 06Health Center
16	Addis Ababa	Nefas Silk-Lafto	Health Center	Public	Nifas Silk Lafto No 01 Health Center	Nifas Silk Lafto Sub City	Nifas Silk Lafto No 01 Health Center
17	Addis Ababa	Nefas Silk-Lafto	Health Center	Public	Woreda 10 Health Center	Nifas Silk Lafto Sub City	Woreda 10 Health Center
18	Addis Ababa	Nefas Silk-Lafto	Health Center	Public	Woreda 11 Health Center	Nifas Silk Lafto Sub City	Woreda 11 Health Center
19	Addis Ababa	Nefas Silk-Lafto	Health Center	Public	Woreda 12Health Center	Nifas Silk Lafto Sub City	Woreda 12Health Center
20	Addis Ababa	Kolfe Keraniyo	Hospital	Public	Alert Specialized Hospital	Alert Specialized Hospital	Kolfe Subcity
21	Addis Ababa	Kolfe Keraniyo	Health Center	Public	Woreda 01 Health Center	Kolfe Subcity	Woreda 01 Health Center
22	Addis Ababa	Kolfe Keraniyo	Health Center	Public	Woreda 03 Health Center	Kolfe Subcity	Woreda 03 Health Center
23	Addis Ababa	Kolfe Keraniyo	Health Center	Public	Alem Bank Health Center	Kolfe Subcity	Alem Bank Health Center
24	Addis Ababa	Kolfe Keraniyo	Health center	Public	Woreda 05 Health Center	Kolfe Subcity	Woreda 05 Health Center
25	Addis Ababa	Kolfe Keraniyo	Health Center	Public	Woreda 06 Health Center	Kolfe Subcity	Woreda 06 Health Center
26	Addis Ababa	Kolfe Keraniyo	Health Center	Public	Keranyo Health Center	Kolfe Subcity	Keranyo Health Center

27	Addis Ababa	Kolfe Keraniyo	Health Center	Public	Woreda9 Health Center	Kolfe Subcity	Woreda9 Health Center
28	Addis Ababa	Kolfe Keraniyo	Health Center	Public	Woreda11 Health Center	Kolfe Subcity	Woreda11 Health Center
29	Addis Ababa	Kolfe Keraniyo	Health Center	Public	Kolfe Health Center	Kolfe Subcity	Kolfe Health Center
30	Addis Ababa	Kolfe Keraniyo	Health Center	Public	Lomi Meda Health Center	Kolfe Subcity	Lomi Meda Health Center
31	Addis Ababa	Kolfe Keraniyo	Health Center	Public	MikililandHealth Center	Kolfe Subcity	MikililandHealth Center
32	Addis Ababa	Gulele	Health Center	Public	Entoto Fana Health Center	Gulele Sub City	Entoto Fana Health Center
33	Addis Ababa	Gulele	Hospital	Public	St. Peter Tb Specialized Hospital	St. Peter Tb Specialized Hospital	Gulele Sub City
34	Addis Ababa	Gulele	Health center	Public	Maychew Health Center	Gulele Sub City	Maychew Health Center
35	Addis Ababa	Gulele	Health Center	Public	Shromeda Health Center	Gulele Sub City	Shromeda Health Center
36	Addis Ababa	Gulele	Health center	Public	Guto Meda Health Center	Gulele Sub City	Guto Meda Health Center
37	Addis Ababa	Gulele	Health Center	Public	TibebBekechene Health Center	Gulele Sub City	TibebBekechene Health Center
38	Addis Ababa	Gulele	Health Center	Public	Addis Hiwot Health Center	Gulele Sub City	Addis Hiwot Health Center
39	Addis Ababa	Gulele	Health Center	Public	Adisu Gebeya Health Center	Gulele Sub City	Adisu Gebeya Health Center
40	Addis Ababa	Gulele	Hospital	Public	St. Paul Specialized Referral Hospital	St. Paul Specialized Referral Hospital	Gulele Sub City
41	Addis Ababa	Gulele	Health Center	Public	Selam Health Center	Gulele Sub City	Selam Health Center
42	Addis Ababa	Gulele	Health Center	Public	Shegole Health center	Gulele Sub City	Shegole Health center
43	Addis Ababa	Lideta	Health Center	Public	Woreda 1 Health Center	Lideta Sub City	Woreda 1 Health Center
44	Addis Ababa	Lideta	Health Center	Public	Woreda 2 Health Center	Lideta Sub City	Woreda 2 Health Center
45	Addis Ababa	Lideta	Health Center	Public	Abnet Health Center	Lideta Sub City	Abnet Health Center
46	Addis Ababa	Lideta	Health Center	Public	W/ro Beletshachew Health Center	Lideta Sub City	W/ro Beletshachew Health Center
47	Addis Ababa	Lideta	Hospital	Public	Tikur Anbessa Specialized Hospital	Tikur Anbessa Specialized Hospital	Lideta Sub City
48	Addis Ababa	Lideta	Health Center	Public	Teklehaymanot Health Center	Lideta Sub City	Teklehaymanot Health Center
49	Addis Ababa	Lideta	Hospital	Public	Balcha Hospital Around Lideta Church	Balcha Hospital Around Lideta Church	Lideta Sub City
50	Addis Ababa	Lideta	Health Center	Public	Lideta Health Center	Lideta Sub City	Lideta Health Center
51	Addis Ababa	Kirkos	Health Center	Public	Efoyeta Health Center	Kirkos Sub City	Efoyeta Health Center
52	Addis Ababa	Kirkos	Health Center	Public	Gotera Masalecha Health Center	Kirkos Sub City	Gotera Masalecha Health Center

53	Addis Ababa	Kirkos	Health Center	Public	Felege Hiwot Health Center	Kirkos Sub City	Felege Hiwot Health Center
54	Addis Ababa	Kirkos	Health Center	Public	Ferese Meda Health Center	Kirkos Sub City	Ferese Meda Health Center
55	Addis Ababa	Kirkos	Health Center	Public	Howot Amba Health Center	Kirkos Sub City	Howot Amba Health Center
56	Addis Ababa	Kirkos	Hospital	Public	Zewditu Memorial General Hospital	Zewditu Memorial General Hospital	Kirkos Sub City
57	Addis Ababa	Kirkos	Hospital	Public	Gandhi Memorial General Hospital	Gandhi Memorial General Hospital	Kirkos Sub City
58	Addis Ababa	Kirkos	Health Center	Public	Kazanchis Health Center	Kirkos Sub City	Kazanchis Health Center
59	Addis Ababa	Kirkos	Health Center	Public	Meshualekia Health Center	Kirkos Sub City	Meshualekia Health Center
60	Addis Ababa	Kirkos	Health Center	Public	Kirkos Health Center	Kirkos Sub City	Kirkos Health Center
61	Addis Ababa	Arada	Health Center	Public	Cherchel Health Center	Arada Sub City WorHO	Cherchel Health Center
62	Addis Ababa	Arada	Health Center	Public	Ras Emeru Health Center	Arada Sub City WorHO	Ras Emeru Health Center
63	Addis Ababa	Arada	Health Center	Public	Simegn Kebede Health Cente	Arada Sub City WorHO	Simegn Kebede Health Cente
64	Addis Ababa	Arada	Hospital	Public	Ras Desta Damtew Memoreal General Hospital	Ras Desta Damtew Memoreal General Hospital	Arada Sub City WorHO
65	Addis Ababa	Arada	Health Center	Public	Semen Health Center	Arada Sub City WorHO	Semen Health Center
66	Addis Ababa	Arada	Health Center	Public	Afinchober Health Center	Arada Sub City WorHO	Afinchober Health Center
67	Addis Ababa	Arada	Hospital	Public	Yekatit 12 Medical College General Hospital	Yekatit 12 Medical College General Hospital	Arada Sub City WorHO
68	Addis Ababa	Arada	Health Center	Public	Janmeda Health Center	Arada Sub City WorHO	Janmeda Health Center
69	Addis Ababa	Arada	Health Center	Public	Kebena Health Center	Arada Sub City WorHO	Kebena Health Center
70	Addis Ababa	Arada	Health Center	Public	Beata Health Center	Arada Sub City WorHO	Beata Health Center
71	Addis Ababa	Arada	Health Center	Public	Arada Health Center	Arada Sub City WorHO	Arada Health Center
72	Addis Ababa	Addis Ketema	Health Center	Public	Ginbot 20 Health center	Addis Ketema Sub City	Ginbot 20 Health center
73	Addis Ababa	Addis Ketema	Health Center	Public	Abisiniya Health center	Addis Ketema Sub City	Abisiniya Health center
74	Addis Ababa	Addis Ketema	Health Center	Public	Worda 03 Health center	Addis Ketema Sub City	Worda 03 Health center
75	Addis Ababa	Addis Ketema	Hospital	Public	Amanuel Referral Hospital	Amanuel Referral Hospital	Addis Ketema Sub City
76	Addis Ababa	Addis Ketema	Health Center	Public	Addis Ketema Health center	Addis Ketema Sub City	Addis Ketema Health center
77	Addis Ababa	Addis Ketema	Health Center	Public	Abebe Bikila Health center	Addis Ketema Sub City	Abebe Bikila Health center
78	Addis Ababa	Addis Ketema	Health Center	Public	Felege Meles Health center	Addis Ketema Sub City	Felege Meles Health center

79	Addis Ababa	Addis Ketema	Health Center	Public	Addis Raey Health center	Addis Ketema Sub City	Addis Raey Health center
80	Addis Ababa	Addis Ketema	Health Center	Public	Millennium Health center	Addis Ketema Sub City	Millennium Health center
81	Addis Ababa	Addis Ketema	Health Center	Public	Woreda 9(7)Kuas meda Hc	Addis Ketema Sub City	Woreda 9(7)Kuas meda Hc
82	Addis Ababa	Addis Ketema	Health Center	Public	woreda 10 Health center	Addis Ketema Sub City	woreda 10 Health center
83	Addis Ababa	Yeka	Health Center	Public	Ferency Acababi Health Center	Yeka Sub City	Ferency Acababi Health Center
84	Addis Ababa	Yeka	Health Center	Public	Entoto No. 2 Health Center	Yeka Sub City	Entoto No. 2 Health Center
85	Addis Ababa	Yeka	Health Center	Public	Entoto No 1 Health Center	Yeka Sub City	Entoto No 1 Health Center
86	Addis Ababa	Yeka	Health Center	Public	Yekoriya Zemachoch Metasebiya Hc	Yeka Sub City	Yekoriya Zemachoch Metasebiya Hc
87	Addis Ababa	Yeka	Hospital	Public	Dagmawi Menilik Referral Hospital	Dagmawi Menilik Referral Hospital	Yeka Sub City
88	Addis Ababa	Yeka	Health Center	Public	Yeka Health Center	Yeka Sub City	Yeka Health Center
89	Addis Ababa	Yeka	Health Center	Public	Woreda 7 Hc	Yeka Sub City	Woreda 7 Hc
90	Addis Ababa	Yeka	Health Center	Public	Woreda 8 Hc	Yeka Sub City	Woreda 8 Hc
91	Addis Ababa	Yeka	Health Center	Public	Kotebe Health Center_	Yeka Sub City	Kotebe Health Center_
92	Addis Ababa	Yeka	Health Center	Public	Woreda 10 Hc	Yeka Sub City	Woreda 10 Hc
93	Addis Ababa	Yeka	Health Center	Public	Raey Health Center	Yeka Sub City	Raey Health Center
94	Addis Ababa	Yeka	Health Center	Public	Woreda 12 Health Center	Yeka Sub City	Woreda 12 Health Center
95	Addis Ababa	Yeka	Health Center	Public	Woreda 13 Health Center	Yeka Sub City	Woreda 13 Health Center
96	Addis Ababa	Bole	Health Center	Public	Bole 17/20 Health Center	Bole Sub City	Bole 17/20 Health Center
97	Addis Ababa	Bole	Health Center	Public	Bole 17/Bole Health Center	Bole Sub City	Bole 17/Bole Health Center
98	Addis Ababa	Bole	Health Center	Public	Amoraw Health Center	Bole Sub City	Amoraw Health Center
99	Addis Ababa	Bole	Health Center	Public	Goro Health center	Bole Sub City	Goro Health center
100	Addis Ababa	Bole	Health Center	Public	Meri Health Center	Bole Sub City	Meri Health Center
101	Addis Ababa	Bole	Health Center	Public	Bole Arabesa Health Center	Bole Sub City	Bole Arabesa Health Center
102	Addis Ababa	Bole	Health Center	Public	Bulbula health center	Bole Sub City	Bulbula health center
103	Addis Ababa	Bole	Health Center	Public	Gergi Health center	Bole Sub City	Gergi Health center
104	Addis Ababa	Bole	Health Center	Public	Dilfre Health Center	Bole Sub City	Dilfre Health Center
105	Addis Ababa	Bole	Health Center	Public	Sumit Health center	Bole Sub City	Sumit Health center