ADDIS ABABA UNIVERSITY

SCHOOL OF COMMERCE

DEPARTMENT OF PROJECT MANAGEMENT

GRADUATE PROGRAM

FACTORS AFFECTING THE MONITORING AND EVALUATION PRACTICES OF HIV/AIDS PROGRAM: THE CASE OF AMHARA REGIONAL HEALTH BUREAU, CDC PROJECT

BY

ABRHAM SHITAW

A Project Report Submitted to Addis Ababa University College of Business and Economics-School of Commerce in Partial Fulfillment of the Requirements for the Degree of Master of Arts in Project Management

Advisor: TEKLEGIORGIS ASSEFA (PhD)

January 2023

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Approved by Board of Examiners

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Internal Examiner	Signature	Date
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External Examiner	Signature	Date

Declaration

I, **Abrham Shitaw Tewachew** declare that this Project titled "**Factors affecting the Monitoring and Evaluation Practices of HIV/AIDS Program: The Case of Amhara Regional Health Bureau, CDC Project**" is my work and that has never been presented or submitted to any University.

Student Name: Abrham Shitaw Tewachew

Signature: _____

Date: _____

Statement of Certification

This is to certify that Abrham Shitaw Tewachew has completed his thesis titled **Factors affecting the Monitoring and Evaluation Practices of HIV/AIDS Program: The Case of Amhara Regional Health Bureau, CDC Project**. As I have evaluated, his thesis is appropriate to be submitted as a partial fulfilment requirement for the award of Master of Art degree in Project Management.

Advisor Name: **Dr. Teklegiorgis Assefa**

Signature: _____

Date: _____

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Abrham Shitaw

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARHB	Amhara Regional Health Bureau
CDC	Center for Disease Control
EPHIA	Ethiopian Public Health Impact Assessment
FBO	Faith Based Organization
FHAPCO	Federal HIV/AIDS Prevention and Control Office
HIV	Human Immune Deficiency Virus
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MOH	Ministry of Health
NGO	Non-Governmental Organization
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
TB	Tuberculosis
USAID	United States Agency for International Development.

Abstract

The participation and ownership feelings of community members for HIV/AIDS prevention and control interventions contributed significantly to the reduction of HIV/AIDS incidence, prevalence, and deaths due to AIDS, in addition to the collaborative efforts of both the Ethiopian government and its development partners. Monitoring and Evaluation must be included in every HIV/AIDS program. The main reason for this is ensuring accountability, transparency, learning from experience, monitoring a project's performance during implementation and the project's outcome after completion, as well as evaluating the project's impact after a long period of time. This study aims to assess the practices of M&E and challenges that Amhara Regional Health Bureau-CDC Project faces while practicing Monitoring Evaluation of HIV/AIDS Projects. A total of 57 study participants were included in the study and data was collected with a structured questionnaire and descriptive analysis was conducted using SPSS v26 as a data analysis tool. The study found that, despite having educated and experienced M&E staff, ARHB did not provide them with training that would qualify them as certified M&E practitioners. They carried out the M&E tasks in the way their forefathers had done so. As a result, the M&E staff lacks appropriate technical understanding in M&E, and as a result, M&E is not practiced in ARHB in accordance with the technical standards outlined in various M&E literatures. Furthermore, differing reporting requirements of different funders, time-consuming M&E operations, a lack of budget for M&E, and a lack of competent human resources in M&E all posed challenges to ARHB's M&E system. Thus, the study recommends that M&E orientation and continuous training for new and existing employees should be given, sufficient budget for M&E activities should be allocated, and continuous support to be given for M&E unit/section/department.

Key Words: ***HIV/AIDS, M&E, Budget, Project, Amhara Regional Health Bureau, CDC***

CHAPTER ONE

1. Introduction

1.1. Background

A monitoring and evaluation (M & E) system is an important tool for any program, as it can accurately pin-point whether a program is making a difference, for whom it is making this difference, and the particular areas of the program that are performing well or are underperforming. Also the information provided by the M & E system can be used to make informed decisions on improving the program and to know whether the investments made in the program in terms of time, effort and resources are paying off or not (Mahamed, 2013).

In the context of M&E it is therefore important to understand the linkages between the elements of a system and by first identifying the elements or components (Zamazulu Mtshali, 2015).A project M&E system has six components that include (1) Clear statements of measurable objectives for the project and its components, (2) a structured set of indicators covering: inputs, process, outputs, outcomes, impact, and exogenous factors, (3) data collection mechanisms capable of monitoring progress over time, including baselines and a means to compare progress and achievements against targets, (4) where applicable building on baselines and data collection with an evaluation framework and methodology capable of establishing causation (i.e. capable of attributing observed change to given interventions or other factors), (5) clear mechanisms for reporting and use of M&E results in decision-making and (6) sustainable organizational arrangements for data collection, management, analysis, and reporting.

The design of an M&E system should start at the same time as the overall project preparation and design, and be subject to the same economic and financial appraisal, at least to achieve the least-cost means of securing the desired objectives. The ‘supply side’ of M&E design should not be overlooked as skilled and well-trained people are required for good quality data collection and analysis. When considering the supply side of M&E, the scarcity of skilled human resource should be considered. Monitoring and evaluation systems must be expanded beyond inputs and outputs - e.g. must include unusual threats to livelihoods, an understanding of the changes in the external environment, social, cultural, environmental and fiscal impact of programs (Frances and Anna, 2017). The reasons for establishing M&E system include to (i) Guide understanding of progress against project objectives, (ii) measure the effectiveness, efficiency and impact of the

project, (iii) meet the internal and external accountability requirement, and (iv) contribute to learning that informs current and future programming (Jane et al., 2011):

Theoretically, it is believed that an M&E system is supposed to be independent so that its findings and recommendations will be credible and socially legitimate. Therefore, it will have the power to influence policy and decision makers at different levels and it will be responsive to the needs of the stakeholders.

Evaluations of existing M&E systems by agencies have shown certain common characteristics, weaknesses, and recurrent problems which are important causes of divergence between the theory of M&E and actual practice in the field. These are worth bringing to the attention of both designers and operators of M&E systems, as problems to be avoided in the future: An M&E system is said to be poor if (a) it collects more data than needed or can be processed, (b) it is inadequate in terms of quantity and quality, (c) it misses or delayed baseline studies, (d) it delays data processing and analysis activities, and presentation of result, and (e) its results are not utilized by project staff and other stakeholders for any reasons (H.S. Bhola, 2006b).

HIV continues to be a major global public health issue, having claimed almost 33 million lives so far. However, with successful implementation of HIV prevention, diagnosis, treatment, and care, including for opportunistic infections, HIV infection has become a manageable chronic health condition, enabling people living with HIV to lead long and healthy lives. (WFP, 2008)

Since the beginning of the epidemic, 84.2 million [64.0–113.0 million] people have been infected with the HIV virus and about 40.1 million [33.6–48.6 million] people have died of HIV. (WHO, 2021)

Globally, 38.4 million [33.9–43.8 million] people were living with HIV at the end of 2021. An estimated 0.7% [0.6-0.8%] of adults aged 15–49 years worldwide are living with HIV, although the burden of the epidemic continues to vary considerably between countries and regions. Africa remains most severely affected, with nearly 1 in every 25 adults (3.4%) living with HIV and accounting for more than two-thirds of the people living with HIV worldwide. (WHO, 2021)

While sub-Saharan Africa makes up only one-tenth of world population, it contains two-thirds of all the HIV infections worldwide. The HIV/AIDS epidemic has caused untold amounts of suffering, bringing about stark reversals in life expectancy, increases in orphans, and taxed the health systems of many sub-Saharan African countries.

The Ethiopian government has made significant investments in strengthening the health system over the past 20 years, guided by pro-poor policies and strategies, which have significantly improved the health status of Ethiopians. These investments have been documented in numerous reports released by the Ethiopian government, international organizations, including UN agencies, as well as academic and non-academic research. As a result, Ethiopia has accomplished the majority of the MDG targets beautifully. MDG-4 success is one of the significant accomplishments, with a 67% drop in under-five mortality from the estimate in 1990, which helped raise the average life expectancy at birth from 45 in 1990 to 64 in 2014. Maternal mortality dropped by 69% from a high base of 1400 per 100,000 live births. Total fertility rate decreased from 7.7 to 4.1 in 2016 because of an increase in contraceptive prevalence from 3% to 42%. (MOH, 2015).

The combined efforts of all engaged parties were responsible for this achievement. The government of Ethiopia and its development partners have made significant efforts to lower HIV/AIDS, TB, and malaria-related mortality and morbidity. The construction and expansion of free ART facilities, among other TB/HIV collaborative measures, resulted in a considerable drop in mortality starting in 2005. Along with the coordinated efforts of the Ethiopian government and its development partners, the involvement and ownership emotions of community people for HIV/AIDS prevention and control initiatives considerably reduced HIV/AIDS incidence, prevalence, and AIDS-related fatalities.

According to the HIV related estimates and projections for Ethiopia (FMOH/FHAPCO, 2012), the adult HIV prevalence is estimated at 1.2% (0.8% in males and 1.6% in females) and the adult HIV incidence stood at 0.03% in 2014. This indicates that Ethiopia has achieved the MDG target of halting and reversing the epidemic well ahead of time by reducing HIV new infection by 90% and mortality by more than 50% among adults in the last decade.

HIV still is of a grave public health concern with a very high transmission rate of 13.29%. The 2021 Ethiopia HIV Estimates report shows that there is a gradual decline in People living with HIV (PLHIV) that were estimated in 612,925 for the year 2021 to 609,34 9in 2022, also adult HIV new infection declined from 8,772 to 8,284 for the year 2021 and 2022, respectively. From the 609,304 estimated PLHIV, there female PLHIV accounts to 380,495 while the rest 228, 854 is estimated to be Males. It also stated that the Annual AIDS related deaths shows a decline from 11,627 to 10,421 from 2021 to 2022. (EPHI, 2022)

Ethiopia is one of only a few sub-Saharan African nations with a "rapid decline" in the prevalence of HIV, with a 50% drop in new pediatric HIV infections between 2009 and 2012. In 2012, there were 41,451 fewer AIDS-related deaths each year than there were in 2002 (106,761). According to empirical data from the AIDS Mortality Surveillance study, AIDS-related deaths decreased steadily between 2001 and 2009. Male AIDS-related mortality decreased from 41% in 2001 to 11% in 2009, and female AIDS-related deaths decreased from 51% to 14% in 2009. Since the ART program was started in 2005, the mortality and incidence rates have decreased by around two thirds. There are more than 750,000 persons living with HIV/AIDS in Ethiopia, despite the incidence and prevalence rates showing a trend toward decline. Moreover, some of Ethiopia's rural and peri-urban areas still have very high HIV prevalence rates. There are also some who exhibit high-risk habits. Urban dwellers and those with upper income and education have a greater prevalence of HIV. (EPHI, 2022)

For implementation of HIV/AIDS programs significant amount of funds were mobilized from international donors such as World Bank, Global Fund, UN Agencies, foreign governments, the government of Ethiopia and the people of Ethiopia. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is the leading donor in the HIV/AIDS program through the US agencies Center for Diseases Control (CDC) and United States Agency for International Development (USAID). The Center for diseases control supports and implements programs through the government structures while the USAID implements through community implementors.

The CDC supports Ministry of Health, Ethiopian Public Health Institute, and Regional Health Bureaus in their effort to achieve epidemic control of HIV/AIDS. Amhara Regional Health Bureau is one of the beneficiaries of this program and it is working extensively towards achieving epidemic control in HIV/AIDS program.

1.2. Statement of Problem

Since the start of supporting the HIV/AIDS programs, several donors promoted about the importance of M&E, and they make it as one of the requirements to get financial support. Thus, in every HIV/AIDS project, it is mandatory to include M&E. The main reasons, among others for such requirement was to ensure accountability, transparency and to learn from experience apart from monitoring the performance of a project during implementation and the outcome of the project after completion as well as to evaluate the impact of the project after long time of the project completion.

To achieve this objective, with the support of donors, training was given on M&E to various employees who are working in different government and non-government organizations especially who are engaged in prevention and control of HIV/AIDS. Because M&E was promoted and become a requirement by donors, it is considered as a donor requirement instead of considering as project management tool. In fact, it is undeniable that M&E is very essential in improving performance of projects. But it is difficult to practice it due to its complexity, multidisciplinary and skill intensive processes nature. Because of the peculiar nature of M&E as well as it is usefulness to ensure accountability, transparency and improve the performance of projects, governments are taking it as crucial tool and they try to integrate it with their existing system though sometimes they put the M&E in their structure without assigning the appropriate person. They did this just to show they have the M&E section/department. Even if M&E has attention of both government and non-government organizations leaders including donors, the practice of M&E is not as per the standards that are stipulated in various M&E literatures. Moreover, those M&E professionals who try to practice M&E face challenges from internal and outside bodies such as not providing the necessary inputs sufficiently. For instance, those employees who are assigned to do M&E fail to perform their activities as per the developed M&E frameworks and did not allow stakeholders to participate in M&E cycle. It is apparent that

as mentioned earlier for prevention and control of HIV/AID huge amount of funds were mobilized from various sources by both federal government as well as regional governments. Also, strategies, and project planning, implementation and M&E guidelines and frameworks were developed and implemented by Amhara Regional Health Bureau- CDC Project and its partners.

This study, therefore, seeks to assess the challenges of monitoring and evaluation in HIV/AIDS Program in Amhara region.

1.3. Research Questions

The main research questions are:

1. How is M&E practice understood and interpreted in Amhara regional Health Bureau CDC Project?
2. What are the challenges of implementing M&E in Amhara regional Health Bureau CDC Project?
3. How does the selection of tools, techniques and the technical expertise of the staff influence the effectiveness and performance of M&E systems in Amhara regional Health Bureau CDC Project?

1.4. Objectives of the study

1.4.1. General objective

The general objective of this study is to assess the practices of M&E and challenges that Amhara Regional Health Bureau-CDC Project faces while practicing M&E.

1.4.2. Specific Objectives

The specific objectives of this study are the following:

- Assess local practices of M&E in Amhara Regional Health Bureau-CDC Project.
- To identify challenges that Amhara Regional Health Bureau-CDC Project encountered during implementation of M&E.
- To find out whether project managers and officers in HIV/AIDS program are effectively using monitoring and evaluation system.

1.5. Significance of the study

This study serves significantly for academic and program personnel in understanding the practical aspects and challenges of monitoring and evaluation of programs specific to HIV. Specifically, the Amhara Regional Health Bureau-CDC Project can utilize the findings and recommendations for further learning and improvement.

The management of Amhara Regional Health Bureau- CDC Project, donors, and other stakeholders understand the importance of M&E and will provide the necessary support to improve the practices of M&E.

- Amhara Regional Health Bureau- CDC Project will design strategies to overcome the identified challenges.
- Amhara Regional Health Bureau- CDC Project will benefit from the contribution of M&E in ensuring the existence of accountability and transparency during implementation of projects.

This study is the first in the region to assess the practices and challenges of monitoring and evaluation in HIV/AIDS Program in Amhara region and will serve as a benchmark for fellow researchers, program managers and M&E officers.

1.6. Scope of the study

The scope of the study is limited to the Amhara Regional Health Bureau- CDC Project and its beneficiaries. It was conducted in Amhara Regional State Health Bureau and its implementing 14 zones. The Study was conducted in Zones and Health facilities where the CDC project is being implemented. The time of the study was December 2022.

1.7. Limitation of the Study

During this research, the researcher encountered problems of in accessing adequate information in timely bases for the research. In addition, qualitative data collection and analysis was not used to identify data variables that can not be collected through the quantitative method.

1.8. Organization of the study

The study is organized into five chapters. **Chapter one** is the introduction which consists of background of the study, statement of the problem, significance of the study, Research objectives, research questions, and organization of the study. **Chapter Two** contains the literature review and conceptual framework which outlines the relationship between the dependent and independent variables. **Chapter three** consists of the research methodology, which is divided into research design, target population, sample size and sampling procedure, data collection procedures, and data analysis techniques**. Chapter four** covered analysis of the data gathered and provided a solid interpretation of these data. The final chapter, **chapter five** covers summary of this study, the conclusion, and recommendations.

CHAPTER TWO

2. Literature Review

2.1. Theoretical Review

Theories of Monitoring and Evaluation

"Without theory it is hard to talk about practice and without practice, theory has no meaning." (Moll, 1990)

A theory is defined as a set of statements or principles devised to explain a group of facts or phenomena especially one that has been repeatedly tested or is widely accepted and can be used to make predictions about natural phenomena. Wilkins (1964), as cited in Anthony, defined theory as "a plausible explanation about reality that must now be tested" (Anthony, 2000). According to Davidson (2008), as cited in Abalang J. A., a theory is "a set of properly argued ideas intended to explain a phenomenal by specifying variables of the laws that relate the variables to each other" (Abalang, 2016)

Theories are analytical tools for understanding, explaining, and making predictions about a given subject matter (Bickman. L., 1987). The theory and methodology of M&E went back to the 1960s and 70s when social programs were developed on a grand scale and heavily supported by US federal funding under the policies of the "War on Poverty" and the "Great Society" (Rossi et al., 2004). Since then new theories of evaluation practice, methods, and tools were developed and refined to address a much broader and diverse range of evaluation practice challenges. Currently, the theory and practice of M&E moved from linearity to a systems view (H.S. Bhola, 2006a).

A theoretical framework of M&E is defined as a collection of interrelated concepts, that guides research by determining what should be measure, and what statistical relationships will be looked for (Abalang, 2016). In this section some of evaluation theories and the theoretical frameworks are discussed briefly as follows.

Theories of evaluation

There are several theories on evaluation that reflect different perspectives and argument. Among those theories of evaluation, the most common theories are briefly discussed as follows.

A) Evaluation theory: As Miller (Ilan Katz et al, 2010) suggests, 'evaluation theory is intended to provide evaluators with the bases for making the myriad of decisions that are

part of designing and conducting an evaluation'. According to this theory, an evaluator will be able to determine the role of the evaluator and the relationship to the subject/s of the evaluation, select evaluation questions and matching with suitable methods as well as participants, and the information needed (Ilan et al., 2016).

Contrary to the above definitions, Anthony (2000) argued that it is not fair to use the term 'evaluation theory' because (a) even if all evaluations test some theory, they do not test the important links in the causal pathway, (b) evaluation theorists do not agree on the use of the term "theory based" or "theory based" for evaluation that has some theoretical implication (c) some are stretching these terms to the point at which every evaluation that goes beyond the "black box" is labelled theoretically driven, (d) black-box evaluations that test the effects of interventions that have good empirical underpinnings are being labelled theory-based, and (e) the word theory is used in at least four major approaches (theory-based, theory-driven, theory of-action in PDE, and what constitutes a theory in each one is described a bit differently (Anthony, 2000).

Despite the existence of perspective difference on the existence of evaluation theory, this research supports the first perspective that says there is evaluation theory and tries to assess the outlooks in relation to this argument as follows.

Evaluation theory is also called theory based evaluation. It looks at how a change occurs and needs to be supported by an outcome evaluation, which captures the results (the 'then' part of the 'if' / 'then' statement). One such form of outcome evaluation could be Outcome Mapping, which attempts to depict the relationship between strategies and intended results. These results will include both short-and longer-term outcomes and may also reflect changes at different levels (Earl et al., 2001). The benefits of evaluation theory are (a) helps to assesses project effectiveness in achieving its goals and in determining the relevance and sustainability of an on-going project and (b) helps to compare the project impact with what was set to be achieved in the project plan (Abalang, 2016). However, evaluation theory has its own limitations such as "for any evaluation process for projects to be successfully done must be done within a supportive institutional framework" (Abalang, 2016). This implies that evaluation cannot be done in developing countries where such problem is prevalent.

B) **Systems Theory:** System theory is concerned with the concept of systems understood as 'wholes'. The notion of a 'system' is understood as "a set of elements connected together which form a whole, this showing properties which are properties of the whole, rather

than properties of its component parts" (Jes Hejbøll and Mads, 2009). Systems thinking' imply that the world can be understood in terms of complex interacting 'wholes' that have inherent characteristics attributable to 'wholeness' rather than properties of component parts. Within systems theory Peter Checkland, as cited in Jes Hejbøll Larsen & Mads Østerbye, conceived a way of 'thinking about systems' to make the theory as a 'whole' more practically applicable with specific reference to the complexity of, what he called "Human Activity Systems." (Jes Hejbøll and Mads, 2009).

Checkland invented two types of system under system theory: hard system and soft system. Hard systems are associated with systems engineering and system analysis approaches that influenced early project management practice. Hard systems work along clear logic linkages and assume a high level of linearity, and research in this way of thinking is responsible for the introduction of inputs, outputs, and project logic models (such as the LFA) into management practice (Jes Hejbøll and Mads, 2009). When applied to social systems, hard systems approaches have been highly criticized for oversimplifying a complex reality, by operating on the assumption of closed system conditions–which we have shown in this paper to be a rare scenario in social development practice (Jes Hejbøll and Mads, 2009).

The soft system recognizes that in some situations, part of the problem is to define the nature of the problem(s), wherefore solutions are difficult to plan. The notion of this system emerged from Checkland's work with describing human activity systems, when applying systems engineering as a problem solving model. Soft systems problems are characterized as unstructured, meaning that "the designation of objectives itself is problematic." (Jes Hejbøll and Mads, 2009).

C) Social science theory

Fortunately, in the last decade in particular, much progress has been made on incorporating social science theory into evaluation, primarily in the health field. Indeed, evaluators are being encouraged to engage in theory testing and/or logic model development (Hornik and Yanovitzky, 2003). An evaluation research team typically consists of program staff in charge of program planning and a program evaluator. Often, project/program evaluators are considered as social scientists. Yin (2003), Cole (1999) and Noar (2006) argue that a project/program evaluation team should have theorist otherwise the evaluation activity is a futile exercise and wasting resources. Thus, all project/program evaluator and also other project team members should beinvolved in theory/logic model development so that the theoretical underpinnings of the project are grounded in more than evaluator assumptions (Cole, 1999; Noar, 2006; Yin, 2003).

D) Scale-up Theory

Scale-up theory suggests that the scale-up process almost always takes place in complex systems with emerging characteristics. In such settings the outputs and outcomes that seem prudent to measure initially may turn out to be less useful over time. While traditional formative (process) and summative (outcome) evaluation is useful once an innovation has been established and scaled up, M&E during scale-up calls for different evaluation approaches. One such approach, developmental evaluation, offers a fresh and dynamic perspective on evaluation and explicitly takes complexity and use of M&E information into account. A main tenet of developmental evaluation is that it seeks to gain an understanding of the emergent dynamics and interactions that occur during implementation. Developmental evaluators themselves are not usually external to the innovation and implementation process but are part of the scale-up process. This not only gives the evaluator intimate knowledge of the innovation and context for implementation but also access to stakeholders who are engaged in the process. It also allows for the learning that takes place through evaluation to be immediately applied (FAM, 2013).

E) Program Theory

Program theory is commonly called as the function of a program theory. This is to ascertain the theoretical sensibility of the program. Program theory is a theory that consists of the organizational plan which deals with how to garner, configure, and deploy resources, and how to organize program activities so that the intended service system is developed and maintained. (Glynn Sharpe, 2011, Lipsey, 2000, Reynolds, 1998, Rogers P. J., 2000b, Rogers, 2000c, Rogers P. et al., 2000a, Rossi et al., 2004). This theory consists of a set of statements that describe a particular program, explain why, how, and under what conditions the program effects occur, predict the outcomes of the program, and specify the requirements necessary to bring about the desired program effects (Sidani and Sechrest, 1999, Glynn Sharpe, 2011, Abalang, 2016). Program theory has three components-activities, output or outcome and the means to that will be used to achieve the intended outcome. In this theory, the critical inputs, the components of a program, how the components will be delivered, the amount of treatment required to induce outcome and the required aspects to produce the expected outcome are described in detail. These processes ultimately contribute to achieving the desired outcome. (Glynn Sharpe, 2011, Sidani and Sechrest, 1999, Lipsey, 2000).

F) Theory of Change

Theory of change is part of the program theory that emerged in the 1990s as an improvement to the evaluation theory. A theory of change is a tool used for developing solutions to complex social problems. It provides a comprehensive picture of early and intermediate term changes that are needed to reach a long term set goal. It therefore provides a model of how a project should work, which can be tested and refined through monitoring and evaluation. A theory of change is also a specific and measurable description of change that forms the basis for planning, implementation, and evaluation. Most projects have a theory of change although they are usually assumed. The theory of changes helps in developing comprehensible frameworks for monitoring and evaluation. It is mainly used by NGOs and donors to articulate long term impact on projects (Wachamba, 2013)

G) Theory-based Evaluations

Following the development of program theory, the process of conducting a theory-based evaluation can commence to test the model hypothesized to explain the program and the mechanisms utilized to reach the intended outcomes (Glynn Sharpe, 2011, Rogers, 2000c, Rogers P. J., 2000b, Rogers P. et al., 2000a). Theory-based evaluation has similarities to the Log Frame approach but allows a much more in-depth understanding of the workings of a program or activity—the "program theory" or "program logic." It need not assume simple linear cause-and effect relationships (World Bank, 2004). While conducting theory based evaluation, an evaluator should investigate several vital components in order to make the findings reliable, valid, meaningful, and interpretable. Furthermore, an evaluator should consider the intended purpose of the findings and the level of complexity before he/she start the evaluation in that these two issues will direct the purpose and intricacy of the evaluation (Rogers P. et al., 2000a, Lipsey, 2000, Glynn Sharpe, 2011).

H) Stakeholders' theory

A stakeholder is "any group or individual who can affect or is affected by the achievement of an organization's objectives". According to stakeholders' theory, M&E of development projects as well as projects are owned collectively by members of political communities to address the different needs of stakeholders. Anyone that violates the rules and regulations issued by the country government will be penalized. In aggregate, the above views point to the fact that there is a positive relationship between stakeholder pressures and the effectiveness of monitoring and evaluation. The above theory relates to stakeholder involvement on monitoring and evaluation on performance of water projects (Fredrick and Makori, 2016).

I) Theory of constraints

According to Goldratt, a project network may be constrained by both resources and technical dependencies. He called this situation as "critical chain" because the project is trapped due to lack of resources and technical supports. Each type of constraint can create task dependencies, and in the case of resource constraints, new task dependencies can be created! The critical chain refers to the longest string of dependencies that exist on the project. Goldratt uses the critical chain concept to develop strategies for accelerating the completion of projects. These strategies are based on his observations about time estimates of individual activities (Erik W. Larson and Clifford F. Gray, 2011).

Approaches of Monitoring and Evaluation

Effectiveness of project monitoring and evaluation is dependent on the approach of M&E. There are various M&E approaches that are pronounced by M&E practitioners and researchers. Among these approaches the two M&E approaches that are logical approach and pragmatic approach are discussed briefly as follows. Logical approach uses frameworks for formal systematic analysis while pragmatic approach, that is inherently orderly and structured, allows for greater flexibility and immediate reactions to achieve outputs (Darrell, 2013).

i. Logical framework Approach.

Various organizations that are engaged in managing different types of projects/programs for designing, monitoring, and evaluating projects/programs use logical framework approach (LFA) as a tool (Charles and Humam, 2015). This approach was developed during late 1960s in a response to several project evaluations, which had identified certain elements responsible for the limited success that USAID endured. The Logical Framework was initially used by the USAID to make a standardized presentation of projects to systemize their project approval. The thought behind LFA came from Management by Objectives (MBO), which is a tradition within American management science. Following USAID, various aid organizations use LFA for their project planning, monitoring and evaluation up to now (Jes Hejbøll and Mads, 2009, Roduner et al., 2008). To use this approach, the project/program intended for implementation should have both goals and objectives (Darrell, 2013).

ii. Outcome Mapping Approach

Outcome Mapping (OM) was developed a decade ago by the Canadian International Development Research Centre (IDRC) an alternative approach to overcome the weaknesses of LFA. planning, monitoring, and evaluating development impact (Earl et al., 2001). Outcome

Mapping focuses on ‘outcomes’, defined as the changes in behavior, relationships, activities, and action of the people with whom a program works directly (so called ‘boundary partners’). In practical terms, OM consists of a set of tools and guidelines for steering projector program teams through an iterative process to identify their desired change and to work together with boundary partners to bring about the anticipated changes. Outcome Mapping allows modification of the interventions over time according to the complexity of the change process. Unlike LFAs, OM balances learning and multiple accountabilities, by identifying the use of M&E data and by employing participatory and use-oriented approaches to M&E (Kees et al., 2013)

iii. A Pragmatic Approach

A pragmatic approach was developed by the pragmatic philosophical school of thought that has interest to link the practice with theory. Indeed, in this instance, theory arises out of practice or what should be done in the real world. In fact, this idea was pronounced by those people who forwarded normative recommendation to answer for the question what should be done to achieve clarity and comprehension. Applying a normative approach to M&E focused on collection of information and use of collected data to measure effectiveness and efficiency. Whereas pragmatic approach to M&E would entail measuring risk by considering two factors that is the impact of the measurable objective under consideration and the likelihood that objective will have an impact (Darrell, 2013). In other words, a pragmatic approach to M&E will involve risk analysis where the findings and outcomes are illustrated by way of a grid or matrix to summarize low to high potential for achieving objective.

Pragmatic approach to M&E is ideal approach however in the real world practitioners are limited to use it always or as they want due to different constraints.

Definition of Monitoring

Monitoring was defined differently by different scholars depending on their situation. Nonetheless, apart from minor phrasing variances, the bulk of them defined or explained monitoring in a manner similar to the following. "Monitoring is a routine or continuous activity that involves the systematic gathering and analysis of data during the life of a project in accordance with pre-set methods and indicators to determine the project's success or failure." (Jaap Koot, ACF, 2011, FHI, 2004, Kersty H al., 2013, Khatiala, 2013, UDS, 2017, Bamberger and E., 1986, Cleland and Ireland, 2002, Francis Nyaga Karani et al., 2014, Zamazulu Mtshali, 2015).

Monitoring was defined differently by the South African Council on Higher Education as "a specific type of formative evaluation that depends on routine management information to establish whether a program is reaching its aims or outcomes, or what changes have occurred in a state." (CHE, 2004).

Benefits of Monitoring

According to various literatures, monitoring will

(i) Help the organization to check the efficiency and effectiveness of a project,

(ii) Serve as a starting point for evaluation,

(iii) Help to check systematically the conditions and situation of beneficiaries,

(iv) Help to improve both the design and performance of a project by overcoming challenges that a project faces because it provides feedback to the project management regularly,

(v) Enable the project management to identify the variation between plan and actual performance of the project if the project/program allocated sufficient financial and human resources for monitoring, and it is implemented properly (Francis Nyaga Karani et al., 2014, jane et al., 2011, UNICEF, ACF, 2011)

Types of Monitoring

There are nine types of monitoring (ACF, 2011).

a. **Result/progress monitoring**: evaluates the project's impact and change in terms of the three tiers of results (outputs, outcomes and impact).

b. **Process or activity monitoring**: focuses on determining if resources or inputs (e.g., finances, items in kind, human resources) are being used at the intended pace and whether activities are being carried out in accordance with activity plans to deliver outputs.

c. **Financial monitoring**: entails two actions: comparing the money generated and the expenses incurred to the plan and comparing the actual cost of inputs and activities to the budget. These will aid in determining the financial gap that exists between income and expenditure, as well as actual cost and budgeted cost.

d. **Beneficiary monitoring**: compares beneficiaries' perceptions and satisfaction with the project, as well as the satisfaction they obtained from the project, by collecting feedback or comments from them and other stakeholders through various mechanisms such as, but not

limited to, feedback (comment) boxes, regular community meetings, monitoring visits, and so on.

e. **Context monitoring**: assess the changes that occurred in the context in which the project is being conducted. The changes in context will include funding, political, security and legislative context.
f. **Market monitoring**: evaluates market changes such as product availability and pricing to determine supply and demand for goods/services.
g. **Compliance monitoring:** attempts to determine whether a project is operating in line with the rules and regulations stipulated in the project document, contract agreement, key sector standards, and national laws and regulations.
h. **Risk or assumption monitoring**: This type of monitoring is conducted to identify whether there is any change in assumptions made about the project and risks to it.
i. **Capacity monitoring**: determine whether the project's capacity development actions among recipients, communities, and/or organizations were sustainable after the project ended.

Definitions of evaluation

Evaluation has been characterized in various ways by various researchers and organizations. Though the manner they defined evaluation differs only in phrasing, the following definition encompasses the entire concept that they mentioned in their definition of evaluation. "Evaluation is a scientifically based assessment that involves the systematic collection of information about the activities, characteristics, and outcomes of a specific program to determine its merit or worth, efficiency, effectiveness, impact, to indicate whether a project is on track to achieve the intended goal, and to confirm whether the benefits generated by the project are shared among different groups." (UNICEF; PSC, 2008; UNDP, 2009; Kusek and Rist, 2004, ACF, 2011; Barasa, 2014; Beryl Mohr et al., n.d., FHI, 2004; Khatiala, 2013; Shapiro J., 2011; UDS, 2017; Wachamba, 2013; WHO, 2009; Zamazulu, 2015; Francis Karani et al, 2014).

Purpose of Evaluation

According to various scholars the objective of evaluation is to determine the relevance and fulfillment of objectives, development efficiency, effectiveness, impact, and sustainability. (PSC, 2008, UDS, 2017, CHE, 2004)

Methods of Evaluation

Though evaluation methods differ depending on the goal of the evaluation, there are two evaluation approaches that are briefly explained below:

a) **Accountability-oriented evaluation method:** This approach attempts to hold implementers accountable for the extent to which expected aims and results (especially impact) have been realized, and if not, why not. External and independent evaluators employ this strategy. (ACF, 2011).

b) **Learning-oriented evaluation method:** This strategy also attempts to analyze and draw lessons learnt from why things succeeded or did not work by focusing on the activity process.

Benefits of Evaluation

The benefit of evaluation includes.

(i) Providing credible and useful information for decision-making by both recipients and donors,

(ii) Helping to assess the changes occurred among the target group members because of the intervention.

(iii) Enables to know to what extent the project had achieved its objective and was effective during implementation,

(iv) Helping to track the outcomes and impacts of programs or projects at the larger population level rather than at project/program level (PSC, 2008, UDS, 2017).

Types of Evaluation

There are several types of evaluations and among these the most known are discussed below.

i. **Formative evaluation** is an evaluation that is conducted while a project/program is on-going with the intention of improving the strategy or way of functioning of the project or organization (Francis Nyaga Karani et al., 2014). As this type of evaluation is conducted at the early stages of the project implementation and focuses on the utilization of resources, the findings of the evaluation will serve as feedback to the project implementers (Beryl Mohr et al., n.d., Abalang, 2016).

ii. **Summative evaluation:** is an opposite of formative evaluation in that it is carried out after the completion of a project/program. This type of evaluation measures the

intervention outcomes; documents intervention processes, helps to draw lessons and provides information on the effectiveness of the intervention (Beryl Mohr et al., n.d.).

iii. **Mid-term evaluation.** This is a formative evaluation that is conducted at the mid of the project implementation period and assess performance of the project and identify the external or internal factors that affect the project performance (Beryl Mohr et al., n.d., Abalang, 2016).

iv. **End-of-project evaluations:** This is also known as end term evaluation and terminal evaluation. This is summative evaluation that is conducted by independent external evaluator at the end of a project to assess whether the project achieved the intended objectives (ACF, 2011).

v. **Impact evaluation or ex-post evaluation:** This is also summative evaluation which will be undertaken sometime after project is phased out to assess whether the project has brought long-term changes among beneficiaries and their community members (ACF, 2011).

vi. **Meta-evaluation:** This is different type of evaluation that is designed to aggregate findings or draw common findings from a series of evaluations (ACF, 2011).

vii. **Real-time evaluations (RTEs):** These are conducted during a project's implementation to get real-time analysis of progress against higher-level objectives and facilitate immediate recommendations on changes to the project to improve implementation.

Monitoring and evaluation (M&E)

Even though monitoring and evaluation have their own definitions and appear to be distinct, they are in fact interrelated and complimentary (Kusek and Rist, 2004, UDS, 2017). Monitoring and evaluation (M&E) can be defined as the acquisition, analysis, and application of relevant, accurate, timely, and cost-effective information from diverse sources for the purposes of program improvement, decision-making, and demonstrating accountability and project effectiveness or output. (UNAIDS, 2011, Mackay, n.d., Caroline Stem et al., 2003, Francis Nyaga Karani et al., 2014, Beryl Mohr et al., n.d., Zamazulu Mtshali, 2015).

Benefits of Monitoring and Evaluation

Monitoring and evaluation also assists in making timely and effective decisions, planning for the future of an intervention by examining opportunities, and evaluating the relative worth of various activities, the efficiency of various procedures, and the effects of an intervention on the target population. (Beryl Mohr et al., n.d.).

2.2. Empirical Reviews

Many nations in the world implement M&E system. There are some African countries that implemented M&E system. Among those African countries that implemented M&E system, the results of seven African countries are presented briefly as follows.

Kenya

A study conducted in Kenya on the determinants of effective M&E of government funded water projects, reveals that the M&E system of the projects obtained government support in terms of leadership and allocation of sufficient budget. The support provided, made the M&E system effective and sustainable. As a result of this, the M&E system has had some influence on the government budget process. However, the M&E system was suffering from lack of participation of key stakeholders, human capital, and infrastructural challenges (Fredrick and Makori, 2016, CLEAR, 2012).

Bennin

In Bennin, the M&E system has adequate capacity and high level of political support for M&E. Nevertheless, it had three challenges that is (a) to collect data from the pertinent population group and to access the collected and processed data, (b) shortage of M&E professionals though the existing few M&E staff obtained basic M&E training, and (c) the Information gathered through the M&E system was not sufficiently taken into account by the concerned bodies (CLEAR, 2012).

Ghana

In Ghana, the M&E system was an integral part of the policy formulation and implementation process. Because of this, the output of the M&E process was used for, amongst others, informing national development planning, policy dialogue within government and with civil society organizations and development partners. However, Ghana's M&E system had some challenges

such as severe financial, institutional, operational and technical capacity constraints; and fragmented and uncoordinated information, particularly at the sector level (CLEAR, 2012).

Uganda

In Uganda, the M&E system is coordinated by a unit in the Office of the Prime Minister (OPM). The evaluation tools prepared by the M&E system is presently used by government include ministerial policy statements and budget framework papers, halfannual and annual cabinet retreats to review government performance, the community information system, the annual budget performance report. Nevertheless, Uganda's M&E system has some challenges that include (a) data harmonization at all levels, (b) lack of professional capacity in terms of skills and experience in M&E, (c) the demand for M&E products for informed decision making by policy makers was low, (d) the incentive framework to drive M&E practices in public service systems is also still weak, and (e) poor information dissemination and the inability of the institution to build capacity for the timely generation and distribution of information (CLEAR, 2012).

South Africa

In South Africa, as compared to other African countries, the practice and acceptability of M&E is high. This happened because of the opportunities existed in the country for instance the political commitment of the country's leaders at top level, the existing enabling environment created by the government, the opportunities created to influence public sector reform, M&E is taken as national agenda by the government, M&E is linked with National Productivity Institute, and learning from others.

Nevertheless, the M&E system in South Africa is not free from challenges. These challenges were lack of hands on political leadership, the sustainability across political cycle is questionable, the absence of clear understanding about M&E system among stakeholders, fragmented and poor data systems, lack of coherence and consistency across national government, High expectations for M&E to deliver quickly, lack of M&E culture and skills, little public communication and lack of practical technical mechanism to build alliances and strong work relationships (CLEAR, 2012).

Burundi

In Burudni also the availability of structure within the presidency, the stability for new system and the involvement of all parties in M&E were taken as opportunities to implement M&E system in the country. However, the challenges in this country were the fragmentation of M&E management in government, limited capacity to collect statistical data, lack of finance for M&E and low commitment of sector ministers.

Ethiopia

Unlike the above mentioned countries, there is no information about the existence of opportunities for M&E system in Ethiopia. Rather, only the challenges are mentioned in few documents. According to these documents, the challenges of M&E system in Ethiopia, include, lack of awareness and understanding of the benefits of evaluation, knowledge gap in the technical application of evaluation principles, techniques, tools as well as the design of appropriate M&E system, absence of harmonized M&E processes, guidelines, and structures with details of data collection and analysis methods, data quality assurance, and feedback mechanism from local to the national level, absence of strong statistical system and technologies that deliver on the data needs of M&E system, lack of coordination and harmonization among evaluation capacity development approaches, existence of different types of M&E system which makes data aggregation difficult, and limited focus on impact (Fasika, 2013).

From the above mentioned points it is possible to conclude that M&E system in Africa has little opportunities and various challenges. The challenges are most of them emanated from lack or absence leadership commitment and enforcement of law.

The practices of M&E system at organizational level

Those studies that focused on assessing the practices of M&E system observed that organizations:

A. Did not have skilled human resource for M&E system
B. Failed to integrate the M&E system with their existing working system
C. Did not coordinate the M&E system due to absence of standardized tools for consistent
D. And uniform reporting (Zamazulu Mtshali, 2015)
E. Did not allocate sufficient budget for M&E system (Tengan et al., 2014).

Another study that was conducted on effective use of monitoring and evaluation systems in managing HIV/AIDS related projects revealed that the M&E system of NGOs was effective mainly due to the participation of stakeholders and the M&E process implementation helped in ensuring the utilization of funds and capacity of M&E staff. (Francis Nyaga Karani et al., 2014).

2.3. The Importance of Monitoring and Evaluation in HIV/AIDS Program

In the environment of heavily donor-funded projects and other reporting requirements, monitoring and evaluation of HIV/AIDS programs is critical. It serves as a resource mobilization tool and a guide for resource allocation in shaping the national response to this pandemic. However, implementers face challenges such as a lack of standardized ongoing skill building for monitoring and evaluation officials, as well as a lack of uniformity in approaches, tools, and methods used in developing the framework.

Monitoring and evaluation are crucial for HIV/AIDS initiatives, according to UNAIDS. Program managers can choose how to deploy resources to get the greatest overall outcome by tracking what is being done and determining if the program is having an impact attributable to monitoring and evaluation. M&E is crucial for HIV/AIDS preventive and control programs because it will assist funders, government officials, beneficiaries, and other stakeholders in making sure that the finest services are delivered on time and fairly to the targeted demographic and chosen beneficiaries.

The overall HIV program can be affected by influential individuals, including political lobbies, religious leaders, and the general public for a number of reasons. This had an impact on the response to HIV/AIDS. Policymakers that are hesitant to increase program efforts might be persuaded by careful evaluations of the performance of current projects. The evaluation field has adopted performance- or results-based M&E to win the support of the general public and elected officials for public spending on development projects. Public service performance contracts are used in government reforms in some nations, like India, to demonstrate accountability and gather lessons from the execution of projects, programs, and policies.

In their study, Kelly and Magongo (2004) found that the main obstacles to monitoring and evaluation are a lack of capacity and experience in the domains of writing, data gathering, analytical thinking, and reporting. Kelly et al. (2004) also discovered that although the majority of Swaziland's NGO's and FBO's working on HIV/AIDS have made investments in monitoring

and evaluation, it is not supported and has never been done. It is significant that roughly one-third of NGOs and community-based organizations didn't produce any M&E report on the HIV/AIDS related programs (Kelly et al (2004).

Some of the factors affecting the implementation of monitoring and evaluation of HIV/AIDS projects are: -

Stakeholders' participation in M&E

Stakeholder participation in development initiatives has been a concept since the 1950s. However, the value of stakeholder involvement in M&E was emphasized in the late 1970s and early 1980s, and some organizations, like the UNDP, suggested that stakeholder participation in M&E should not be real since the interests of all stakeholders are important. Stakeholder engagement should not, however, be too high or poor. (UNDP, 2009, Philip, 2016, Abalang, 2016).

Budget allocation

One of the aspects that impacts the effectiveness of an M&E is budget allocation. According to Kelly and Magongo (2004), to make M&E effective, organizations should devote 5 to 10% of the total project expenditure to M&E. (Philip, 2016). According to many studies, the practice of M&E has weakened because of low budget allocation for M&E. According to a report published by the International Fund for Agricultural Development (IFAD), most projects in Africa and other developing countries have suffered greatly due to a lack of funding to create monitoring and evaluation mechanisms (Guijt and Woodhill, 2002). Similarly, the World Bank affirmed in its research that most managers have little or no interest in implementing active monitoring and evaluation systems (World Bank).

Human Resource Capacity

The technical capability of M&E staff is a critical aspect in determining an M&E's effectiveness. As a result, M&E personnel should be well-trained in certain abilities through M&E-specific training (Kusek and Rist, 2004). (UNAIDS, 2008) highlights in its framework for a functional M&E system that not only is it crucial to have dedicated and adequate numbers of M&E workers, but it is also critical that these staff have the appropriate skills for the job. However, if

M&E is carried out by personnel who are uneducated and inexperienced, the activities will be costly, time consuming, and will not deliver the intended results, such as M&E reports.

Strength of M&E team

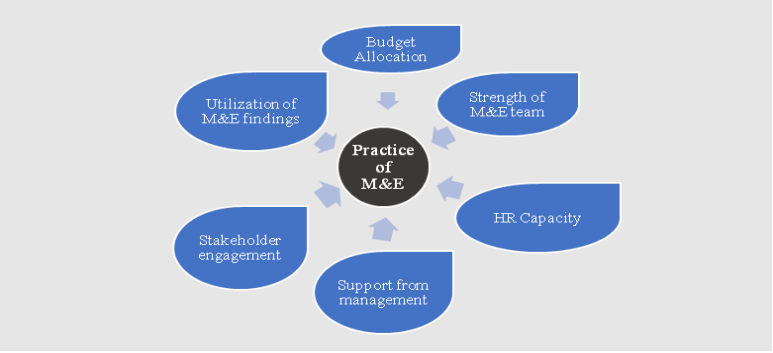
The strength of the M&E team is critical for excellent M&E practice. The number of individuals on the M&E team, the experience of the M&E personnel, and the clarity of the tasks and responsibilities of M&E employees are all used to determine the strength of the M&E team. If an M&E team is strong enough, M&E will be better practiced, and obstacles will be greatly decreased.

2.4. Conceptual Framework

A conceptual framework is a virtual or textual product that graphically illustrates the variables to be studied—the important factors, concepts, or variables, as well as the assumed relationships between them (Fredrick and Makori, 2016). A conceptual framework is a structure that can be created from a collection of broad ideas and theories. It enables a researcher to appropriately define the subject under consideration, frame his or her queries, and locate relevant material. Most academic research begins with a conceptual framework to help define the study topic and goal.

This study used a conceptual framework to define the relationship between M&E practices and the elements that affect M&E practices, including obstacles. This section provides a structural description of the link between the variables that comprise the concepts of the M&E study. The framework below depicts the factors that influence M&E processes.

Figure 1: Conceptual Framework of the Study



(Source: Adopted and customized from literatures)

CHAPTER THREE

3. Research Design and Methodology

3.1. Research Method

In this chapter, the research design, population, sample of the population, sampling technique, instrument for data collection, validation of the questionnaire, administration of the instrument and method of data analysis are presented.

3.2. Research Design

A survey design was chosen for this study because it enables us to answer the research questions and objectives. The term "survey design" refers to a "method of collecting data about the characteristics, actions, and/or opinions of study subjects" (Priscilla A. Glasgow., 2005). When the population size is small, less than 200 people, data can be collected from the entire population (Israel, 1992, Levy and Lemeshow, 2008). As a result, all program, and M&E personnel in the ARHB HIV Program were considered as sample sizes for the study.

3.3. Research Approach

A quantitative research approach is followed in this research using a semi-structured questionnaire adopted from previous literatures and customized to the objectives of this research.

3.4. Study Population

The target population for this research were program and M&E personnel of Amhara regional Health Bureau HIV project and its junior offices. Out of these, the samples of the study were those employees who fulfill the following eligibility criterion.

- The Head/vice head of the health Bureau
- The CDC Project Coordinator
- Program advisors at Regional and Zonal level
- M&E advisors /officers at Regional and Zonal Health Departments and
- Health facility level program officers and M&E Officers

3.5. Sampling design and Sample Size

As the number of these target population is small, all program and M&E personnel are involved as a total population sampling technique was used and all the entire population that meet the criteria were included in the study.

The study targeted 60 respondents drawn from Amhara Regional Health Bureau and its subsidiaries in 14 Zones and Towns.

3.6. Data Collection and Analysis

Raw data was turned into a data structure that allowed meaningful and useable information to be generated in this study. The information acquired using the data collection was evaluated and interpreted using different data analysis techniques using SPSS Version 26. Depending on the type and form of the data, the information acquired through the questionnaire was quantitatively assessed using percentages and ratios in a table or diagram, graph, and other applicable figures. Ms-Excel was used to generate figures and diagrams.

3.7. Validity and Reliability

Validity explains how well the collected data covers the actual area of investigation (Ghauri and Gronhaug, 2005). Reliability concerns the extent to which a measurement of a phenomenon provides stable and consist of result. Reliability is also concerned with repeatability. The most used internal consistency measure is the Cronbach Alpha coefficient. It is viewed as the most appropriate measure of reliability when making use of Likert scales (Whitley, 2002, Robinson, 2009). The study calculated Cronbach-α (0.76) to assess the internal consistency of the research and pursued to the analysis once the reliability check is completed.

3.8. Ethical Consideration

Ethical considerations were given special attention when developing and administering data collection tools. Informed consent from respondents was taken prior to the research to ensure the confidentiality of the data obtained and by learning more about the organization's culture and project prior to the research. To protect the respondents' rights, the purpose and benefits of the study were explained. The collected data was treated with the utmost confidentiality and honesty. Care in handling the collected data includes ensuring that the participants' identities are always protected, as well as the security of notebooks and computer files.

CHAPTER FOUR

4. Results and Discussions

4.1. Introduction

This chapter comprises of the data analysis, presentation, and interpretation of findings sections. The data presented are response rate, background information of the respondents and a presentation of findings of each individual objectives of the study. The data analyzed and presented is based on the responses to the items in the questionnaires. Different methods of data presentation are used in reporting and presenting the findings of the project.

4.2. Response Rate

The study targeted 60 respondents drawn from Amhara Regional Health Bureau and its subsidiaries in 14 Zones and Towns. However, 57 respondents responded and submitted the questionnaires making the response rate 95%.

4.3. Background information

4.3.1. Profiles of the respondents during the study

The background information of the respondents included: gender, level of education, how long they had worked for the organization, Current position, work experience and the organization they are working for.

As indicated in Table 4.1, 65% of the respondents are males while the rest 35% are females. In analyzing the level of education with respect to sex of respondents, 16 out of the 37 male respondents have a master’s degree and above while 12 out of the 20 female respondents have same level of education. Generally, 49.1% of the respondents have a master's degree and above while degree and diploma holders account for 47.4% and 3.5% respectively. This indicates that the Amhara Regional Health Bureau CDC Project is functioning with lots of qualified professionals.

Table 1: Background information of the respondents of the study

Variable	Description	Frequency	Percent
Gender	Male	37	64.9%
	Female	20	35.1%
Level of Education	Diploma	2	3.5%
	Degree	27	47.4%
	Master's and above	28	49.1%
Position	Project Manager/ coordinator	2	3.5%
	Project advisor/ Officer	24	42.1%
	M&E Manager	5	8.8%
	Zonal M&E	13	22.8%
	HF Level M&E	11	19.3%
	Others	2	3.5%
Work Experience	less than 1 year	5	8.8%
	2-3 years	18	31.6%
	4-5 years	23	40.4%
	> 5 years	11	19.3%
Organization	ARHB	11	19.3%
	Town or Zone	46	80.7%

Source: Own survey, 2023

In terms of job experience, 11 (19.3%) of respondents had more than five years of experience, while 23 (40.4%) had 4-5 years. Only 5 (8.8%) of responders have less than one year of service. 75% of women have four years or more of job experience, whereas just 51% of males have four years or more of work experience. This indicates that females outnumber males in terms of serving for a lengthy period.

According to this data, Amhara Regional Health Bureau has well-educated staff, with more than half of them having worked for the organization for a long period. The majority of those contacted for this study had been with the organization for more than two years. This demonstrates that the firms have an excellent employee retention policy.

4.4. Capacities related to M&E

Respondents were asked to provide their thoughts on the training they received, the type of training they had, if the training helped them carry out M&E activities, whether M&E professionals have defined roles and responsibilities, and whether their organization has a capacity development strategy.

Regardless of their status, the survey analyzed whether respondents received M&E training before participating in M&E activities. According to the findings, 44 (77.2%) of the total respondents received M&E training, and among the M&E officers who participated in this survey, 23 (52.2%) had M&E training. When asked what type of training they received, 41 (93%) said they were trained at work by attending on-the-job training and short-term training prepared by the organization for which they work and its partners. The remaining 3 (7%) responders got training via their own efforts at school and elsewhere. Among those who received M&E training, 46 (80%) strongly agreed that the training helped them carry out M&E tasks successfully, whereas 7 agreed and 4 said they were unsure whether the training benefited them or not.

In terms of capacity development plans, 52 (91%) of total respondents are aware that their organization has one, while 2 (3.5%) are unaware that their business does not have one. Three (5.3%) of them are unaware of the existence of a capacity development strategy. 25 (86%) of M&E officers indicated their organization has an M&E capacity development strategy, 2 (7%) said they don't know, and 2 (7%) claimed their organization doesn't have one. Respondents were asked if they agreed that M&E workers have clear tasks and responsibilities in terms of having clear duties and obligations. All respondents felt that the functions and responsibilities of an M&E officer are properly defined at all levels.

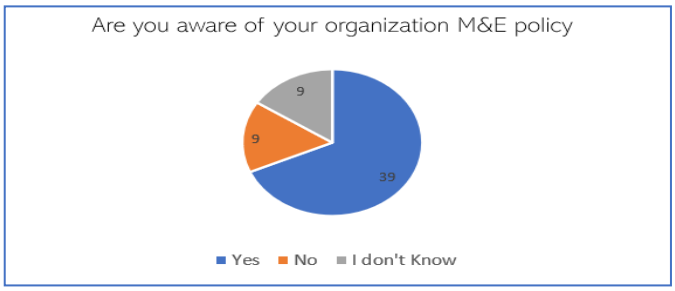
Based on the findings, the organization was able to improve the M&E abilities of many of its personnel. The training offered helped M&E officers and other personnel, notably in M&E, to do their tasks more efficiently. Most M&E executives are aware that their organization is attempting to enhance M&E capacity. Some professionals, however, are uninformed of their organization's capacity development goals.

4.5. M&E Systems of Amhara Regional Health Bureau

This section attempts to assess the situation of the M&E system that exists in ARHB. The results obtained from the respondents are presented as follows.

The respondents were asked whether ARHB has M&E unit, section, or department. Among the respondents, 55 (96.5%) of them responded that there is an established M&E unit while 2(3.5%) of M&E officers said that M&E is not organized as unit, section, or department in their organization. Asked if their organizations have M&E policy, 39 (68.4%), 9 (15.8%) and 9(15.8%) of the respondents said that their organizations have M&E policy, they do not know whether their organizations have M&E policy and there is no organizational M&E policy, respectively. This shows that some M&E officers and other professionals are working without knowing what the M&E policy says. This certainly makes the M&E system ineffective and inefficient.

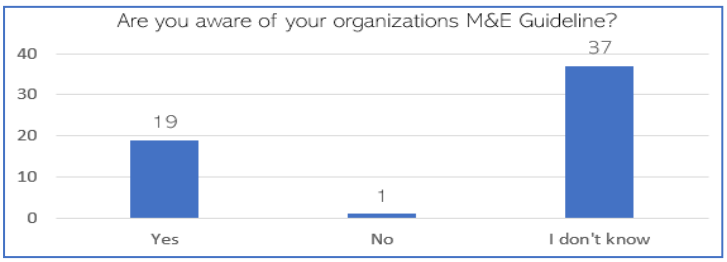
Figure 2: Awareness of Organizational M&E Policy among respondents of the study



Source: Own survey, 2023

Study Participants were asked whether their organization has M&E guideline and majority of the respondents do not know whether their organization have M&E guideline and only 19 (33.3%) of the respondents know that their organization have M&E guideline. This indicates that most professionals including M&E officers are working without having knowledge about the M&E guideline.

Figure 3: A bar graph describing the awareness of Organizational M&E guideline.



Source: Own survey, 2023

Budget is essential to carry out tasks and specifically M&E activities require to be allocated with sufficient budget. From this perspective, respondents were asked whether ARHB allocated sufficient budget for M&E activities. For this question around 24% respondents disagreed or they stated to be not sure whether ARHB allocated sufficient budget for M&E activities.

With respect to the availability of skill staff and availability of software for M&E, all respondents responded that the regional health bureau has adequate number of skilled professionals and different monitoring, and evaluation software are available like DATIM, DHIS-2, PTQIT and SMART-CARE.

Table 2: Summary of the response for the question of adequate budget allocation for M&E

My Office has allocated sufficient budget for M&E		
	Frequency	Percent
Strongly Agree	2	3.5%
Agree	41	71.9%
Not Sure	8	14.0%
Disagree	6	10.5%

Source: Own survey, 2023

4.6. M&E practices in Amhara Regional Health Bureau

For the question that was raised to respondents if their organizations have M&E plan, 36 (63.2%) of respondents said that their organizations have M&E plan while 21 (36.8%) responded there is no M&E plan in their organization. When asked to whom the M&E plan was prepared 35 respondents claimed the plan is prepared for a project funded by another funder while 25 respondents answered to HIV/AIDS project supported by government budget.

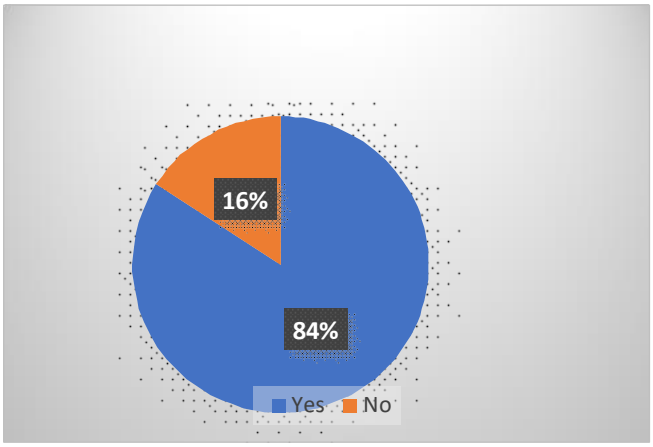
Are outcomes indicated in M&E plan in a way that they can be easily monitored and assessed, are indicators associated with inputs, outputs, and outcomes in M&E plan, and what are the M&E tools?" were asked to those who said there was an M&E plan. The purpose of these and other related technical questions was to determine whether M&E and other project experts in their organization were appropriately practicing M&E.

The majority of the respondents agreed that outcomes are properly stated in a way they can be easily monitored, and indicators are linked with inputs, outputs, and outcomes. However, the 9 respondents said that they are not sure that outcomes and indicators were put in M&E plan.

In conclusion, it is reasonable to imply that the respondents lack technical understanding in M&E as the comment "I'm not sure" clearly demonstrates that these respondents lack the expertise to analyze and judge whether the outcomes are clearly indicated in the M&E plan in such a way that they can be easily monitored, and indicators are linked to input, output, and outcomes.

Study Participants were asked whether they know the M&E tools and if they know to mention them. 48 (84.2%) of the respondents said that they know the tools of M&E and mentioned some of the tools that can be used in monitoring and evaluation of a project working on HIV/AIDS. Even though there is a discrepancy between the responses of the individuals, the majority of the tools mentioned are the same and used in monitoring the HIV program in general.
The difference in the responses can be due to the difference in M&E experience and technical expertise in the programmatic areas of HIV.

Figure 4: A pie chart showing the response of respondents for knowledge of M&E tools.

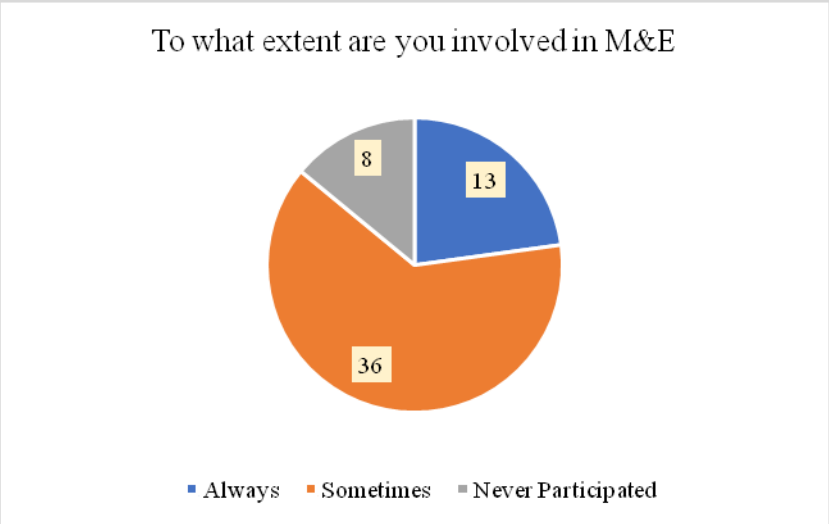


Source: Own survey, 2023

Regarding the frequency of M&E activities 40 (70%) respondents responded that M&E activities are carried out monthly followed by responses of quarterly, biannually, and annually. This shows that ARHB conducts M&E activities regularly.

Employees who took part in this study were asked how much they participated in M&E activities. As indicated in the graph below, 13 (22.8%) respondents were always involved in M&E activities, 36 (29%) respondents were occasionally involved, and 8 (19%) respondents said they never participated in M&E activities. This suggests that ARHB has adopted a participative M&E strategy, which is commendable and should be promoted.

Figure 5: A pie chart showing the extent of involvement of respondents in M&E activities.



Source: Own survey, 2023

Data quality control is critical in M&E since any M&E report created with inadequate data is unacceptable. To determine whether the regional health bureau has a data quality control technique, respondents were asked if their organization's M&E system has a data quality control method. Out of the respondents who were involved in M&E activities, 33 (58%) said there is a data quality control method in the M&E system, followed by 14 (26%) who said there is no data quality control method in the M&E system, and only 10 (16%) who said they don't know if there is a data quality control method in the M&E system.

Because many respondents believed there was a data quality control technique, it is possible to assume that there is a data quality control method, which is a good sign of the existence of a good M&E system.

4.7. Utilization of Information Provided by M&E System

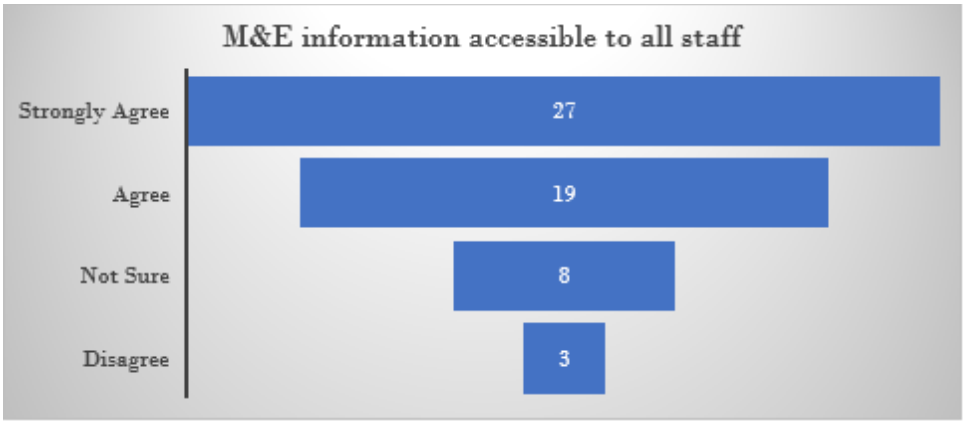
An M&E system's major goal is to not only provide trustworthy and accurate data and information regarding the activities being monitored and/or evaluated, but also to distribute M&E findings to stakeholders. Based on the information generated and shared by the M&E system, these stakeholders will take important actions. Respondents were asked a series of questions to assess the use of M&E data in this context.

When asked what type of information is presented in M&E reports, 23 (40 percent) of the total respondents stated that the M&E reports contain information about plan and actual performance, as well as strengths and weaknesses that persisted during the reporting period. The information

given in the M&E reports included increments and decrements in all the relevant indicators. M&E findings are reported to donors by 52 (91.2%) of respondents, whereas M&E findings are reported to recipients by 5 (8.8%) of respondents. This demonstrates that findings from M&E are shared with donors and beneficiaries accordingly.

As described in the figure below, respondents were asked if M&E information is accessible to all staff and majority (81%) of the respondents agreed that the information is accessible to all staff while 8 (14%) and 3 (5.3%) of respondents answered to be not sure and disagree about accessibility of M&E information to all staff. From this response we can say that the Regional Health Bureau should make M&E information accessible to all staff since creating awareness of the results is a key for further learning and improvement.

Figure 6: A graph showing the response of accessibility of M&E information to all staff.

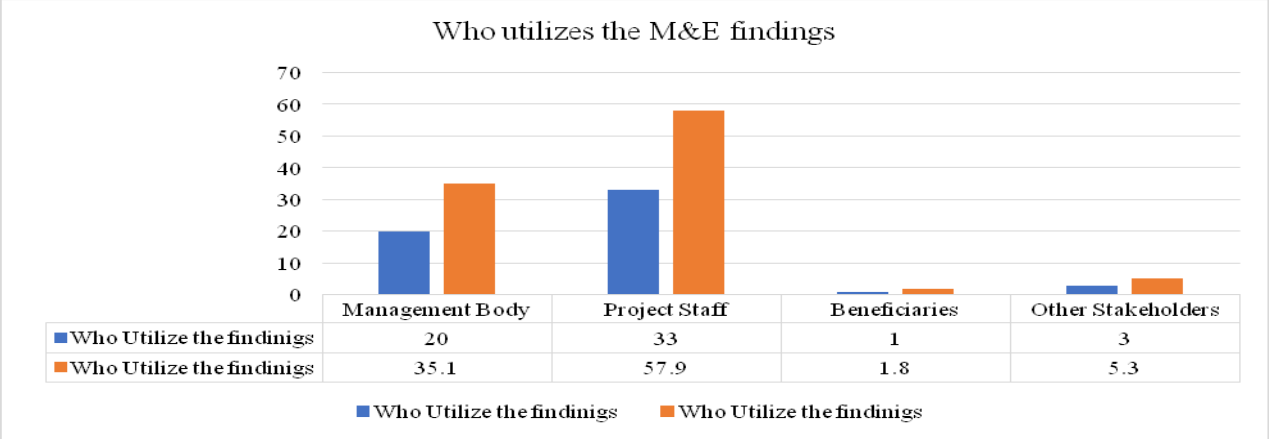


Source: Own survey, 2023

If the information generated by an M&E system is used by the appropriate bodies, it is said to be successful. Respondents were asked who uses the information generated by the M&E system from this perspective and project/program officers use M&E findings according to 33 (58%) respondents, followed by 20 (35.1%) respondents who indicated Management bodies use M&E findings. Only 4 (7.1%) of respondents responded that other stakeholders and beneficiaries use the M&E findings.

This demonstrates that ARHB's management and project/program officers use the M&E findings to guide their decisions.

Figure 7: A graph showing the response for the question "who utilizes M&E findings".



Source: Own survey, 2023

The respondents were also questioned if the M&E findings and information are used by the stakeholders and their office in making decisions. According to the responses, the different stakeholders mentioned earlier use the information and findings of the M&E system for decision making. This is supported by 98% of the respondents who agreed and strongly agreed with the question. From the above inference, it is feasible to conclude that M&E data and findings are utilized in decision-making, which is promising.

4.8. Factors affecting Practice of Monitoring and Evaluation in Amhara Region

Monitoring and Evaluation by its nature is vulnerable to be affected by different internal and external factors. These factors can affect the M&E process to various degrees and the outcome of the M&E is highly dependent on the interaction of these factors.

Analysis of factors affecting the overall M&E practice was done by a pre-set questions using a Likert scale and majority of the respondents answered the M&E practice is highly affected by Budget allocation, Stakeholders' participation in M&E, Human Resource Capacity, Strength of M&E team, and Utilization of the M&E findings with the summary of the responses described in the table below.

Table 3: Factors affecting Practice of Monitoring and Evaluation in Amhara Region.

	Degree of Effect				
Factors	**Highly**	**Moderately**	**Slightly**	**Not at All**	**Total**
Budget allocation	39 (68%)	11 (19.2%)	7 (12.2%)	0	57
Stakeholders' participation in M&E	12 (21%)	34 (60%)	8 (14%)	3 (5.2%)	57
Human Resource Capacity	51 (89.4%)	5 (8.7%)	1 (1.7%)	0	57
Strength of M&E team	50 (87.7%)	7 (12.2%)	0	0	57
Utilization of the M&E findings	32 (56.1%)	13 (22.8%)	12 (21%)	0	57

Source: Own survey, 2023

4.9. Strengths and Weaknesses of M&E system

The respondents were asked to evaluate ARHB's M&E system and to indicate the system's strengths and weaknesses. Even though the respondents provided a variety of strengths and weaknesses, they have been summarized and presented in the following manner.

Respondents were asked to list the strengths of ARHB's M&E system, and they stated that ARHB's M&E system offers several advantages.

These strengths include:

A. Preparing reports to the office's standards and submitting timely,
B. Strong planning and coordination,
C. Good working relationships with other departments in the office, and
D. Providing technical support and capacity building training to stakeholders.
E. Unique M&E tools track data easily, follow implementation and develop corrective actions.
F. Good capacity building on new initiatives

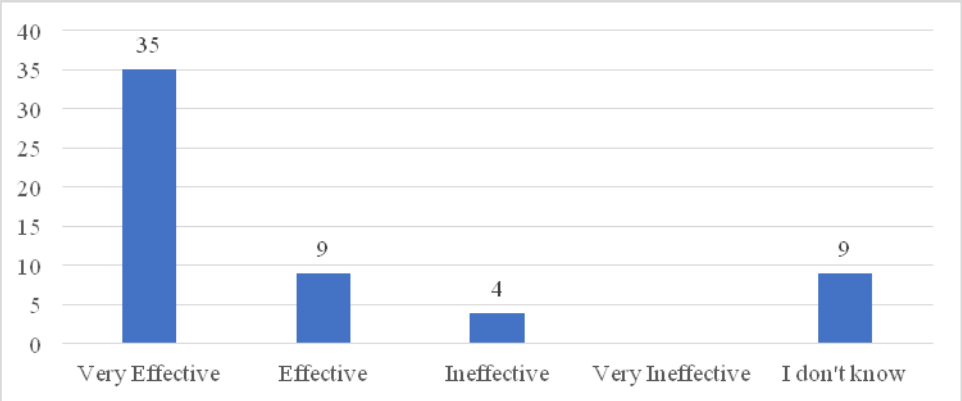
According to the respondents' comments, the M&E system's limitations are:

I. It does not review itself to identify its strengths and weaknesses.
II. It lacks consistency in completing M&E activities and
III. It lacks clarity with program employees in respect to tasks and responsibilities.

From this research, M&E officers and others have an excellent understanding of the M&E system, and that if they are given technical assistance, they will strengthen the M&E system by avoiding the flaws they have identified.

The effectiveness of ARHB's M&E system was rated by the respondents. Accordingly, 35 (61%) of the respondents believed the M&E system is extremely effective while 9 claimed effective and 4 respondents replied ineffective. The remaining 9 (15.8%) of respondents claimed they have no idea whether the M&E is effective. Those who believed the M&E system is effective or ineffective were asked to provide evidence to back up their statements. However, only a small percentage of respondents provided proof for their comments, making it difficult to assess them independently. But some of the evidence provided by the respondents were timely reporting, a strong reporting system and capacity building training for staffs. On the other hand, the M&E system was ineffective and the evidence or justifications for this claim are lack of technical support, supportive supervision, and no feedback for reports.

Figure 8: A graph showing the response effectiveness of the M&E Program.



Source: Own survey, 2023

4.10. Challenges of M&E Practice

External factors that affect the practice of M&E were analyzed by a series of questions with a Likert scale. The respondents were asked to express their agreement with statements that are mentioned as challenges.

Many of the respondents agreed that the main challenges for ARHB's M&E system are the existence of different reporting formats or requirements presented by different donors, the time it takes to implement activities, the inadequacy of budget for M&E activities, and a lack of skilled human resources, as shown in the table below.

Aside from these challenges, the respondents were asked if they had any other types of challenges. The lack of an M&E manual, employee turnover, and failure to include M&E

activities in project yearly work plans are among the problems that respondents experience while implementing M&E activities, according to a small number of respondents.

From the preceding analysis, the ARHB's M&E system's issues are tied to budget allocation, funder's reporting requirements, and the competence of professionals who work directly or indirectly on M&E.

Table 4: Challenges of M&E Practice in Amhara Regional Health Bureau, CDC Project

	Strongly Agree		Agree		Neutral		Disagree		Total
Different funders have different reporting requirements	50	88%	7	12%	0	0%	0	0%	57
Assigned targets are difficult to understand	39	68%	10	18%	8	14%	0	0%	57
Selected indicators are difficult to understand	10	18%	40	70%	3	5%	4	7%	57
Implementing M&E activities is time consuming	37	65%	10	18%	5	9%	5	9%	57
M&E is not given the relevant importance	8	14%	13	23%	11	19%	25	44%	57
M&E requirements for funders are very detailed	32	58%	15	27%	8	15%	0	0%	55
The budget to carry out M&E activities is inadequate	45	79%	9	16%	2	4%	1	2%	57
The organization lacks M&E skills	0	0%	5	9%	12	21%	40	70%	57

Source: Own survey, 2023

From the above table we can conclude that funder reporting requirements, budget shortage, and difficulty in understanding the assigned targets are mainly agreed by the respondents of the study.

CHAPTER FIVE

5. Conclusion and Recommendations

5.1. Summary and Conclusion

Even though numerous elements influence M&E practices, this study attempted to examine what appears to be M&E practices in the context of Amhara Regional Health Bureau HIV program. Based on the findings of the study, it is possible to conclude that despite having educated and experienced M&E staff, they are not provided with training that would qualify them as certified M&E practitioners, M&E tasks are being conducted by the few experiences that are gained through on job practices and the experience of the previous M&E officers, Orientation, and supply of new staff with the M&E policy, procedures, and manuals is not being intensively conducted.

As a result, the M&E staff lacks appropriate technical understanding in M&E, and as a result, M&E is not practiced in ARHB in accordance with the technical standards outlined in various M&E literatures. Furthermore, differing reporting requirements of different funders, time-consuming M&E operations, a lack of budget for M&E, and a lack of competent human resources in M&E all posed challenges to ARHB's M&E system.

5.2. Recommendations

Based on the findings of this report, the following recommendations are forwarded.

To Amhara Regional Health Bureau

- **A.** The Regional Health Bureau should provide M&E orientation and continuous training for new and existing employees so that they will have good M&E theoretical and technical knowledge to carry out M&E activities effectively.
- **B.** The Regional Health Bureau should allocate sufficient budget for M&E activities and there should be continuous support for the M&E unit/section/department so that the M&E team will be efficient.

For Future Researchers

This study tries to address relevant issues to assess the practice of the M&E system in the HIV Program of Amhara Regional Health Bureau. But it does not investigate other important issues such as why M&E staff were not given training, why M&E policy, procedure, and manuals were not provided, and why not enough money was allocated for M&E, among other things. Qualitative analysis of the factors associated with M&E activities will be needed.

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Annexes

Questionnaire

Introduction and consent form

Abrham Shitaw
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December 2022

Dear Sir/Madam,

My name is **Abrham Shitaw** and I am a graduate student at Addis Ababa University School of Commerce. I am conducting research on the "***Practice and factors affecting the Monitoring and Evaluation system in HIV Project: The case of Amhara Regional Health Bureau CDC Project."*** This is partial fulfillment of the degree in Master of Arts in Project Management. You have been randomly selected to participate in this study. The findings of this study will be of significant value in strengthening monitoring and evaluation systems of your organization. I would appreciate it if you kindly responded to all the items attached in the questionnaire. Your participation in this study is on a voluntary base. You are kindly requested to respond to questions to the best of your knowledge. You can terminate the interview at any time. Your name and your organization will not appear anywhere in the questionnaire unless you so wish. The information you provide is confidential and will be used for academic research purposes only. Your cooperation will be appreciated.

Thank you in advance.

With great respect
Abrham Shitaw

SECTION 1: GENERAL INFORMATION		
1.1Sex	1. Male 2. Female	
1.2. Age	_____Years	
1.3 Level of education	1. Secondary school completed □ 2. Certificate □ 3. Diploma □ 4. Degree □ 5. Masters and above □	
1.4 Position	1. Office Head □ 2. Program/project Manager/ Coordinator □ 3. Program/Project Advisor/ Officer□ 4. M&E Manager□ 5. Zonal or Town level M&E Officer □ 6. HF Level M&E Officer 7. Other (specify)_____	
1.5 Number of years worked in M&E the organization	1. Less than 1 year □ 2. 2 – 3 years □ 3. 4 – 5 years □ 4. More than 5 years □	
1.6 In which organization you are currently working	1. _____Town or Zone 2. Amhara Regional Health Bureau	
1.7 Have you been trained on Monitoring and Evaluation?	1. Yes □ 2. No □	
1.8 If your response for Q 1.5 is 'Yes,' where were you trained?	1. Workplace training □ 2. School □ 3. Personal initiative □ 4. Gained in the process of working □	
1.9 In your office, the M&E staff have clearly defined roles and responsibilities	1. Strongly agree □ 2. Agree □ 3. Not sure □ 4. Disagree □ 5. Strongly disagree □	
1.10 The training you took helped you to carry out M&E effectively.	1. Strongly agree □ 2. Agree □ 3. Not sure □ 4. Disagree □ 5. Strongly disagree □	
1.11 Does your organization have M&E capacity development plan for its employees?	1. Yes □ 2. No □ 3. I do not know □	

SECTION 2: THE FOLLOWING QUESTIONS DEALS ON ASSESSING YOUR ORGANIZATIONS OVER ALL M&E SYSTEMS		
2.1 Does your organization have M&E unit/section/department	1. Yes □ 2. No □	If response is 'No' skip to 2.3
2.2 If your response for Q2.1 is Yes, to whom the M&E unit/section/Department is responsible?	_____	
2.3 Please put 'X' in the box for the following each question. a) My organization have M&E Policy b) My organization have M&E guideline/manual	Yes No I do not know ☐ ☐ ☐ ☐ ☐ ☐	If response is 'No' or ' I do not know' skip to Section 3
2.4. Please put 'X' in the box for the following each question a) Are you aware of the M&E policy b) Are you aware of the M&E guidelines	Yes No □ □ □ □	
2.5 If your response for Q 2.4a is yes, please state the name of the document/s and or provide a copy	_____	
2.6 If your response for Q 2.4b is yes, please state the name of the document/s and or provide a copy	_____	
2.7 My office allocated sufficient budget for M&E activities	1. Strongly agree □ 2. Agree □ 3. Not sure □ 4. Disagree □ 5. Strongly disagree □	
2.8 My office allocated the following resources sufficiently. a) Skilled staff b) Software's c) Equipment	Strongly Agree Agree Neutral Disagree Strongly disagree. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
SECTION 3: THE FOLLOWING QUESTIONS FOCUS ON EXPLORING THE M&E PRACTICES IN YOUR ORGANIZATION		
3.1 Does your office have an M&E plan?	1. Yes □ 2. No □	If your response is 'No' skip to 3.3
3.2 If your response for Q 3.1 is 'Yes,' to which project/program your office prepares M&E plan? (Multiple response is possible)	1. For Global fund only □ 2. For UN Agency project only □ 3. For projects that are supported by another funder □ 4. For HIV/AIDS activities supported by government budget □ 5. For all types of projects □ 6. There is no M&E plan at all □	If your response is 'No M&E Plan' skip to 3.5

3.3 In the M&E plan, the outcomes are clearly indicated in a way to be monitored and evaluated.	1. Strongly agree □ 2. Agree □ 3. Not sure □ 4. Disagree □ 5. Strongly disagree □	
3.4 In the M&E plan, indicators are clearly linked to the inputs, outputs, outcomes, and impact of the project.	1. Strongly agree □ 2. Agree □ 3. Not sure □ 4. Disagree □ 5. Strongly disagree □	
3.5 If your response is 'no M&E plan at all' what do you think is the reason	1. It is irrelevant □ 2. Projects are too small □ 3. Lack of expertise □ 4. Other, specify □	
3.6 Do you know tools that are used for monitoring and evaluation in your office?	1. Yes □ 2. No □	If your response is No' skip to Q 3.11.
3.7 If your response for Q 3.6 is 'Yes,' can you mention their names	_____	
3.8 How would you rate the applicability of these tools?	1. Very Easy □ 2. Easy □ 3. Difficult □ 4. Very difficult □ 5. Other (specify)_____	
3.9 What do you think is the reason for your response above?	_____	
3.10 In your opinion, how do you rate extent of utilization of the M&E tools during monitoring and evaluation?	1 - Very low □ 2 – Low □ 3 - Not sure □ 4 – high □ 5 – Very high □	
3.11 How frequently does your office carries out monitoring? (Multiple response is possible)	1. Annually (After 12 months) □ 2. Biannually (After 6 months) □ 3. Quarterly (After 3 months) □ 4. Monthly □ 5. Never □	
3.12 To what extent you were involved in M&E activities?	1. Always □ 2. Sometimes □ 3. Never participated □	
3.13 What kind of data were collected during M&E?	_____	
3.14 Was their data quality control method in M&E system?	1. Yes □ 2. No □ 3. I do not know □	
SECTION 4: UTILIZATION OF INFORMATION PRODUCED BY M&E		
4.1 What types of information are reported in the M&E reports?	_____	
4.2 How did your organization disseminate the	1. No dissemination □	

findings of M&E? (Multiple responses are possible).	2. On the notice board □ 3. Report to the donor □ 4. Community meetings □ 5. Report to the beneficiaries □ 6. Other (Specify) □	
4.3 M&E information is accessible to all staff of your office.	1. Strongly agree □ 2. Agree □ 3. Not sure □ 4. Disagree □ 5. Strongly disagree □	
4.4 Who utilizes the M&E findings?	1. Management body □ 2. Project/program staff □ 3. Beneficiaries □ 4. Other stakeholders □ 5. I do not know □	
4.5 The above-mentioned users use the M&E information and findings for their decision.	1. Strongly agree □ 2. Agree □ 3. Not sure □ 4. Disagree □ 5. Strongly disagree □	
4.6 Your organization's officials use the M&E findings to make decisions.	1. Strongly agree □ 2. Agree □ 3. Not sure □ 4. Disagree □ 5. Strongly agree □	

Section 5: Factors that affect the practice of M&E					
Among the following factors which of them affect the practice of M&E in your office (1 is most highly, 2, highly, 3. Moderately, 4. Slightly, and 5. Not at all					
Please put 'X' mark in the box under the table	1	2	3	4	5
a) Budget allocation	□	□	□	□	□
b) Stakeholders' participation in M&E	□	□	□	□	□
c) Human Resource Capacity	□	□	□	□	□
d) Strength of M&E team	□	□	□	□	□
e) Utilization of the M&E findings	□	□	□	□	□
f) Support of management	□	□	□	□	□
g) Others (Specify)	□	□	□	□	□

SECTION 6: STRENGTHS AND WEAKNESS OF M&E	
6.1 In your opinion, what are the strengths of your organization's M&E system?	_____
6.2 In your opinion, what are the weaknesses of your organization's M&E system?	_____
6.3 How would you rate the effectiveness of the M&E system in your organization?	1. Very effective □ 2. Effective □ 3. Ineffective □ 4. Very ineffective □ 5. Don't know □
6.4 Can you mention evidence for your response of Q 6.3	_____

6.5 Do you have any difficulties in using the M&E system?	1. Yes □ 2. No □	
6.6 If your response for Q 6.5 is 'yes,' what do you think is contributing to the difficulty? (Multiple response is possible)	1. Absence or inadequacy of tools and techniques □ 2. The role of management to the operations of the M&E was low □ 3. The inadequacy of M&E training □ 4. Lack of technical expertise of the staff □ 5. Lack of budget □ 6. Others_____	
6.7 What measures your organization took to correct the above-mentioned weakness?	_____	
SECTION 7: OPPORTUNITIES AND CHALLENGES OF M&E		
7.1 Did your organization have opportunities to strengthen or improve the M&E system in your office	1. Yes □ 2. No □	If your response is 'Yes,' skip to Q 6.3
7.2 If your response for Q 7.1 is 'Yes,' mention the opportunities	_____	
7.3 Did your office use the opportunities that you mentioned above?	1. Yes □ 2. Partially □ 3. Not at all □	
7.4 If your response for Q 6.3 is 'partially' or 'Not at all' who do you think were the reasons?	_____	
7.5 Please read the following each question and put 'X' mark in the space that is found under one of the choices that you select	*Strongly Agree* Agree Neutral Disagree Strongly disagree	
a) Different funders have different reporting requirements.	□ □ □ □ □	
b) Assigned targets are difficult to understand	□ □ □ □ □	
c) Selected indicators are difficult to understand	□ □ □ □ □	
d) Implementing M&E activities is time consuming.	□ □ □ □ □	
e) M&E is not given the relevant importance	□ □ □ □ □	
f) M&E requirements for funders are very detailed	□ □ □ □ □	
g) The budget to carry out M&E activities is inadequate	□ □ □ □ □	
h) The organization lacks M&E skills	□ □ □ □ □	

7.6 Please list any additional M&E challenges that are being faced by your organization

_____

_____

_____

7.7 What measure your organizations took to remove or reduce the challenges that you put ‘X’ mark under strongly agreed, agreed or neutral ?

_____

_____

_____

SECTION 8: RECOMMENDATION

8.1 What recommendations would you give to help improve the M&E systems in ARHB-CDC Project?

_____

_____

_____

_____

_____

_____

Thank you for your participation!!