

**MONITORING AND EVALUATION PRACTICES AND CHALLENGES OF
HIV/AIDS PROJECTS IN TANZANIA: A CASE OF WAMATA**

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT FOR THE
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CERTIFICATION

The undersigned certifies that she has read and here by recommends for acceptance by the Open University of Tanzania a dissertation titled; “Monitoring And Evaluation Practices And Challenges of HIV/AIDS Projects In Tanzania: A Case of Wamata” in partial fulfillment of the requirements for degree of Masters of Arts in Monitoring and Evaluation.

.....
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.....
Date

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Signature

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Date

DEDICATION

This dissertation is dedicated to my parent Mr. and Mrs. Derogates Rutagumilwa for their parental love during the entire period of the career education. Also, dedication is extended to my most importantly family that is my husband Isaac Mwangonda, my son Ethan and Jonathan and my house maid Dada Grace for their patience and support, encouragement and perseverance. Their love, support and constant patience have taught me so much about sacrifice, discipline and compromise. Without their support, would not have accomplished this work.

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ABSTRACT

The study examines Monitoring and Evaluation Practices and Challenges of HIV/Aids Projects in Tanzania: A Case of WAMATA. The study focused on the following objectives; to identify the nature of activities carried out on the HIV/AIDS projects implemented by local NGOs, to examine if monitoring and evaluation of HIV/AIDS projects in local NGOs was done effectively, to Identify the challenges faced by local NGOs in the monitoring and evaluation of the HIV/AIDS projects and to recommend for best practices in monitoring and evaluation of HIV/AIDS projects. The study was targeting 65 respondents from WAMATA Dar es Salaam, their clients and other stakeholders and the responses rate was 92.3%. The study used focus group discussions, interviews and direct observation to collect primary data and literature reviews to collect secondary data. Data analysis was done through SPSS statistical package, thematic and content analysis methods. Study findings analyses comprised of percentages and frequencies and then presented in tables, pie charts and histograms. The study's main findings are; that the majority of respondents were aware of the activities carried out by the organization; NGOs use different techniques of M&E system and practices for their projects; The importance of having an M&E plan for best M&E practice and that organization officials had no frequent home visiting to clients. This study recommends that NGOs should employ well qualified M&E officers to undertake monitoring and evaluation activities and conducting in-service M&E training to provide organization's staff with M&E skills and knowledge. Projects staffs should always adhere to their professional code of ethics to enable sustainable participation of the service users as well as searching for financial aid to ensure the availability of fund for effective M&E practice.

TABLE OF CONTENTS

| | |
|---|-------------|
| CERTIFICATION..... | ii |
| COPYRIGHT | iii |
| DECLARATION | iv |
| DEDICATION | v |
| ACKNOWLEDGEMENT..... | vi |
| ABSTRACT | vii |
| TABLE OF CONTENTS..... | viii |
| LIST OF TABLES..... | xii |
| LIST OF FIGURES | xiii |
| CHAPTER ONE..... | 1 |
| INTRODUCTION | 1 |
| 1.1 Introduction..... | 1 |
| 1.2 Background to the Problem | 1 |
| 1.3 Non-Governmental Organizations against HIV/AIDS | 2 |
| 1.4 Statement of the Problem | 4 |
| 1.5 Objectives of the Study | 5 |
| 1.5.1 General Objective | 5 |
| 1.5.2 Specific Objectives..... | 5 |
| 1.6 Research Questions | 5 |
| 1.7 Significance of the Study..... | 6 |
| 1.8 Limitations and Delimitations of the Study..... | 6 |
| 1.9 Conceptual Framework | 7 |

| | |
|--|-----------|
| CHAPTER TWO | 8 |
| LITERATURE REVIEW | 8 |
| 2.1 Introduction..... | 8 |
| 2.2 The Concept Monitoring and Evaluation | 8 |
| 2.3 Tanzania’s HIV/AIDS Prevalence | 10 |
| 2.4 NGO in History..... | 11 |
| 2.5 NGOs and HIV/AIDS Projects | 12 |
| 2.6 NGOs and Monitoring and Evaluation Practices in HIV/AIDS Projects..... | 14 |
| 2.7 Critical Review of Monitoring and Evaluation Challenges in HIV/ADS Projects | 16 |
| CHPATER THREE | 21 |
| RESEARCH METHODOLOGY | 21 |
| 3.1 Introduction..... | 21 |
| 3.2 Research Approach | 21 |
| 3.3 Research Design..... | 21 |
| 3.4 Study Area | 22 |
| 3.5 Population and Sampling Procedures..... | 23 |
| 3.6 Sample Size | 23 |
| 3.7 Data Collecting Methods and Tools..... | 23 |
| 3.7.1 Interview..... | 24 |
| 3.7.2 Focus Group Discussion (FGD)..... | 24 |
| 3.7.3 Observation Methods | 25 |
| 3.8 Data Processing and Analysis..... | 26 |
| 3.9 Ethical Consideration | 27 |

| | |
|--|-----------|
| CHAPTER FOUR | 29 |
| RESEARCH FINDINGS AND DISCUSSION | 29 |
| 4.1 Introduction..... | 29 |
| 4.2 Profile of Respondents | 29 |
| 4.2.1 Age Distribution..... | 30 |
| 4.2.2 Respondents Gender..... | 31 |
| 4.3 What are the Key Activities of Local HIV/AIDS Projects in Tanzania? | 32 |
| 4.4 How Effectively are the M&E Processes done on HIV/AIDS Projects Implemented by Local Based NGOs? | 32 |
| 4.4.1 Tools Used to Keep Clients Records | 33 |
| 4.4.2 How Often Clients Are Home Visited for Close Follow-Ups..... | 33 |
| 4.4.3 How Project Information Are Shared with Other Stakeholders | 35 |
| 4.5 What are the Challenges Faced in the Monitoring and the Evaluation of HIV/AIDS Projects Implemented by Local Based NGOs?..... | 35 |
| 4.6 How Best Can Monitoring and Evaluation Practices be Conducted in HIV/AIDS Projects Implemented by Local Based NGOs?..... | 38 |
| CHAPTER FIVE | 40 |
| SUMMARY, CONCLUSIONS AND RECOMMENDATION | 40 |
| 5.1 Introduction..... | 40 |
| 5.2 Summary..... | 40 |
| 5.2.1 The Nature of Activities Carried Out on the HIV/AIDS Projects Implemented by Local NGOs | 40 |
| 5.2.2 Whether M&E Practice is Done Effectively in Local NGOs' HIV/AIDS Projects | 41 |

| | | |
|-------|--|-----------|
| 5.2.3 | The Challenges Faced by Local NGOs in the M&E of the HIV/AIDS Projects | 42 |
| 5.2.4 | Recommended Best Practices in M&E of HIV/AIDS Projects | 43 |
| 5.3 | Conclusion | 44 |
| 5.4 | Recommendations | 45 |
| 5.5 | Suggestions for Further Research | 46 |
| | REFERENCES | 48 |
| | APPENDICES..... | 51 |

LIST OF TABLES

Table 4.1: Respondents Age Distribution 31

Table 4.2: Respondents Gender Distribution 31

Table 4.3: Whether Client’s Information Shared by Other Stakeholders 35

LIST OF FIGURE

Figure 4.1: Respondents Response to Home Visits..... 34

Figure 4.2: Challenges faced by NGOs in M&E of HIV/AIDS Projects 36

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This chapter presents the background to the research problem. It then situates and articulates the research problem, the research objectives and questions. The chapter also defines the scope of the study, benefits of the study, and some of the key terms used.

1.2 Background to the Problem

The HIV/AIDS epidemic is the most devastating epidemic in recent world history (Whiteside, 2002). AIDS is caused by HIV, which can be spread through sperm, blood, breast milk and vaginal secretions. The most common route of transmission is unprotected sex. However, among particular risk groups, other methods of transmission may be dominant. For instance, among intravenous drug users the use of contaminated needles is a major cause of transmission. The AIDS epidemic in sub-Saharan Africa continues to devastate communities, affecting different developmental activities. The social and economic consequences of the AIDS epidemic are widely felt, not only in the health sector but also in education, industry, agriculture, transport, human resources and the economy in general (Demographic and Health Survey 2016).

In Tanzania, the first cases of AIDS were reported in the Kagera region in 1983, and by 1987 every region in the country had reported AIDS cases (TACAIDS, 2009). In 2015, 1.4 million people were living with HIV in Tanzania. This equates to an estimated HIV prevalence of 4.7%. In 2015, 54,000 people were newly infected with

HIV, and 36,000 people died from an AIDS-related illness (UNAIDS, 2016). The severity of the epidemic varies across the country. Some regions report an HIV prevalence of around 1.5% (Manyara) while other regions have prevalence as high as 14.8% (Njombe). Overall, the epidemic has remained steady because of on-going new infections, population growth and increased access to treatment (URT, 2014). Dar es Salaam is among the regions with the highest HIV prevalence (11 %).

Today, the HIV epidemic is recognized not only as a major public health problem but also as a socioeconomic and developmental crisis that affects all sectors. Heterosexual sex accounts for the majority of infections (80 %) on Tanzania mainland, while on the semi-autonomous island of Zanzibar, the HIV prevalence is far lower among the general population (0.6 %) and the epidemic is more concentrated, primarily affecting female sex workers, men who have sex with men and injecting drug users (IDUs) (UNGASS/TACAIDS, 2010).

1.3 Non-Governmental Organizations against HIV/AIDS

According to World Health Organization (WHO) (2006) several stakeholders in the country have established a number of projects to intervene this pandemic and respond to its challenges. Such stakeholders include the government of Tanzania, international development partners through their agencies like United States Agency for International Development (USAID), Department for International Development (DFID), the United Nations Joint Program on HIV/AIDS (UNAIDS) and other United Nations (UN) family agencies like United Nations Programme for Development (UNDP). The other key player in the intervention of the pandemic is the contribution of civil society through Non-Governmental Organizations (NGOs),

especially the local ones. They have been playing a central role in taking HIV/AIDS services closer to the community members where other players may not be able to cover or may not be as effective (Muzinda, 2007). Their role has been to supplement the role played by all the other parts in the fight against HIV/AIDS. The NGOs usually solicit for funds from donors to carry out their projects. NGOs carry out their activities with the resources provided in order to meet their objectives; including reduction in HIV prevalence rates, improvement in quality of life for People Living with HIV/AIDS (PLWHA) and mitigation of the impacts of HIV/AIDS.

Jamil (1998) conducted a study which revealed that NGOs in Tanzania stand advantageous over government in dealing with HIV/AIDS problems because they are more democratic and result oriented, out passing the government process oriented bureaucracies. Due to their flexibility, NGOs adapt easily to changes which are meant to meet the needs of their clients in combating HIV/AIDS. The extent to which NGOs have contributed in the fight against HIV/AIDS in Tanzania is encouraging. A survey conducted by Ndimbwa, *et al.*, (2013) showed that more than 90% of respondents in Dar es Salaam reported to be recipients of medical services from the NGOs.

WAMATA, a Tanzanian non-governmental organization that works with people affected by HIV/AIDS (Iiffe, 1998), was founded in June 1989 by a small group of Tanzanian professionals and families to assist people living with HIV/AIDS, and got registered as an NGO in 1990. It runs Tanzania's oldest clinic for HIV/AIDS and it is located in Dar es Salaam. The acronym stands for the Swahili phrase "*Walio Katika*

Mapambano Na AIDS Tanzania" which means "People in the fight against AIDS in Tanzania" (Reyes, 2006).

1.4 Statement of the Problem

What it means to be a man, woman or young person living with HIV can be very different now than 25 years ago when AIDS was first identified in Tanzania, in large part, because of the availability of HIV/AIDS related services provided mainly by NGOs (United Nations, 2006). NGOs have made the access to AIDS treatment services easier, and that diagnosing HIV infection is no longer an imminent death sentence. Although still incurable, NGOs have managed to raise awareness to the community that HIV can now be managed as a chronic disease. Today, the push for universal access to life-saving drugs is a major focus of attention at national and global levels (United Nations, 2006), and NGOs are among the key players.

There has been influx of donor and government resources provided to local NGOs in Tanzania to run HIV/AIDS projects. Not only does best practice require that these NGOs are monitored for control, but also project partners require transparency, accountability for resource use, as well as the projects' impact, good performance and organizational learning (Muzinda, 2007). Several HIV/AIDS related issues in Tanzania are well researched and documented, yet, there is a paucity of studies that have systematically assessed the monitoring and evaluation of NGOs dealing with HIV/AIDS for effective and efficient utilization of resources, this study avails such a unique opportunity to study the way monitoring and evaluation process is conducted at WAMATA.

1.5 Objectives of the Study

1.5.1 General Objective

This study generally intended to investigate Monitoring and Evaluation Practices and Challenges of HIV/Aids Projects in Tanzania.

1.5.2 Specific Objectives

More specifically, the study aimed at addressing the following objectives:

- i. To identify the nature of activities carried out on the HIV/AIDS projects implemented by local NGOs.
- ii. To examine if monitoring and evaluation of HIV/AIDS projects in local NGOs was done effectively.
- iii. Identify the challenges faced by local NGOs in the monitoring and evaluation of the HIV/AIDS projects.
- iv. To recommend for best practices in monitoring and evaluation of HIV/AIDS projects.

1.6 Research Questions

This study strived to answer the following questions;

- i. What were the key activities of local HIV/AIDS projects in Tanzania?
- ii. How effectively were the monitoring and evaluation processes done on HIV/AIDS projects implemented by local based NGOs?
- iii. What were the challenges faced in the monitoring and the evaluation of the projects these NGOs implement?
- iv. How best could monitoring and evaluation practices be best conducted in local HIV/AIDS based NGOs?

1.7 Significance of the Study

There was a high need to determine whether the resources provided by the donors and other stakeholders were being used efficiently and effectively, and to determine any problems that may be hampering the implementation. Determining the efficiency of management of resources is a key factor of any project monitoring. There was also, on the other hand, a need to determine whether the NGOs set objectives were achieved and capture any lessons learned from the implementation of the projects.

The study will contribute valuable learning about the field of monitoring and evaluation to the broader academic knowledge-based broadly, yet relevant to Local HIV/AIDS based NGOs. It may serve as useful input to the quality assurance stakeholders on how to deal and control different projects, not only those attached to HIV/AIDS. This study may further help evaluation architects in designing interfaces to meet the unique needs of the particular organizations, particularly those dealing with HIV/AIDS. To the best of the researcher's knowledge, no study has dealt with the monitoring and evaluation of HIV/AIDS related NGOs in Tanzania, therefore, the findings from this study will also form a basis for further studies related to the topic. Finally, the findings will also help the individual local NGOs to improve the monitoring and evaluation of the projects they implement, hopefully, with the benefit of improving the performance of the projects and their accountability to the stakeholders in terms of resource use and impact of the projects.

1.8 Limitations and Delimitations of the Study

The research was limited to HIV/AIDS projects implemented by WAMATA based in Tanzania's business city Dar es Salaam. Due to the sensitivity of the topic under

study, there was poor cooperation and reluctance to provide some key project information, especially those related to funds. The researcher however, clearly stated the objectives of the study, presented research clearance letter from Open University of Tanzania and established a good reporter to minimize such inconveniences.

1.9 Conceptual Framework

This study aimed at investigating the monitoring and evaluation practices and challenges among HIV/AIDS organizations in Tanzania. Figure one shows the interrelationship of the monitoring components and those on the evaluation side. Two major things can be observed under monitoring; there is effective and efficient utilization of resources, which usually goes hand in hand with some challenges. A combination of these aspects results into either achievement or failure of the project as well as some lessons to be learnt. The expected outcomes of HIV/AIDS projects are reduction in HIV prevalence, mitigation of HIV/AIDS impact and improvement in quality of people living with HIV/AIDS.

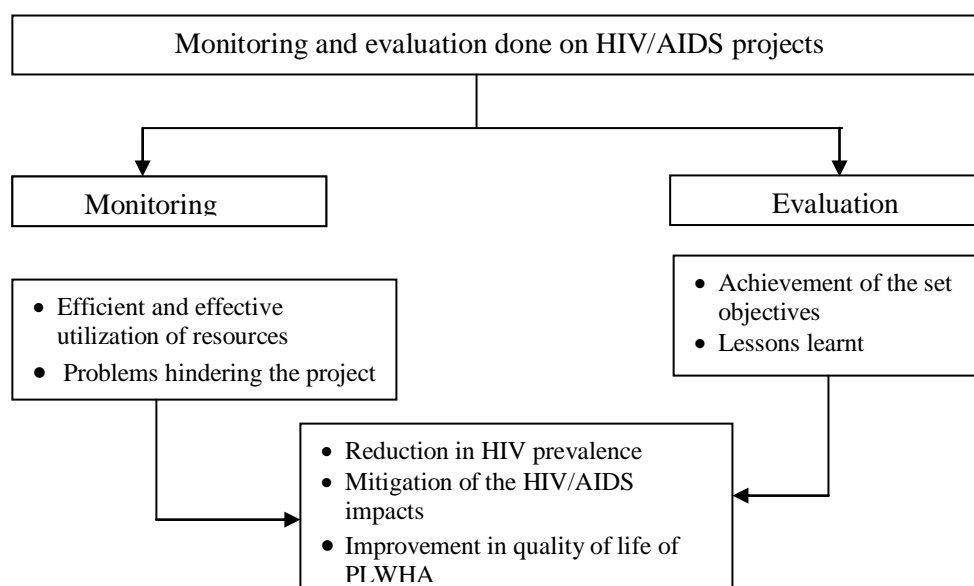


Figure 1.1: Conceptual Framework

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Monitoring and evaluation systems have been in existence since the ancient times (Kusek and Rist, 2004), however today, the requirements for M&E systems as a management tool to show performance has grown with demand by stakeholders for accountability and transparency through the application of the monitoring and evaluation by the NGOs and other institutions including the government (Gorgens et al., 2010).

2.2 The Concept Monitoring and Evaluation

Monitoring and Evaluation is a combination of two processes which are different yet complementary (Gorgens and Kusek, 2009). It is therefore a process of systematically collecting and analysing information of ongoing project and comparison of the project outcome/impact against the project intentions (Hunter, 2009). An M&E system, on the other hand is a set of components which are related to each other within a structure and serve a common purpose of tracking the implementation and results of a project (SAMDI, 2007). It is therefore an integrated system of reflection and communication that support project implementation. An M&E system is made up of four interlinked sections, which are: setting up of the M&E system, implementation of the M&E system, involvement of the project stakeholders, and communication of the M&E results (Guijt et al., 2002).

Monitoring and evaluation (M&E) of development activities provide government officials, development managers, and civil society with better means for learning

from past experience, improving service delivery, planning and allocating resources, and demonstrating results as part of accountability to key stakeholders. Within the development community there is a strong focus on results - this helps explain the growing interest in M&E (World Bank, 2004, Monitoring & Evaluation, Some tools & approaches). Monitoring is defined as the day to day 'routine tracking'/follow up of programmer/project activities to find out if the implementation of these activities is going on as planned. Monitoring helps to assess the progress of performance, identify problems, give feedback to the implementers and solve problems before they cause delays in the implementation (TACAIDS, 2011).

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

Monitoring and evaluation help improve performance and achieve results. More precisely, the overall purpose of monitoring and evaluation is the measurement and assessment of performance in order to more effectively manage the outcomes and outputs known as development results. Traditionally, monitoring and evaluation focused on assessing inputs and implementation processes. Today, the focus is on assessing the contributions of various factors to a given development outcome, with

such factors including outputs, partnerships, policy advice and dialogue, advocacy and brokering/coordination.

2.3 Tanzania's HIV/AIDS Prevalence

Before 1983, medical professionals in Tanzania took Acquired Immunodeficiency Syndrome (AIDS) as a disease occurring in America and Europe. Very little attention was focused on this disease. In October 1983, some doctors working in Bukoba hospital, Kagera Region, started to see patients presenting with prolonged diarrhea accompanied by severe loss of body weight, thinning of body muscles, chronic fever, or pharyngeal, candidiasis and genital ulcers. The first 3 patients with AIDS were reported from Ndolage Hospital in the Kagera region in November 1983. The clinical features of these patients were clearly similar to those reported in Rwanda and Zaire.

In 2015, 1.4 million people were living with HIV in Tanzania. This equates to an estimated HIV prevalence of 4.7 % (UNAIDS, 2016). In 2015, 54,000 people were newly infected with HIV, and 36,000 people died from an AIDS-related illness. Despite the numbers, Tanzania has done well to control the HIV epidemic over the last decade. Scaling-up access to antiretroviral treatment has helped Tanzania minimize the impact of the epidemic. As a result, between 2010 and 2015, the number of new infections declined by more than 20% and the number of people dying from an AIDS-related illness halved (UNAIDS, 2016). According to the Tanzania Ministry of Health (2014) the severity of the epidemic varies across the country. Some regions report an HIV prevalence of around 1.5% (Manyara) while other regions have prevalence as high as 14.8% (Njombe). Overall, the epidemic has

remained steady because of on-going new infections, population growth and increased access to treatment.

PLHIV who suffer stigma, discrimination, loss of income as well as other challenges are among the groups of most affected by HIV and AIDS. Orphans and children made vulnerable by HIV and AIDS (MVC) also suffer lack of love, parental care and support, as well as basic necessities like education and medical care. HIV has permeated and affected households where at least one member has been ill or deceased. These households have had to bear immense social and economic burden and tragedy of caring for the patient or funeral expenses under very challenging resource constrained setting in their homes. As a result Tanzania has a vision to not only prevent the spread of HIV but also care for and support those affected by the epidemic(TACAIDS, 2011).

2.4 NGO in History

Voluntary Organizations existed before 20th century in both North and South. Most of them existed as charitable service providing and relief organizations. NGOs, as they are known today have a more recent history. The early Southern NGOs came as a result of independence struggles such as Gandhian Movement in India. The first NGOs were launched after WWI such as the Catholic Church-based CARITAS and Save the Children Fund (SCF). They gained strength towards the end and immediately after WWII, good examples being OXFAM in 1942 and CARE in 1945. These were engaged in relief work primarily in Western Europe. They gradually shifted their attention to the third world and broadened their scope to include welfare activities—a rational extension of relief (Suleiman, 2002). During the

1950s and 1960s there was a huge proliferation of NGOs. These had changed their focus now to development activities. They had a more or less a common goal around relief work. By 1970s their spectrum broadened. All the way through most NGOs in third world countries started to work towards helping the poor especially against injustice (Edwards & Hulme, 1993). In this manner they had developed advocacy as a new creativity.

Throughout the 1980s a number of equivalent advocacy groups started to be engaged in third world and at the same time North-South Network of advocacy groups increased. By 1979 some NGOs had networked in the International Baby Food Action Network that lead to successful campaign for International Agreement, a code of marketing for baby foods (Clark, 1991). This provided a lesson on how best NGOs could have a wide influence.

2.5 NGOs and HIV/AIDS Projects

The combination of political liberalization and increased donor funding of nonprofits throughout the 1990s sparked a dramatic increase in the number of NGOs operating in most countries in Africa. In Kenya for example, the estimated number of NGOs registered with the government grew from fewer than 500 in 1990 (Ndegwa, 1996) to nearly 3,200 in 2004 (National Council of NGOs, 2003). As a result of this growth, governments in Africa found themselves increasingly dependent on NGOs for the provision of key public services, but with few regulatory or coordination mechanisms at their disposal to influence or oversee the activities of these organizations (Barr *et al.*, 2005). Donors also found it increasingly difficult to assess the capabilities and potential of the many newly emerging organizations.

The role of non-governmental organizations (NGOs) in development cannot be underrated. In the past three decades, globalization and democratization, especially in developing countries, have brought about many unexpected changes in the assumed role of governments. Part of this has been the role and rise of NGOs that have grown in number and power to fill services that governments are either unable or unwilling to provide (Lehman, 2007). NGOs have been playing a critical role in addressing the HIV and AIDS issue in developing countries. Their role was widely acknowledged even before governments in many countries hardly began doing anything against HIV and AIDS.

Moreover, they have been working as key partners for governments and international agencies not only in the prevention of the spread of HIV and AIDS but also for its treatment and support for those living with the disease and also working towards removing the stigma associated with it. NGOs working in the field of HIV and AIDS include organizations promoting awareness and education about it, specific AIDS service organizations, women's organizations, organizations which have been formed by or for people living with HIV and AIDS, rights-based organizations, international development agencies, faith-based institutions and others.

Some of the interventions made by NGOs in this field include advocating for and mainstreaming people living with HIV and AIDS and establishing networks and coalitions for lobbying policies to protect their rights; supporting governments, intergovernmental agencies and international organizations in achieving the goal of universal access to HIV prevention, treatment, care and support; building local capacities of communities, CBOs and local governmental agencies in responding

towards AIDS; strengthening leadership at the local-level; undertaking research on the effects of the disease on the society and supporting the government in improving the health infrastructure to provide treatment for those suffering from it.

In responding to the HIV/AIDS pandemic, local NGOs bring a collection of experiences, technical capabilities, and connections that make them indispensable. NGOs often have a comparative advantage in responding to the complex and evolving landscape of HIV/AIDS. The strengths of local NGOs contribute significantly to their successes and the sustainability of their activities can be derived in one way or another from the close connection that the organizations have with the populations they serve(PACT, 2005).

2.6 NGOs and Monitoring and Evaluation Practices in HIV/AIDS Projects

Monitoring and evaluation is an integral part of the project's design, implementation and completion (Chaplowe, 2008). It is useful to all projects, big or small, since information got from it enables better decision making by helping to identify project areas that are on target and those that need to be adjusted or replaced. Although M&E is an ascent field in Africa, the international agreements promoting aid effectiveness and accountability together with the increased importance for NGOs operating in Africa to demonstrate results and the requirement of host governments in regulating NGOs has led to the appreciation and recognition of the role of M&E in the development agenda (Mouton, 2010). M&E is therefore proved to be of great use in various programs including HIV/AIDS related projects as it is stated in different literatures;

M&E provides the only consolidated information to project managers showcasing the project progress. This is important in helping project managers to know whether the project is achieving the intended objectives or not. The information is important in enabling the project managers make the necessary adjustments. A good monitoring and evaluation systems therefore provides timely and reliable information to support program/project implementation with accurate evidence based reporting that informs management and decision making to guide and improve project/program performance (IFRC, 2010).

According to Failing and Gregory (2003) M&E is important in enabling organizations to track their performance and to measure the impacts of management actions in order to provide feedback on progress towards goals and effectiveness of program interventions. By recognizing the important role of M&E in HIV/AIDS program, even TACAIDS established the National HIV M&E Plan which is a multisectoral, approximately 3-5 year implementation strategy which is developed and regularly updated with the participation of a wide variety of stakeholders from national, sub-national, and service delivery levels.

The plan describes: the data needs linked to a specific programme (e.g. HIV and AIDS); the M&E activities that need to be undertaken to satisfy the data needs and the specific data collection procedures and tools; the standardised indicators that need to be collected for routine monitoring and regular reporting; the components of the M&E system that need to be implemented and the roles and responsibilities of different organizations/individuals in their implementation; how data will be used for programme/project management and accountability purposes. The plan indicates

resources requirement, estimates and outlines a strategy for resource mobilization (TACAIDS, 2011).

As requirements for funds grow stricter, and the emphasis on management practice and demonstrable results increases, NGO's have been forced to demonstrate their impact through development of comprehensive monitoring and evaluation systems. Besides the donors, the project beneficiaries and host governments in Africa are also putting pressure on the NGOs and other members of the civil society to show the impact of their work and relevance (Zogo, 2015).

2.7 Critical Review of Monitoring and Evaluation Challenges in HIV/ADS Projects

One study of M&E practices of British NGOs in Ethiopia identifies a lack of shared meanings of M&E: the further away from the field individuals were located, the more likely they were to emphasize on the potential of M&E to feed into organizational learning; conversely, field staff were found to emphasize accountability to donors (Mebrahtu, 2004). Bryant (2007) finds that NGOs with the least donor funding were the ones doing the most about evaluation possibly because in the case of donor funding, the evaluation is treated as part of contract compliance and donor needs must be met, as opposed to fulfilling the learning needs of the organization.

According to Zogo (2015), there is no monitoring and evaluation culture in some NGO's such that M&E is not part of the staff vision, belief and aspiration, instead it is peripheral to other stages in the programming cycle. As such it receives marginal

attention in terms of resources allocation and required competencies. In some other organizations, M&E is perceived as *policing* such that program staffs have a negative attitude towards the whole M&E function. Similarly, donors and their development partner organizations regard evaluations from very different perspectives hence their attitudes towards the same evaluation activity conflict. For most NGO's, M& E is perceived as extra work and therefore in the rush of implementation, they leave out monitoring (tracking progress) themselves to be done by one individual (M&E Officer) with little support from other staff or management.

There are simply too few people in most Sub-Saharan African countries including Tanzania with the necessary skills and capacity of designing and implementing M&E activities. Many experts in M&E have left part of the "brain drain" afflicting much of Sub-Saharan Africa (Ul Haque and Aziz, 1998). Training programs to raise the skills of those who remain have produced disappointing results. Additionally, the few M&E specialists are expensive beyond the means of many NGOs who don't have adequate resource to engage such experts. As such many NGOs lack the technical expertise, knowledge and understanding of M&E (Mulwa, 2008).

The literature on assessing the status of NGO and how they use M & E is not updated so it is not conclusive that the situation is as it is described in these literatures thus the need to do this research to find out the current status as it was described by Mulwa (2008) states that many NGOs face difficulties in conducting evaluations as well as in utilizing the lessons learned from the evaluation reports to change their practices. Meaningful evaluation requires a significant educational investment that some NGOs cannot make due to financial difficulties, a lack of staff,

or pressure from donors.

Moreover, those NGOs that can perform accurate and meaningful evaluations still struggle to incorporate the lessons learned from the evaluations into their actual practices. Evaluation presents the organization with problems and correcting those problems requires the NGO to undergo the “painful process of change” that includes theoretical, methodological, and practical challenges (Ibid, 2008). Additionally, evaluations uncover weaknesses with the practices of NGOs, information that could potentially be harmful to an organization’s ability to attract and maintain donors. Despite these challenges, evaluation is necessary for NGOs to promote development and decrease poverty in all its forms; however, it is only a worthwhile activity when the knowledge obtained is applied.

Most NGOs carry out monitoring and evaluation because it is a requirement from the donor. As such most M&E activities are tied to donor funding and projects and not institutionalized (Zogo, 2015). Lack of demand for M&E in the sub Saharan Africa means that much of the M&E activity has occurred through donor-driven initiatives. M&E often addresses donors’ concerns for the accountability of project inputs and outputs, rather than local concerns related to broader development issues. The disproportionate element of donor initiative reduces local commitment to and ownership of M&E efforts.

According to Wachamba (2013), Since M&E is not part of organizational culture for many NGOs, there is no participation of primary stakeholders’/ project beneficiaries in programming and monitoring and evaluation in as far as designing M&E system.

They are left out in the process of determining indicators, mode of monitoring and evaluating their development program. Additionally, capacity building on M&E issues for the community/beneficiaries is rarely part of development program. Therefore, beneficiaries do not appreciate the benefits of M&E. Decision making following monitoring and/ or evaluation findings is also unilaterally made by donors and partner NGOs without full participation of beneficiaries. Beneficiaries are mere respondents to questions designed by the NGOs and other change agents.

Many NGOs including those dealing with HIV/AIDS projects do not develop M&E systems that are relevant to their needs, and instead adopt systems that have been provided by donors and other external agencies. As such Complicated M&E systems are wholesomely adapted from international, national, and individual NGO designs (templates) without adequate knowledge and skills. In some cases, even terminologies are grafted in and applied to community level, demanding community's comprehension. Difficult to fill forms or guidelines are commonly given to community level stakeholders (Wachamba 2013 and Zongo 2015).

To ensure the success of the M&E system, the management needs to support it (World Bank, 2002 and IFRC, 2011). Many NGOs fail to reflect indicators and how these are aligned to the international and national development agendas (e.g. the Paris declaration, The MDGs, etc) the national programs ascribe to (Wachamba 2013). Consequently, evaluators are not able to track progress towards attainment of the set goals; secondly evaluators are not able to establish trends because indicators for measurement are not established at the design stage of the program they are commissioned to evaluate. What is common practice being that program managers

set indicators in ad hoc manner? In other cases, programs have no log frames or have poorly developed log frames without indicators or with vaguely defined indicators. It also follows that monitoring does not have a basis from the program design such that what was monitored last reporting period and the next are different making monitoring and evaluation ineffective (Wachamba 2013).

CHPATER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the methodology that was used in the study. It describes among other things the location of the study area, sampling procedures, and sample size, different data collection techniques that was employed to capture the information and data analysis procedures and their rationale.

3.2 Research Approach

The research approach for this study was purely qualitative. To be able to understand and derive meaning from the collected data on the research topic, the researcher thought that there was a need for responses to be gathered in a manner that preserved authenticity and meaning. The range of feelings, attitudes, the differences in perspectives, and the very unique views from which each participant who engaged in this study required a qualitative approach. Qualitative data provided well-grounded, rich descriptions and explanations on the topic under investigation in identifiable local contexts. With qualitative data, the researcher preserved chronological flow, saw precisely which events led to which consequences in relation to study objectives, and drove fruitful explanations.

3.3 Research Design

The research design determines what is going to be observed and analyzed framework or why and how (Cresswell, 2005). This study aimed at investigating the monitoring and evaluation practices and its related challenges in WAMATA in Dar es Salam Region, Tanzania. Thus, the nature of the problem under this study

prompted the researcher to apply exploratory research design. The study used exploratory design in order to provide a better understanding of the situation. This design was also used so as to get an intensive and comprehensive insight of the important variables influencing the monitoring and evaluation practices in the study area. Another reason behind this study design was on the provision of detailed descriptive information so as to establish cause and effect processes as well as providing explanation on monitoring and evaluation practices and challenges in HIV/AIDS control organizations. In addition, the use of this design was meant to generate participants' feelings and meanings associated with the study topic.

3.4 Study Area

This study was conducted in Dar es Salaam region, at Kinondoni municipality where the WAMATA Organization is located. WAMATA is a local non-Governmental organization (NGO) established in 1990 to fight against the spread of HIV/AIDS in Tanzania. The organization was founded by a small group of Tanzanian professionals and families to assist individuals living with HIV/AIDS diagnoses (Iliffe, 1998). The organization help people living with HIV/AIDS by organizing HIV/AIDS prevention campaigns to communities, conducting stigma and discriminations campaigns against people living with HIV/AIDS, Conducting HIV/AIDS voluntary counselling and testing services and home based care services to people living with HIV/AIDS. The organization has branches country wide.

The study area therefore was selected because it is one of the region with high HIV/AIDS prevalence in Tanzania. More over, the study area was selected because WAMATA Dar es Salaam is one of the branch saving many clients as compared to

the rest of the branches. The area was also selected because it is accessible and affordable to the researcher to get the needed information.

3.5 Population and Sampling Procedures

The population for this study comprised of WAMATA management and some clients that got services from the organization. Based on the specific objectives of the study, two forms of sampling were employed to recruit participants for this study. Purposeful sampling was applied to get WAMATA key participants, while clients were recruited by using snow ball sampling technique.

3.6 Sample Size

According to Kothari (2008) sample size is the number of item to be selected from a population to constitute a sample. The target group must be an optimum size that should neither be excessively large nor too small. For this study the total number of respondents to be involved was 60, where 9 respondents were WAMATA key officials, 41 WAMATA beneficiaries and 10 respondents were other stakeholders.

Figure 3.1: Respondents Sample Size

| No. | Respondent Category | Frequency | Percentage |
|-----|----------------------|-----------|------------|
| 1 | WAMATA Officials | 9 | 15 |
| 2 | WAMATA Beneficiaries | 41 | 68.3 |
| 3 | Other Stakeholders | 10 | 16.7 |

Source: Field Data, January 2018

3.7 Data Collecting Methods and Tools

Interview, observation and Focus Group Discussion are the standardized methods that were used for data collection in this research. Tape recorder, and checklist were used as data collection tools.

3.7.1 Interview

Interviews are discussions, usually is one to one between an interviewer and an individual meant to gather information on a specific set of topic. Interview can be conducted in person or over phone. According to (Cohen& Manion, 2000) Interviews are ways for participants to get involved and talk about their views. In addition, the interviewees are able to discuss their perception and interpretation in regards to given situation. It is their expression from their point of view. This method entails a one to one correspondence between the researcher and the respondents. It is usually associated with completeness and accuracy since it provides an opportunity for clarifications, probing and elaboration where need be.

Interviewing requires face-to-face contact or contact over telephone and calls for interviewing skills. It is done by the use of structured schedule or an unstructured guide. It most useful method of collecting information from illiterate or less educated respondents, and most of the people often are more willing to talk than to write (Krishnaswami, 2003). In this study therefore, interview was conducted especially to the WAMATA officials in order to get detailed and extra information on the research question. The use of interview method, enabled researcher to ask more questions for clarification and to ask probing questions for extra information. This was however enabled using the checklist tool which contained a list of unstructured question.

3.7.2 Focus Group Discussion (FGD)

According to Stewart (1990), focus group discussion is a form of qualitative research where questions are asked about their perceptions attitudes, beliefs, opinion or ideas.

it involves gathering people from similar backgrounds or experiences together to discuss a specific topic of interest. In focus group discussion participants are free to talk with other group members unlike other research methods it encourages discussions with other participants. It generally involves group interviewing in which a small group of usually 8 to 12 people. It is led by a moderator (interviewer) in a loosely structured discussion of various topics of interest (ibid).

The group's composition and the group discussion should be carefully planned to create a non-intimidating environment, so that participants feel free to talk openly and give honest opinions. Since participants are actively encouraged do not only express their own opinions, but also respond to other members and questions posed by the leader, focus groups offer a depth, nuance, and variety to the discussion that would not be available through surveys. The researcher used this method because is a good way to gather in depth information about peoples' thoughts and opinions on a topic, and it helped to yield a lot of information in a relatively short time. Three focus group discussion sessions were conducted where the first and the second each had 13 people while the third had 14 participants. All sessions were conducted at WAMATA office premises. During all sessions of focus group discussion, tape recorder was used to record all the conversions from participants.

3.7.3 Observation Methods

According Marshall and Rossman (2003) Observation is defined as the systematic recording, analysis and interpretation of people's behavior. Observation collects data where and when an event occurs. It does not rely on people's willingness to provide information. It directly sees what people do rather what people say. In this study,

observation was used during focus group discussion as well as observing different M&E tools used by the organization.

3.8 Data Processing and Analysis

Data for this study was collected through semi-structured interviews and focus group discussion, and was managed and analyzed as outlined below:

- i. The tape recorded proceedings were transcribed verbatim immediately after the field work.
- ii. The transcriptions were typed and saved onto a computer; enough back-up copies were prepared and stored separately in computer and memory sticks.
- iii. Prior to actual analysis of the focus group and interview data, all transcriptions were translated into English.
- iv. An inductive thematic analysis approach was employed, in which emerging themes were identified and directly linked to the data themselves. The following six thematic steps were followed: familiarization with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing the report.
- v. For quantitative information, data were coded, recorded on the SPSS software and there after analyzed to get frequency distribution table and other graphs.

To ensure consistency during the analysis, the researcher independently read all transcripts from one site, in order to gain a sense of the range and types of responses. The researcher developed a list of initial thematic categories based on repetition of ideas, words, images, and examples in participants' responses. Likewise, the

researcher independently read transcripts from the remaining sites adding new thematic categories or refining existed ones through an interactive process that involved a constant checkup of the categories against the data. Both dominant and alternative views were considered by determining which views reflected the majority opinion and those that were expressed by one or several respondents. Finally, the research assistant independently read the transcripts, using the same procedures described for the researcher. A comparison of the thematic categories generated by the researcher and the assistant was made, and differences were resolved and consensus was reached based on a re-examination of the transcripts.

3.9 Ethical Consideration

Failure to conduct research in an ethical manner undermines the entire scientific process, impedes the advancement of knowledge, and erodes public's respect for scientific and academic communities (John., Eugene & Jeanne, 2009). It can also lead to significant legal and financial penalties for individuals and institutions. In this study, ethical issues were highly considered as per the American Psychological Association's Ethics Code (2000). Although there are many principles, the most important principle is this: *The people who participate in our experiments are volunteers and they deserve to be treated with respect and shown appreciation* (APA, 2000).

The overall research clearance was obtained from the Open University of Tanzania. Research permit was also secured from Dar es Salaam Region Administrative Secretary and from the Ilala District Administrative Secretary as well. The researcher met the WAMATA participants and other participants, and informed them

about the aim of the study, and how it would be conducted. Consent was sought from all participants who were involved in the study. Participants were given detailed information, in the introductory part of the interviews, that described the nature of the study, their rights as participants and the responsibilities of the researcher. Participants were informed that their responses would be kept anonymous and confidential, and that they could avoid any of the questions. Moreover, they were told that they could discontinue their participation in the study at any time when they felt uncomfortable. Therefore, participation in this study depended much on the consent and willingness of the respondents in order to uphold the confidence of both the researcher and respondents.

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSION

4.1 Introduction

This chapter is basically designed to present and discuss the findings obtained from the field. This discussion of the findings is based on the research objectives. Data were obtained through the use of the data collection techniques aimed at in this research, namely: questionnaires, interviews, focus group, discussions and documentary reviews. The main areas which guided the presentation of data and consequently the discussions of the key research findings emanate from the research questions brought forward in chapter one of this research. Therefore, this chapter presents the findings of monitoring and evaluation practices and challenges of HIV/AIDS projects in Tanzania. These findings are presented in line with the specific objectives of the study.

In general, this chapter presents the effectiveness of achievement of the project outcomes/objectives, challenges facing the project, its sustainability within the community, as well as documentation of best practices. The chapter starts by providing the profile of the respondents who were the source of the relevant information required to fulfill the study objectives, and thereafter, the chapter proceeds with the provision of the outcomes and discussions of the main issues as put forward in the research questions.

4.2 Profile of Respondents

The profile of the respondents serves the purpose to provide brief description that

summarizes the characteristics of people involved in the study. It was important to examine the profile of the respondents so as to guarantee the reliability of their responses. Therefore, the study had to look into some information such as gender and age, marital status, education level, and work experience, so as to understand how the respondents influenced the nature and types of responses.

In this regard, the profile of the respondents provides the parameters with which the analysis of responses is based on, for this chapter and in the subsequent chapters. In social sciences research characteristics of respondents have very significant role to play in expressing and giving the responses about the problem, keeping this in mind, in this study a set of personal characteristics namely, age and gender affect relatively the understanding of the monitoring and evaluation practices and challenges of HIV/AIDS projects in Tanzania.

Nevertheless, the research was targeting to collect information from **65** respondents from WAMATA official, clients and other stakeholders. The response was **60** respondents which was 92.3% respondent rate. According to Mugenda *et al* (2003), a response rate of 50% is adequate for analysis and reporting; a rate of 60% is good and a rate of 70% and over is excellent, while according to Babbie (2002) 50 percent is sufficient for statistical generation and response rate greater than 70 percent is very good. Based on this contention, the response rate was excellent as it was above 70%.

4.2.1 Age Distribution

The researcher sought to establish the age distribution of respondents so that it can

be ascertained how age disparity affects the understanding of M&E practices and challenges of HIV/AIDS programs. The majority (40%) of the respondents indicated that their age ranged between 20 to 30 years, followed by 21.7% who indicated that their age range was between 40 to 50 years. The findings also revealed that 20% of the respondents were aged between 30 to 40 years; 18.3% were over 50 years of age as illustrated in Figure 4.1:

Table 4.1: Respondents Age Distribution

| Age Group | Frequency | Percent | Valid Percent | Cumulative Percent |
|-----------|-----------|---------|---------------|--------------------|
| 20 to 30 | 24 | 40.0 | 40.0 | 40.0 |
| 30 to 40 | 12 | 20.0 | 20.0 | 60.0 |
| 40 to 50 | 13 | 21.7 | 21.7 | 81.7 |
| Over 50 | 11 | 18.3 | 18.3 | 100.0 |
| Total | 60 | 100.0 | 100.0 | |

Source: Field Data, January 2018

4.2.2 Respondents Gender

Gender is a matter of concern in this study because men and women have different ideologies on matters related to understanding of M&E practices in HIV/AIDS projects. The gender distribution of the respondents was sought in order to establish if there were any gender parities in the positions. The findings indicated that the majority of the respondents were female (63.3%) while males' respondents were only 36.7% as indicated in Figure 4.2.

Table 4.2: Respondents Gender Distribution

| Gender | Frequency | Percent | Valid Percent | Cumulative Percent |
|--------|-----------|---------|---------------|--------------------|
| Male | 22 | 36.7 | 36.7 | 36.7 |
| Female | 38 | 63.3 | 63.3 | 100.0 |
| Total | 60 | 100.0 | 100.0 | |

Source: Field Data, January 2018

4.3 What are the Key Activities of Local HIV/AIDS Projects in Tanzania?

The first research question of this study sought to find out the key activities of local HIV/AIDS projects in Tanzania. This was supposed to enable the researcher to determine the understanding of respondents on different activities conducted in HIV/AIDS. Therefore, respondents were asked to outline the activities or services provided in local HIV/AIDS.

Data obtained under this section were analyzed using content and theme analysis. The finding of the study therefore, reveals that the most activities outlined during focus group discussion were Psychosocial support, Protection and care, Food and nutrition, Shelter and care services, Education support, and Health support to people living with HIV/AIDS. During in depth interview, one of the WAMATA official articulated;

“As WAMATA organization, we Conducting home based care services to people living with HIV/AIDS Economic strengthening and support. We more over Organizing HIV/AIDS prevention campaigns to communities, Conducting HIV/AIDS Volunatry Counselling and Testing (VCT) services to the community as well as helping the Orphans and Vulnerable Children.....” (55 Female WAMATA official key informant January 2018)

4.4 How Effectively are the M&E Processes done on HIV/AIDS Projects Implemented by Local Based NGOs?

Another research question aimed to explore the effectiveness of Monitoring and Evaluation process on HIV/AIDS projects implemented by local based NGO. The finding in this research question were coded and analyzed through SPSS in order to quantify them while qualitative information was analyzed through theme and content analysis. The data obtained are discussed in the following sub-sections.

4.4.1 Tools Used to Keep Clients Records

The respondents especially WAMATA officials were asked to list down the tools and mechanisms used to keep records clients records served by the agency. Passing through different organization documents it was observed that there are different mechanisms and tools put in place to ensure an effective M&E practices. In WAMATA, common tools and techniques used in their M&E systems are logical framework, participatory approaches, evaluation surveys, site visits, service forms, register books, registration forms and referral forms. It was evident during the study that, NGOs use different techniques of M&E system and practices for their project.

Service beneficiaries are sometimes visited in their homes to monitor their progress. More importantly, clients are put in groups in which there is a group leader who is responsible to monitor group members progress. This was supported by the organization staff who said;

“...and using different forms including Care plan forms, Screening and enrollment forms, Monthly forms, HIV-risk assessment forms, and Quick Response codes.” (40 years Female WAMATA organization staff; January 2018)

4.4.2 How Often Clients Are Home Visited for Close Follow-Ups

The researcher wanted to understand whether the organization’s clients are visited for close monitoring. Thus the high the home visits could enhance affective monitoring of the HIV/AIDS local projects. It was identified during FGD that WAMATA officials have no frequent home visiting to clients. Nevertheless, respondents during FGD said that there are group leaders responsible to make close follow-ups of the clients at their grassroots. This was also supported by one of

WAMATA official who stressed that;

“...WAMATA uses Community Case Workers, Case Management Officer, HIV Health Officer and group leaders who were selected by the organization to collect monthly reports....” (36, Male WAMATA key official informants; January 2018).

Moreover, the respondents (service recipients) were asked whether they like or dislike to be visited at their homes. The Figure 4.3 indicates the findings;

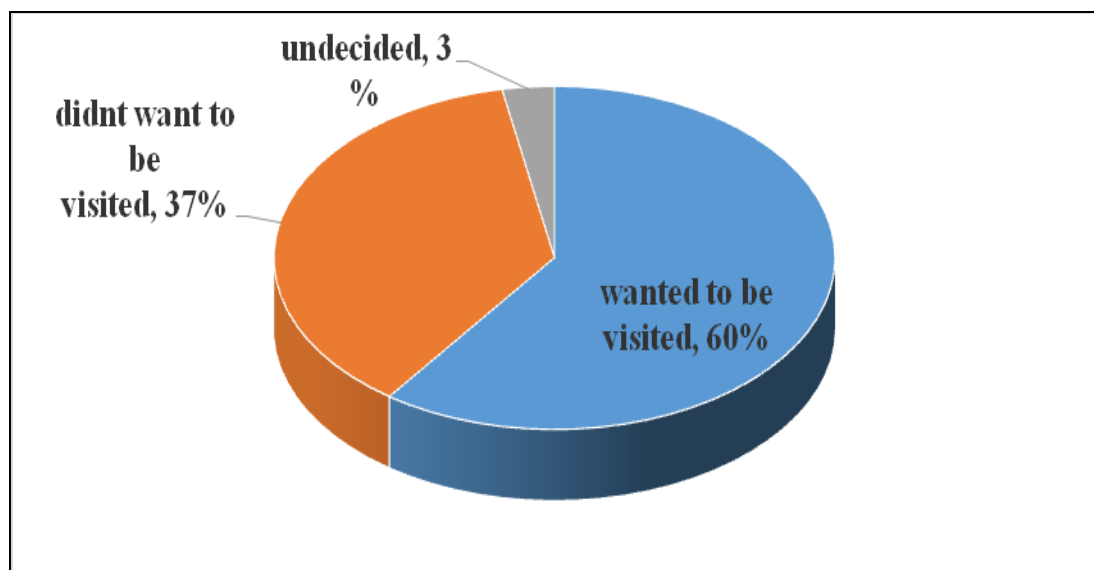


Figure 4.1: Respondents Response to Home Visits

Source: FGD Field Data January 2018

Moreover, as indicated in the figure above, 60% of the respondents wanted to be visited in their homes for close follow-ups while 37% did not want to and 3% remained undecided. However, those who wanted to be visited at their home stressed on the adherence to professional code of ethics as it was argued. One of the themes during focus group discussion indicated that clients though like to be visited by service providers, they too like the practitioner to respectful, care and confidential.

4.4.3 How Project Information Are Shared with Other Stakeholders

Participants were also asked to state whether clients information are being shared by other stakeholders like the government, donors, other NGOs and the communities and to identify how such information are being shared as per Table 4.1.

Table 4.3: Whether Client’s Information Shared by Other Stakeholders

| Response | Frequency | Percentage % |
|--------------|-----------|--------------|
| Yes | 20 | 33.3 |
| No | 13 | 21.7 |
| I don’t know | 27 | 45 |
| TOTAL | 60 | 100 |

Source: Field Data January 2018

27% of the respondents did not know whether the clients’ information is shared by other stakeholders, 20% were aware while 13 replied NO. this was also indicated During FGD, many participants seemed not to be aware of whether clients’ information are shared by other stakeholder, though NGO official indicated that NGOs share information with other stakeholder like central government, local government and the donors as it was revealed by one program official from WAMATA when he stated;

“We always send Clients information through reports to the municipal council in order to get informed of the HIV/AIDS status. Donors have their report templates we use to share with them progressive reports of the services we provide” (55, male WAMATA official key informant, January 2018).

4.5 What are the Challenges Faced in the Monitoring and the Evaluation of HIV/AIDS Projects Implemented by Local Based NGOs?

Under research question number three, the research aimed at identifying the challenges faced by local NGOs in the monitoring and evaluation of the HIV/AIDS

projects where the findings were coded and analyzed through SPSS, theme analysis and content analysis as well. Therefore, respondents were asked to indicate the challenges that constrained M&E practices in the organization. During the focused group discussion, the following are among the challenges which were mentioned by members of NGOs who were interviewed; Change clients' residence, reluctance of the clients to provide valid information, double counting, non-adherence to professionalism, lack of skilled and competent M&E officials and system and poor project reports and inadequate or delayed disbursement of funds. Below is the graph to illustrate them.

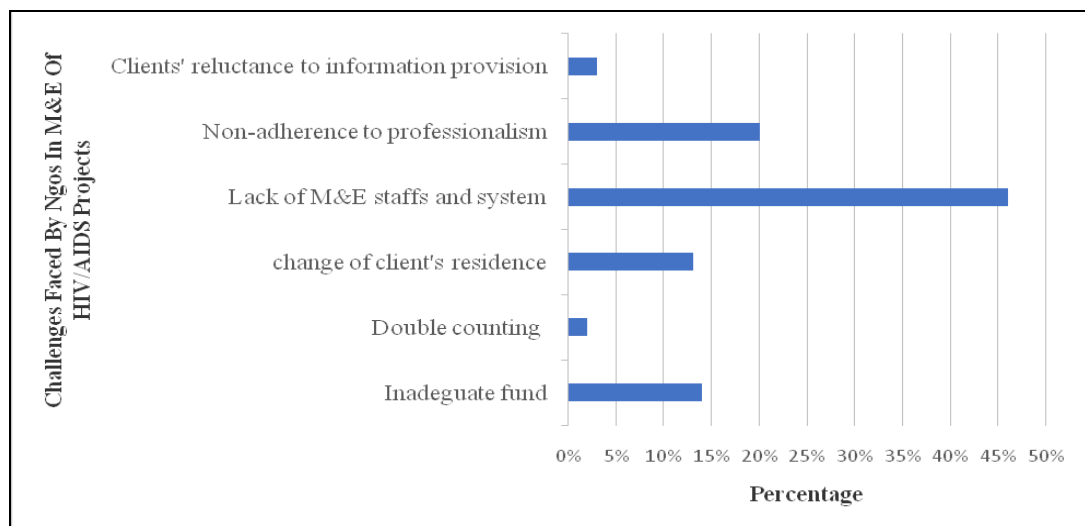


Figure 4.2: Challenges faced by NGOs in M&E of HIV/AIDS Projects

Research conducted by Ramothamo (2013) on "M&E of HIV/AIDS, donor funded projects in Maseru, and Ethiopia,' agree that organizations encounter different challenges in the process of monitoring and evaluations, the finding which concur with that of Kayaga (2015) which indicated that, basically there are wide range of difficulties or challenges connected with establishing and even implementing of effective Monitoring and Evaluation systems at the project level. The two studies

indicate, Double Counting, Non Adherence to Professionalism, Lack of Skilled and Competent M&E Officials and System, poor project reports and inadequate or delayed disbursement of funds as the M&E challenges encountered by NGOs, the same challenges revealed in during this study.

Findings in figure 4.5 indicates that,48% of the respondents agreed that lack of M&E staff and system was one of the most common problem facing the organization in implementing HIV/AIDS projects. In fact, there was no specific or competent personnel responsible for managing M&E practices at WAMATA. In addition, there was no M&E system in place that was observed by the researcher. It was identified that non adherence to professionalism was the other challenging incidence as it comprised 20% of the respondents.

Additionally, the study findings show that organization practitioners do not adhere to professional code of ethics when they conduct home visit for monitoring and evaluation activities. One of the focus group discussion themes that came out in the discussions of break of code of ethics is how clients resisted to cooperate with agency practitioners because they are gossipers, clients disliked them due to this. This scenario leads to client's resistance to cooperate. The other theme came out in the FGD was the delay of the practitioner to the appointment made with the clients the thing which was discredited by the clients.

Nevertheless, change of the clients' residence was another challenge observed especially in urban area. During this study 13% participants had this response. Some of the clients served do not live in the project area. This makes it difficult for

effective monitoring and evaluation processes. During focus group discussion, one of the themes raised was the scenario that many people getting HIV/AIDS services do not live in the place of program operation which cause difficult to make follow-ups. Another project official during interview said;

“Abrupt migration of the clients usually cause difficult to trace the clients progress.” (40, female WAMATA official key informant January 2018).

4.6 How Best Can Monitoring and Evaluation Practices be Conducted in HIV/AIDS Projects Implemented by Local Based NGOs?

Under research question four, the study sought to recommend for best practices in monitoring and evaluation of HIV/AIDS projects. The findings in this area were analyzed using theme and content analysis. The findings in this study identified different recommendations as provided by the respondents during interview and focus group discussion. Some of the respondents argued for the importance of maintaining professionalism as one way of maintaining thorough monitoring and evaluation process. One of themes advanced during focus group discussion was the tendency of the practitioners to violate code of ethics when they visit clients at their home as they did not keep confidentiality. The respondents advised the practitioners to abide with ethics.

Searching for financial aid was also recommended by the respondents to ensure the availability of fund for effective M&E practice. One of the organization key informant during in-depth interview said

“WAMATA should make purposeful effort to search for donors in order to have enough funds for making thorough monitoring and evaluation.” (36, male WAMATA key official informants)

Another organization staff (30, male WAMATA key official informant) during in-depth interview said;

“The fund allocated for M&E is not sufficient to the extent that it is difficult to undertake a very effective monitoring and evaluation. Sometimes we have to use our own money to make close follow-ups of our clients. Therefore, there should be an increase of the budget.”

Moreover, there should be favorable M&E Institutional arrangements that inform the institutional or systemic arrangements that need to be in place to support the implementation of the M&E plan. This concurs with the finding of Kishimba (2017), Wanjiru (2009), TACAIDS (2012) and world Bank (2010) This includes; clearly **defined** roles and responsibilities for monitoring, evaluation and reporting, Human and physical resources, Electronic data base, continuous improvement and capacity building—Everyone in the organization should understand the scope and elements of the M&E system.

Lastly, Collaboration with other stakeholders have also one of the useful measure to overcome M&E challenges in the HIV/AIDS projects. The finding indicates that WAMATA had been collaborating with other stakeholder like PACT who were not only responsible for provider of funds but also capacity building in various areas including M&E capacity. One respondent argued;

“In some instances we get M&E training from different stakeholders including PACT Tanzania especially when it provides us with fund to implement OVC programs” (40, female WAMATA official key informant, January 2018)

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATION

5.1 Introduction

This chapter is a synthesis of the entire study, and contains the summary of research findings, conclusions, and recommendations and suggestions for further research.

5.2 Summary

This study generally intended to investigate whether monitoring and evaluation were done effectively and efficiently on the HIV/AIDS projects implemented by local NGOs. More specifically, the study aimed at addressing the following objectives: to identify the nature of activities carried out on the HIV/AIDS projects implemented by local NGOs, to examine if monitoring and evaluation of HIV/AIDS projects in local NGOs is done effectively, to identify the challenges faced by local NGOs in the monitoring and evaluation of the HIV/AIDS projects, and to recommend for best practices in monitoring and evaluation of HIV/AIDS projects.

The study used exploratory research design, and participants of the study included the NGO's officials and the Clients served by WAMATA. The total number of study sample was 100 respondents. The sample design used was Purposeful and Snowball sampling techniques. Questionnaires and interviews were used to collect information from the field and the analysis of data involved both qualitative and quantitative techniques.

5.2.1 The Nature of Activities Carried Out on the HIV/AIDS Projects

Implemented by Local NGOs

The study findings revealed that, the majority of respondents (90%) were aware of

the activities carried out by the organization. They identified such activities as psychosocial support, protection and care, food and nutrition, shelter and care services, education support, and health support to people living with HIV/AIDS. The most highly ranked activity mentioned by the respondents was health support to people living with HIV/AIDS as cited by 80% of the respondents while psychosocial support was the least mentioned by the respondents, as it was cited by 40% of the respondents involved in the study.

5.2.2 Whether M&E Practice is Done Effectively in Local NGOs' HIV/AIDS

Projects

In assessing whether M&E of HIV/AIDS project in local NGOs was done effectively, it was evident during the study that, NGOs use different techniques of M&E system and practices for their project which included logical framework, participatory approaches, evaluation surveys, site visits, service forms, register books, registration forms and referral forms. This enable the access to both quantitative and qualitative information which concur with Woodhill (2005) that both qualitative and quantitative information are critical, yet an indicator-driven approach to monitoring and evaluation often drives systems in the direction of quantitative information, yet it is often the qualitative information that is required for explanation, analysis and sound decision making.

The finding also revealed that Organization officials had no frequent home visiting to clients instead they got information from group leaders even though it indicated that 60% of the respondents wanted to be visited in their homes for close follow-ups while 37% did not want to and 3% remained undecided. Moreover, 45% of the

respondents did not know whether the information was shared, while 33% agreed and 13% disagreed on whether information was shared with other stakeholders.

5.2.3 The Challenges Faced by Local NGOs in the M&E of the HIV/AIDS Projects

In identifying the challenges faced by local NGOs in the monitoring and evaluation of the HIV/AIDS projects, it was found that 46% of the respondents rated Lack of skilled and competent M&E Officials and System, 20% rated lack of M&E plan, 14% rated poor project reports and inadequate or delayed disbursement of funds. While 13% of the respondents rated change of clients' residence to be the challenge, 03% rated reluctant of the clients to provide valid information and 02% of the respondents rated double counting as the challenge. These findings indicated the ineffective M&E practice in such projects. These findings concur with Muzinda (2007), who revealed that NGO lacked expertise in monitoring and evaluation as highlighted by the findings. Other challenges faced by the NGOs included among others stringent requirements from donors, lack of involvement of PLWHA in the process of M&E.

In the qualitative part of this study, it was noted that PLWHA were not actively involved in monitoring and evaluation. They are just used as a statistic. This was identified during the focus group discussion which included PLWHA. Other challenges identified by the respondents were; over reliance on donors, and clients' reluctance to provide information during focus group discussion, the same challenges were identified including the scenario that many people getting HIV/AIDS services do not live in the place of program operation which cause

difficult to make follow-ups.

These findings are supported by other two studies; Ramothamo (2013) and Kayaga (2015) which indicated that, basically there are wide range of difficulties or challenges connected with establishing and even implementation of effective monitoring and evaluation systems at the project level. The two studies indicate, Double Counting, Non Adherence to Professionalism, Lack of Skilled and Competent M&E Officials and System, poor project reports and inadequate or delayed disbursement of funds as the M&E challenges encountered by NGOs, the same challenges were revealed during this study. This makes it difficult for effective monitoring and evaluation processes.

5.2.4 Recommended Best Practices in M&E of HIV/AIDS Projects

In identifying the recommended best practices in monitoring and evaluation of HIV/AIDS projects, about 35% of the respondents recommended for presence of M&E plan/framework, 26% recommended supportive supervision and data auditing, 14% suggested staff understand of the scope and elements of the M&E system, 13% said Electronic data base while the rest (12%) recommended clearly defined roles and responsibilities for monitoring, evaluation and reporting.

However, according these findings above it shows that the presence of M&E plan/framework is more significant for the best M&E practice. These findings are the same as those found in the qualitative part of the study where respondent recommended the presence of qualified M&E staff and system, adherence to the code of ethics during home visit, searching for financial resources, close follow ups

including home visits and supportive supervision.

These findings concur with the finding of Kishimba (2017), Wanjiru (2009), TACAIDS (2012) and world Bank (2010) which identified; clearly defined roles and responsibilities for monitoring, evaluation and reporting, human and physical resources, electronic data base, continuous improvement and capacity building and everyone in the organization should understand the scope and elements of the M&E system.

5.3 Conclusion

During the study, different common NGO's activities were identified such activities including psychosocial support, protection and care, Food and nutrition, shelter and care services, Education support, and health support to people living with HIV/AIDS. It is therefore it is concluded that, activities done by NGOs undertaking HIV projects are well known to their respective clients served. This study goes on to conclude that; NGOs implementing HIV/AIDS projects should ensure that their varieties of services they provide are well known to community members especially their clients, as the study identified that majority of the respondents knew much about Health support to people living with HIV/AIDS.

For effective M&E practice, the study identified different M&E tools in place which included logical framework, participatory approaches, evaluation surveys, site visits, service forms, register books, registration forms and referral forms. However, the study conclude that NGOs should conduct staff training to equip them with ethical principles as it was identified that clients did not want to be visited at their homes

because of staff misconduct and non-adherence to ethical principles. In support, UNDP, (2011) argues that though CSOs need not have complex monitoring and evaluation systems, there is need to possess an elementary knowledge of an ability to utilize reporting, monitoring and evaluation system. Furthermore, the study concludes that; project information should be openly shared with other stakeholders to enable access to such information to any stakeholder in need.

The finding revealed different challenges faced by local NGOs in the M&E of the HIV/AIDS projects including Change clients' residence, Reluctant of the clients to Provide Valid Information, double counting, non-adherence to professionalism, lack of skilled and competent M&E Officials and System, poor project reports and inadequate or delayed disbursement of funds. The study concludes that; NGO should employ M&E professionals in their projects and conduct regular in-service M&E training for effective M&E practices this is because training is paramount in building an M&E human resource, which is able to manage the M&E system effectively (World Bank, 2011). NGOs should ensure they place a substantial amount of budget for the M&E practices. Acevedo et al. (2010), observes that both formal training and on the job experience are important in developing evaluators.

5.4 Recommendations

Based on the research findings and conclusion reached, the study makes different recommendations especially to NGOs dealing with HIV/AIDS projects. For better execution of such projects, NGOs should put in place a well-established M&E system. The M&E tools used by the organization should not only be known by the practitioners but by also the service recipients for effective and efficiency practice.

This will enable easy follow-up and tracing some specific outcome of the projects.

NGOs should employ well qualified M&E officers to undertake daily, weekly, monthly and annual monitoring and evaluation activities. In-service M&E training should as well be conducted to provide organization's staff with necessary skills and knowledge related to M&E practices. Projects staffs should always adhere to their professional code of ethics to enable sustainable participation of the service users. This is because the M&E practice should be considered as a collective responsibility where every personnel, including the supervisors, are part and parcel of the monitoring and evaluation process. Searching for financial aid is also recommended to ensure the availability of fund for effective M&E practice.

NGOs implementing HIV/AIDS should develop a modern database in which all served clients can be retrieved to avoid double servicing the same clients. Thus, there should be specific program software which can be used to store M&E data hence easy to make data audit and easy access to such data. This will also avoid the problem of over exhausted PLWHA by being over-researched. Nevertheless, more resources should be planned for monitoring and evaluation practices. This is because organizations seem to put less emphasis on the importance of M&E practice, and hence put fewer budgets on the activity. They can also plan for the M&E tools which are less expensive but which can reach to grassroots levels.

5.5 Suggestions for Further Research

Basing on the findings of this research, there is a number of relevant issues that the research did not study but which might be significant for further research; the role of

ICT in influencing effective M&E practice in HIV/AIDS projects. More over this study was only conducted in WAMATA organization in Dar es Salaam, hence other studies can be conducted in other NGOs from different parts of the country.

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APPENDICES

Appendix 1: Interview Questions for service providers

1. What are the services provided by the agency?
2. How do you ensure close followups to your service recipients?
3. Who are the target population of the agency programs?
4. What are the tools used to keep clients records served by the agency?
5. How do you share clients information with other stakeholders?
6. How do you identify clients understanding of the services provide?
7. How do you ensure client adherence to the services provided?
8. What are the main objectives of the agency?
9. What are the challenges you face during clients followups?
10. Is there any possibility to rectify those challanges? How?

Appendix 2: Focus Group Discussion

How effectively are the monitoring and evaluation processes done on HIV/AIDS projects implemented by local based NGOs?

1. How did you get information about WAMATA?
2. How are you linked with other service providers?
3. Do you know any service provider from the organization?
4. How often are you visited by the service provider at your home?
5. What kind of services and support do you get from the organization?
6. Do you know any home based care service provider by name or face?
7. Are you satisfied with service provided by the organization?
8. How do you inform your service provider in case you have a problem at home?
9. What should be done to improve the services provided by the agency?
10. Would you like to be visited by the service provider as often as possible? And why?
11. How do you get tracked when you do not attend to the agency as required?