

**ASSESSMENT OF THE EFFECTIVENESS OF MONITORING AND  
EVALUATION IN MANAGING THE IMPROVED COMMUNITY HEALTH  
FUND IN SONGEA MUNICIPAL COUNCIL**

**ANTHONY M. MGINA**

**A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE  
REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN  
MONITORING AND EVALUATION (MAME)  
DEPARTMENT OF ECONOMICS AND COMMUNITY ECONOMIC  
DEVELOPMENT  
OF THE OPEN UNIVERSITY OF TANZANIA**

**2023**

**CERTIFICATION**

The undersigned certifies that he has read and here by recommends for acceptance by The Open University of Tanzania a dissertation entitled; **“Assessment of the effectiveness of Monitoring and Evaluation in managing the improved Community Health Fund in Songea Municipal Council”** in partial fulfilment of the requirements for the award of Degree of Masters of Arts in Monitoring and Evaluation (MAME).

.....  
Dr. Hamidu A Shungu  
(Supervisor)

.....  
Date

### **COPYRIGHT**

No part of this Dissertation may be reproduced, stored in any retrieval system, or transmitted in any form by any means, electronic, mechanical, photocopying, recording or otherwise without prior written permission of the author or The Open University of Tanzania in that behalf.

**DECLARATION**

I, **Anthony Michael Mgina**, declare that, the work presented in this dissertation is original. It has never been presented to any other University or Institution. Where other people's works have been used, references have been provided. It is in this regard that I declare this work as originally mine. It is hereby presented in partial fulfillment of the requirement for the Degree of Masters of Arts in Monitoring and Evaluation (MAME).

A handwritten signature in blue ink, appearing to read 'A. M. Mgina', is written over a horizontal dotted line.

Signature

.....

Date

## **DEDICATION**

I dedicate this work to my beloved Wife Shukuru, my beautiful daughters Olivia and Elvira and to my son Enock.

## **ACKNOWLEDGEMENT**

I express my sincere gratitude to my research supervisor Dr. Hamidu A. Shungu who was instrumental in defining the path of my research and providing a high level encouragement. For this, I am extremely grateful. I would also like to thank my lecturers who impacted me with knowledge throughout my course work. I'm further grateful to my wife Shukuru for her tireless support for me to accomplish my study. I will be ungrateful if I will not appreciate my class mate whom we moved together helping each other during our pursuance of this course. May the Almighty God abundantly bless them ALL.

## ABSTRACT

This study is set out to assess the effectiveness of Monitoring and Evaluation in managing the Improved Community health Fund (iCHF) in Songea Municipal Council. The study was guided by theory of change and the theory of demand for health insurance. Descriptive research design and qualitative methods were used in data collection and analysis. The target population was 70 employees from Songea municipal council and RAS office where 55 respondents were randomly and purposively sampled. Data was collected using structured questionnaires, in-depth interviews and documentaries review . The findings from the study revealed that the M&E for managing the iCHF in Songea Municipal was ineffectively implemented; there was poor adherence to the M&E guidelines set by the Government. The study concluded that the poor performance of the iCHF is attributed to poor M&E in the management of the iCHF. It is therefore recommended that the authority should put more efforts and resources in the design and implementation of M&E as tool to manage the iCHF.

**Keywords:** *Monitoring and Evaluation System, Monitoring, Evaluation, Community Health Fund.*

## TABLE OF CONTENTS

<b>CERTIFICATION .....</b>	<b>ii</b>
<b>COPYRIGHT .....</b>	<b>iii</b>
<b>DECLARATION.....</b>	<b>iv</b>
<b>DEDICATION.....</b>	<b>v</b>
<b>ACKNOWLEDGEMENT .....</b>	<b>vi</b>
<b>ABSTRACT.....</b>	<b>vii</b>
<b>TABLE OF CONTENTS .....</b>	<b>viii</b>
<b>LIST OF TABLES .....</b>	<b>xii</b>
<b>LIST OF FIGURE .....</b>	<b>xiii</b>
<b>LIST OF ABBREVIATIONS .....</b>	<b>xiv</b>
<b>CHAPTER ONE .....</b>	<b>1</b>
<b>INTRODUCTION.....</b>	<b>1</b>
1.1 Overview.....	1
1.2 Background of the Study .....	1
1.3 Statement of the Problem.....	4
1.4 Research Objectives.....	5
1.4.1 General Objective .....	5
1.3.2 Specific Objectives .....	5
1.5 Research Questions.....	6
1.6 Significance of the Study .....	6
1.7 Scope of the Study .....	6
<b>CHAPTER TWO .....</b>	<b>8</b>
<b>LITERATURE REVIEW .....</b>	<b>8</b>



2.1	Overview .....	8
2.2	Definition of Concepts .....	8
2.3	Theoretical Literature Review .....	11
2.3.1	Theory of Change .....	11
2.3.2	The Theory of Demand for Health Insurance .....	12
2.4	Empirical Literature Review .....	13
2.5	Research Gap .....	16
<b>CHAPTER THREE .....</b>		<b>18</b>
<b>RESEARCH METHODOLOGY .....</b>		<b>18</b>
3.1	Overview .....	18
3.2	Research Design.....	18
3.3	Area of the Research.....	18
3.4	Study Population .....	19
3.5	Sample Size and Sampling Techniques .....	20
3.5.1	Sample Size.....	20
3.5.1	Sampling Techniques.....	21
3.6	Data Collection Methods .....	22
3.6.1	Primary Data .....	22
3.6.2	Secondary Data .....	23
3.7	Data Analysis Methods .....	23
<b>CHAPTER FOUR.....</b>		<b>24</b>
<b>PRESENTATION OF FINDINGS AND DISCUSSIONS.....</b>		<b>24</b>
4.1	Introduction.....	24
4.2	Socio-demographic Characteristics of the Respondents.....	24

4.2.1	Age of the Respondents .....	24
4.2.2	Education Level of Respondents.....	25
4.2.3	Occupation of Respondents .....	25
4.3	Assessment of the Effectiveness of Monitoring and Evaluation Plan of the Improved Community Health Fund .....	26
4.3.1	Availability of M&E Plan .....	26
4.3.2	Awareness of the M&E Plan.....	27
4.3.3	Understanding Individual Roles in Implementing M&E in Managing iCHF .....	28
4.3.4	Availability of Budget for Effective Implementation of M&E Plan .....	29
4.3.5	Involvement of External Stakeholders.....	30
4.4	Adherence to the M&E Implementation Plan for Improved Community Health Fund.....	31
4.5	Challenges Affecting Effective Implementation of the Monitoring and Evaluation in Managing Improved Community Health Fund .....	32
	<b>CHAPTER FIVE .....</b>	<b>34</b>
	<b>CHAPTER FIVE SUMMARY, CONCLUSION AND RECOMMENDATION .....</b>	<b>34</b>
5.1	Overview .....	34
5.3.1	Assessing the Monitoring and Evaluation Plan for iCHF.....	36
5.3.2	Examination of an Adherence to the M&E Implementation Plan .....	37
5.3.3	Challenges affecting Implementation Effectiveness of Monitoring and Evaluation in Managing iCHF .....	37
5.4	Recommendation .....	38

5.5	Limitations and Areas for Further Research.....	39
5.5.1	Limitations of the study .....	39
1.7.3	Scatterdeness of the Enrollment Officers.....	39
5.5.2	Areas for Further Research .....	40
	<b>REFERENCES.....</b>	<b>41</b>
	<b>APPENDICES .....</b>	<b>45</b>

## LIST OF TABLES

Table 3.1: Target Populations .....	21
Table 4.1: Percentage Distribution of Age Categories for Respondents .....	25
Table 4.2 Education Level .....	25
Table 4.3: Occupation of Respondents .....	25
Table 4.5: Ways Used to Assess iCHF Performance.....	26
Table 4.4: Awareness of Monitoring and Evaluation Plan in Managing iCHF .....	27
Table 4.6: Understanding Individual Roles in Effective Implementation of Monitoring and Evaluation .....	28
Table 4.7: Budget Allocation.....	29
Table 4.8: External Stakeholders Involvement.....	30
Table 4.9: M&E Implementation Plan for Improved Community Health Fund.....	31
Table 4.10: Challenges Affecting Implementation Effectiveness of Monitoring And Evaluation in Managing the Improved Community Health Fund.....	32

**LIST OF FIGURE**

Figure 2.1: Conceptual Framework ..... 17

**LIST OF ABBREVIATIONS**

CD	Community Development Officer
CHF	Community Health Fund
CHMT	Council's Health Management Team
DMO	District Medical Officer
EN	Enrollment Officers
iCHF	Improved Community Health Fund
IT	Information Technology
LGAs	Local Government Authorities
M & E	Monitoring and Evaluation
MDAs	Ministries, Departments and Agencies
MoH	Ministry Of Health
NHIF	National Health Insurance Fund
PSMEP	Public Services Management and Employment Policy
RAS	Regional Administrative Secretary
SMC	Songea Municipal Council
SWO	Social Welfare Officer
SPSS	Statistical Package for Social Sciences
UHC	Universal Health Coverage
UNDP	United Nations Development Project
URT	The United Republic of Tanzania
WHO	World Health Organization

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Overview**

This study is about assessment of the Effectiveness of Monitoring and Evaluation in managing the improved Community Health Fund in Songea Municipal Council. The first chapter concentrates on the background of the study, statement of the problem, research objectives, and research questions, rationale of the study and scope of the study.

#### **1.2 Background of the Study**

The ultimate goal of any National health financing system is to enable its people adequately and sustainably access health services so as to reach a level of health that enables them to actively participate in the socio-economic development of the community they live. This is aligned to the MoH Vision “To have a healthy society with improved social well-being that will contribute effectively to individual and national development”.

In reaching this vision, since independence the Government of Tanzania has been striving to ensure the availability of quality, accessible and affordable health services to her citizens. This led the Government to undertake various reforms in the health system financing structure from the provision of free health care services to the introduction of cost sharing policy in 1993. The introduction of cost sharing was a response to constraints in the ability of the Government to generate adequate revenue to fund health care needs for the whole population. As a result the URT introduced the insurance schemes as means of Health financing strategy to the entire population.

The insurance schemes included NHIF for public and formal sector employees and CHF for unemployed and other informal sector community members (NHIF Act 1999 and CHF Act, (2001).

The Community Health Fund officially came into place in 2001. In this scheme, people have to voluntarily enroll and contribute the set premium and in return they are given access to primary health care services and tertiary levels of care through referral system. In fact, it was based on the concept of risk sharing, whereby members pay a small contribution on a regular basis to offset the risk of needing to pay a much larger amount in health care user fees if they fall sick (Gemin & Mulligan, 2007).

According to the Community Health Fund Act of 2001 the objectives of the CHF were: To mobilize financial resources from the community for provision of health care services to its members; To provide quality and affordable health care services through sustainable financing mechanism; and To improve health care services management in the communities through decentralization by empowering the communities in making decisions and by contributing on matters affecting their health. The target was to enroll 30% of Tanzania households by 2015, but as of 2018 only 24% of Tanzania households were enrolled with the scheme. This was regarded as an underperformance (URT, 2018).

Among the many challenges which lead to the underperformance of the 2001 CHF in Tanzania included; inability to pay membership contributions, low quality of health care, lack of trust to CHF Managers, weak CHF Management structure, lack of



community awareness on the rationale of insuring against health risks, Absence of purchaser-provider split, low rates of user fees.(Kamuzora & Gibson, 2007). The underperformance of the 2001 CHF drove the Government of Tanzania to reform the Community Health Fund and came up with an “improved Community Health Fund” (iCHF). In 2011, the government of Tanzania decided to reform the CHF and introduced an “improved Community Health Fund” (iCHF) as a pilot in Dodoma region, with a flat annual premium of Tshs. 30,000 per household.(Kalolo, et al, 2015) aiming at improving its performance in terms of enrollment and services provision.

The improved Community Health Fund (iCHF) aimed at improving and strengthening CHF structures and procedures, to vastly improve the benefit package of the CHF and to increase enrolment to the scheme. The areas under reformation were Governance, Members’ enrollment and benefit package. Specifically the reforms included separation of purchase and provider roles, coordination teams at the regional, district and national level as well as expanded the benefit packages up to the Regional level , enrollment being done in villages by using enrollment officers stationed in mitaa unlike that of the 2001 CHF where enrollment was done in facilities, digitalized claims management and introduction identity cards, providing access to all governmental health facilities and Regional hospitals.

Despite all these initiatives, assessment showed that the performance of the iCHF has been steadily decreasing and delayed claims reimbursement. Membership enrollment has been reported to be low. As of June 2022 only 7% of Tanzania population was covered by iCHF (Kapologwe, 2022). Just as in other areas of the

country, the implementation of the improved CHF (iCHF) in Songea municipal has also been facing many challenges. It was reported in the councils' Five Year Strategic plan 2016/2017-2020/2021 that CHF's enrolment was as low as 4% in Songea Municipal.

### **1.3 Statement of the Problem**

Despite the reforms and initiatives taken by the government a closer assessment shows that the Improved Community Health Fund in Tanzania is still underperforming. This underperformance partly jeopardizes the MoH Vision "To have a healthy society with improved social well-being that will contribute effectively to individual and national development".

The URT President's office public management in 2014 introduced the Monitoring and evaluation Framework as a tool to monitor and assess progress for various government projects and programmes' performance. The World Bank also emphasizes Monitoring and Evaluation system as a management tool used to track and evaluate results and provide information for decision-making (World Bank report, 2004).

Further emphasis on the importance of M&E for programmes and projects is provided by Scott, (2008) who noted that, the Monitoring and Evaluation system provides the information needed to assess and guide the project or program strategy, ensure effective operations, meet internal and external reporting requirement and inform future programming. M&E should be an integral part of the project/program design, planning, implementation and completion.

Monitoring and evaluation helps 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 of a programme. Poorly designed and weak M&E plan will automatically be poor detectors of programme performance status. Problem areas will go unnoticed, and subsequently, appropriate adjustments will not be made where they should. In a way, such a system will not be of any good use to any organization, because ideally a good M&E system should produce continuous streams of current, valid and timeous data to programme management, aiding their day-to-day decision processes on programmes (UNDP, 2004).

Cognizant of these facts, the study is set out to examine the extent to which the M&E is actually being implemented in managing the iCHF performance in Songea Municipal in Ruvuma Region.

#### **1.4 Research Objectives**

##### **1.4.1 General Objective**

The main objective of the study is to assess the effective implementation of M&E in managing the iCHF in Songea municipal.

##### **1.3.2 Specific Objectives**

The specific objectives are;

- i) To examine the level of awareness of Monitoring and Evaluation (M&E) plan and practices among the implementers of the iCHF in Songea Municipal
- ii) To evaluate the adherence to the iCHF M&E plan by Songea Municipal.

- iii) To investigate the challenges affecting effective implementation of the M&E in managing the iCHF in Songea Municipal

### **1.5 Research Questions**

The research questions designed to attain the intended research objectives were;

- i) To what extent are the implementers of iCHF in the Songea Municipal aware of M&E practices and Plan?
- ii) To what extent does the Songea Municipal adhere to the iCHF M&E plan?
- iii) What are the challenges affecting effective implementation of M&E of the iCHF in Songea Municipal?

### **1.6 Significance of the Study**

The findings of this study will help the Songea Municipal Council, MoH and other key stakeholders in pressing the right buttons for improving performance of iCHF. As far as the objectives of the study are concerned the study will also provide important feedback to the authorities on the necessity of Monitoring and Evaluation in tracking and assessing the performance of projects and programmes. Government agencies, planners and decision making units can put these findings into use during addressing the existing challenges facing management of the Improved Community Health Fund (iCHF). The results of this study will also be used by other researchers as reference and source of information to their studies of similar nature.

### **1.7 Scope of the Study**

This study focused on the assessing the effectiveness of Monitoring and evaluation in managing improved community Health Fund in local government. The study was

conducted in Songea municipality by involving sample of participants from local authority (Staff) from planning, DMO, Social welfare department and enrollment officers. Songea municipal was selected for the study considering that it is one of the council with a very low performance in iCHF.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Overview**

The chapter covers the definition of key concepts, theoretical literature review, empirical literature and conceptual framework of the study.

#### **2.2 Definition of Concepts**

**Monitoring:** Monitoring is a routine, ongoing, internal activity which is used to collect information on a programme's activities, outputs, and outcomes to track its performance as a process, monitoring systematically collects data against specified indicators at each stage of the programme or project cycle. Monitoring act as a detective tool, continuously generating information tool that enables programme managers to make adjustments during the implementation phase of a programme or project. (Kusek, et. al, 2004).

**Evaluation:** Evaluation is a systematic and objective assessment of an ongoing or completed project, programme, or policy. (Kusek, et. al, 2004). They further explained that the aim is to determine the relevance and extent of fulfilment of objectives, development efficiency, effectiveness, and impact. The process of evaluation gives explanations on why results, targets and outcomes were, or were not achieved. And this way, the concept addresses issues of causality for both programme success or programme failure, by highlighting the contributing factors in each case, to draw lessons for organizational learning and enable replication of positive performance. It is clear then, that any good evaluation system should provide explanations to any kind of programme results: say poor results, positive

results or mediocre performance of programmes.

However, not all evaluation systems provide such kind of explanations owing to many inhibiting factors that may include structural challenges, implementation failures and resource constraints. (OECD, 2002). Also Evaluations enables the MDAs and LGAs to generate more knowledge needed for quality improvement; provide more insights in a thematic area as well as provide a basis for external accountability”. But also the Frame work explains that “The evaluations will form the basis for the future work of the MDAs and LGAs and the major findings will be documented in the MDAs and LGAs Performance Reports, (URT, 2014).

**Monitoring and evaluation system:** The M&E therefore it is a powerful public management tool that can be used to improve the way governments and organizations achieve results and responds effectively to citizens, private sector, non-governmental organizations, civil society, international organizations and development partners growing demands for better performance and delivery of tangible results (URT, 2014). Also Kusek, et al, (2004) defined Monitoring and Evaluation Systems as management toolkit that enables decision-makers to track progress and demonstrate the impacts of a given programme/project.

In the long run, the toolkit helps organizations make decisions on the success, failure, relevance, efficiency and effectiveness of their programmes. They further insisted that “just as governments need financial, human resource, and accountability systems, governments also need good performance feedback systems”. Monitoring and Evaluation Systems provides this important feedback about the progress in

programmes/projects. These systems constitute a powerful, continuous management tool that decision makers can use to improve performance, and demonstrate results (Zhou, 2013).

World Bank (2004) explained stated the purpose of Monitoring and evaluation (M&E) of development activities that, provides government officials, development managers, and civil society with better means for learning from past experience, improving service delivery, planning and allocating resources, and demonstrating results as part of accountability to key stakeholders. Insisting on its importance, Chaplowe (2008) said that M&E System provides the information needed to assess and guide the project strategy, ensure effective operations, meet internal and external reporting requirements and inform future programming. M&E should be an integral part of the project and design as well as project implementation and completion.

**Effectiveness of Monitoring and Evaluation system:** For a system to be effective it should have standards where every practitioner in the particular field has to adhere. As far as this study is concerned Effectiveness of Monitoring and Evaluation refers to the measure or the ability of M&E system to meet its intended or set objectives. It is the ability of the system to produce expected and relevant findings or results.

**Improved Community Health Fund:** According to the Government circular number 1 of 2018, improved Community Health Fund is a restructured CHF which as per CHF Act of 2001, is a voluntary community-based prepayment scheme which aim at building a sustainable financing mechanism for health care in the districts and municipalities, which later restructured to improved community Health Fund and the



idea behind the CHF, is to build up a risk pooling mechanism protecting the population by contributing an annual set premium which will enable to access health care services at all accredited health facilities..

## **2.3 Theoretical Literature Review**

### **2.3.1 Theory of Change**

Weiss (1995) defined a theory of change as a theory of how and why an initiative works. Building on her work, Connell, J and Kubisch, A. (1998), defined a theory of change approach as a systematic and cumulative study of the links between activities, outcomes, and contexts of the initiative. This definition suggests that the first step toward evaluating project or programme is to determine its intended outcomes, the activities it expects to implement to achieve those outcomes, and the contextual factors that may have an effect on implementation of activities and their potential to bring about desired outcomes.

A theory of change explains how activities are understood to produce a series of results that contribute to achieving the final intended impacts. It can be developed at any level of intervention, an event, a project, a programme, a policy, a strategy or an organization. In an impact evaluation, a theory of change is useful for identifying the data that need to be collected and how they should be analyzed. It can also provide a framework for reporting (Rogers, 2014). Thus the definitions from the theory suggests that for having a successful evaluation of a project or programme it is firstly important to determine its intended outcomes, the activities it expects to implement to achieve those outcomes, and the contextual factors that may have an effect on implementation of activities and their potential to bring about desired outcomes.

### **2.3.2 The Theory of Demand for Health Insurance**

The Theory of Demand for Health Insurance was published by Nayman, (2003). It uncovered a number of what he argued to be critical errors in the way in which the insurance payoff has been understood through the lens of welfare economics, and that the cumulative effect of these errors has been to introduce a decided bias in the formulation of health coverage policy. His principal contributions were to replace the previously unexamined axiom of risk avoidance with the axiom of welfare maximization and to uncover a misinterpretation in the literature on moral hazard, namely, the insurance payoff as a price reduction, rather than as an income transfer, (Kelman & Woodward, 2013).

Understanding the demand for health insurance has been challenging to various scholars on economics because of the complexities associated with specifying the gain from its purchase Nayman, (2002). The demand theory explains this concept in two theoretical dimensions, Nayman (2002) explained out the “Conventional theory which states that, people purchase insurance because they prefer the certainty of paying a small premium to the risk of getting sick and paying a large medical bill. The theory also holds that any additional health care that consumers purchase because they have insurance is not worth the cost of producing it. Therefore, economists have promoted co-payments policies and managed care to reduce consumption of this additional for the scheme to sustainably operate.

In the context of this study the theory of change will be used to guide the study due to its strength of providing an analysis of the whether the M&E activities can produce the intended results of the iCHF scheme. It enables project team and

stakeholders to focus energy on specific future realities that are fundamental to the success of the project aspects. Through this theory we can track the Monitoring and Evaluation of the improved Community Health Fund (iCHF) and ultimately provide suggestive ways to address the existing challenges and uplift the performance of the scheme.

#### **2.4 Empirical Literature Review**

Various studies have been conducted on management of the improved Community Health Fund and implementation of monitoring and evaluation. Nyenza, (2017) on his study about an exploration of the factors influencing enrolment into community health fund in Tanzania a case of Songea, noticed that most of the community members were not aware of the Community Health Fund as they were not even able to state what it actually meant.

However the study further found that one of the problems for this was that, sensitization and registration was mainly left to Health facilities and the scheme management which was supposed to lead in sensitizing people joins CHF lagged behind. So saying, only the community members who attended the facilities were the ones who had an opportunity of being informed about CHF and registered upon willingness and ability to pay, in a narrow way as health practitioners could not spend much time in educating the community members due to congestion of patients who were waiting for services.

Chee, et al., (2009) conducted an assessment of the community health fund in Hanang District, Tanzania and reported that “despite concerted efforts to promote

the scheme, the enrolment rate has remained below expectations. Various explanations for the low enrolment include unaffordable premiums, poor quality of services, poor scheme management, and lack of trust were observed.” Furthermore Nyenza’s study also identified that poor service delivery, lack of referral system, insufficient knowledge on the CHF, negative perception on prepayment system and availability of other healing options, mainly the alternative healing were the grounds why people were not interested to enroll themselves into the CHF.

Another study conducted by Waheke, (2015), on the effects and challenges of community health fund on accessibility to health care services in Songea came up with the findings that; lack of comprehensive benefits package, inadequate medical supplies and equipment at the health facilities, inadequate skilled and motivated health providers, lack of choice of providers for service and existence of out-of-pocket expenditure were the challenges of CHF beneficiaries to access services. However the study identified the efforts made by District to address identified challenges included ensuring adequate medical supplies and equipment at the health facilities, ensuring adequate skilled and motivated health providers.

Afriyie, et al., (2021) conducted a study on governance factors that affect the implementation of health financing reforms in Tanzania, they found that the governance factors that emerged as barriers to the implementation were a lack of transparency, limited involvement of the private sector in service delivery, weak accountability for revenues generated from community level and limited resources due to iCHF design. They further cautioned that if stakeholders do not address the governance factors that hinder the implementation of health financing reforms, then

current efforts to expand health insurance coverage are unlikely to succeed on their own. So the Tanzanian government should invest in resolving the governance issues which affect health financing reforms iCHF being one of the mechanism in order to improve the quality of healthcare and the perceived value of social health protection doing so will be important for encouraging the enrolment of new members in both current and future social health protection schemes as the country is moving towards Universal Health Coverage.

Mtei & Mulligan, (2007) in their study on Community Health Fund basing in Ifakara Health Institute, Dar es Salaam, concluded that the CHF remained a crucial mechanism for involving the community in health care financing and represented an important step towards universal coverage. Although around half of all districts participated in the scheme, uptake amongst the community was still low. The reasons for this were varied and included: perceptions that the quality of services in government facilities are poor, limited benefits package, and doubts over the local management of the scheme. This review had shown that substantial challenges in implementation remained, particularly around management and accountability of the scheme, and ensuring that the poorest groups are not excluded.

Again Stoermer, et al., (2011), in their analytical study on transforming Community Health Fund in Tanzania into viable social health insurance scheme, came up with the way forward on how CHF could be improved to being an effective, viable and sustainable social health financing scheme. They recommended on a number of measures to be taken to make CHFs work better taking into consideration perception of both population and the analysis of structural shortcomings. They identified three

areas which needed to be addressed these were; design, enrollment, servicing and sustainability of CHF scheme.

Simon (2011) conducted a study on performance of Community Health Fund towards health services delivery and found that CHF is not well understood among the community members this hinders the people's enrolment to the scheme as sensitization has not been made seriously among community members, the expected benefits from the services offered through CHF are not much felt by CHF members, as there much complains on the services provided by the scheme and the scheme was poorly performing in the study area due to poor drugs availability, poor care from the health personnel, lack of sensitization and unclear information about the scheme.

## **2.5 Research Gap**

Monitoring and Evaluation (M&E) has become an expected and necessary component of any development program or project. The primary purpose of M&E is to measure the degree to which an operational design is implemented as planned and how successfully it achieves its intended results (TANGO International, Inc, 2007).

Empirical studies conducted on CHF came up with several challenges which hindered its performance towards intended objectives. Few studies have assessed the effectiveness of Monitoring and Evaluation in managing iCHF specifically in Songea Municipal. So this study is set to assess the effectiveness of M&E in managing the improved community Health Fund in Songea municipal.

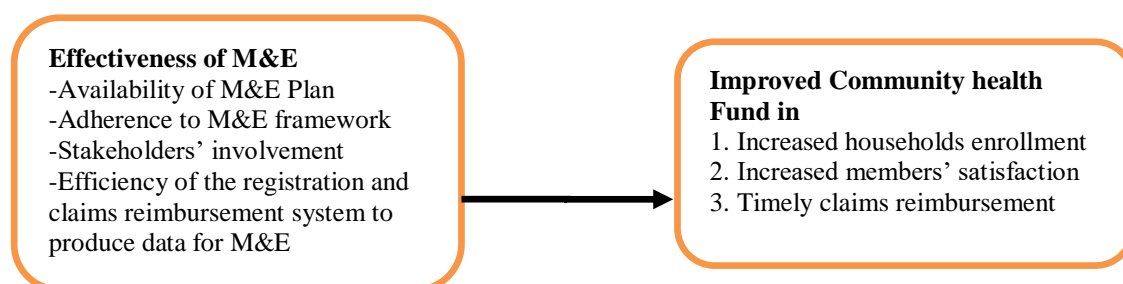
## **2.6 The Conceptual Framework**

The conceptual framework elaborates the relationship between variables in the research problem in relation to the research objectives. In this study the independent

variable is an effectiveness of Monitoring and evaluation and the dependent variable is the improved community health Fund. The relationship can be summarized in a schematic diagram that presents the variables and their hypothesized relationship. According to the reviewed literatures, an effective implementation of Monitoring and evaluation is one of the key aspects for a successful improved Community health fund considering its importance in assessing the scheme's results and suggests proper interventions in case of failure.

### Independent variable

### Dependent Variable



**Figure 2.1: Conceptual Framework**

**Source:** Researcher's design structure, (2023).

### 2.6.1 Interpretation of the Conceptual framework

The above conceptual framework shows the mutual relationship between the independent and dependent variables. In the context of this study the independent variable was the effectiveness of M&E which built on the availability of M&E plan, adherence to the M&E framework, availability of funds, stakeholders' involvement and efficiency of the claims and reimbursement system. Considering that these are important parameters for an effective monitoring and evaluation in iCHF. If they are well implemented then the analytical feedback produced improves the iCHF in terms of households enrollment, increased members satisfaction and timely reimbursement of claims to facilities.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Overview**

This chapter in details explains the how the research was conducted to assess the effective implementation of monitoring and evaluation in managing improved Community Health Fund (iCHF). It specifically includes the research design; the area of the study, methods of data collection, Data processing and analysis.

#### **3.2 Research Design**

The study was conducted by using a descriptive research design in an attempt to answer the research problem. A descriptive research design allows for an in-depth analysis and understanding of a particular phenomenon as it exists in the present condition (Cooper and Schindler, 2008). In descriptive research design, objectives are predetermined allowing data collection relevant and sufficient to study the problem (Kothari, 2004). By combining both quantitative and qualitative data collection procedures, descriptive research design allowed a researcher to gather exhaustive information in a way that reduces cost of the data collection. This research design assisted in drawing inferences in assessing effective implementation of Monitoring and Evaluation in managing (iCHF) in Songea Municipal.

#### **3.3 Area of the Research**

The study was conducted in Songea Municipal Council in Ruvuma region. Songea Municipal Council is one among eight Councils in Ruvuma Region. It is the headquarter of Ruvuma region. The Municipality is the major center for administrative and commercial activities in the region.



The population of Songea Municipal Council is 260,106 as per 2022 population census and 57,640 households having an annual growth rate of 2.5%. Songea Municipal Council was selected to be the study area for some reasons; firstly, it is one of the Council where iCHF is operating. CHF operations in this district commenced since 1998 being among the first two councils in the region to operate CHF.

Second, SMC was among the councils in the region with low CHF enrolment rate of about 5,693 (11.1%) by July 2016. This has been reported as one of the challenges in health sector development although in improving assurance of accessibility to medical services throughout the year the Municipal council had been emphasizing on community members to join the Community Health Fund (SMC Strategic plan 2016). However Since April 2018 when the municipal started to implement improved CHF, households' enrollment rate further decreased to be only 1,377 equivalents to 2.3% (Council's performance report, 2021). However no any assessment report was in place to know why there was underperformance of the scheme in terms of recruitment. This triggered an interest to assess the implementation effectiveness of monitoring and evaluation in managing iCHF in Songea Municipal Council.

### **3.4 Study Population**

Targeted study population or refers to the group of people of interest whom the researcher desires and intends to investigate and have detailed information concerning the research problem. The target population for this study included staff from the Council's Social welfare department, Planning officer, IT officers from the

council and RAS office, staff from District Medical officer's office, Active enrollment officers, and Village executive officers from Mshangano, Bombambili and Msamala wards in Songea Municipal Council. These are the main players concerning with day to day operations of the improved Community Health Fund.

### **3.5 Sample Size and Sampling Techniques**

#### **3.5.1 Sample Size**

According to Kothar, C.R, (2004) "A sample design is a definite plan for obtaining a sample from a given population. It refers to the technique or the procedure the researcher would adopt in selecting items for the sample". For this study a Purposive sampling and expert sampling designs were used in collecting information. This sampling design was used due to its extremely usefulness in constructing reality, describing a phenomenon, or developing a clear understanding about which only a little is known and for the case of expert sampling the respondent is a known expert in the area of study or the particular activity assigned to particular personnel". Thus the researcher collected information from key personnel from Social Welfare officer unit, DMO's office, Mjimwema health center and RAS's office by virtue of their experience and expertise in Managing the Improved community health Fund's performance.

The village/Mtaa executive officers from three wards were involved for assessing their involvement in monitoring and evaluation of the scheme performance. However the researcher used Yamen's formula (1967) to generate the sample size preferable to have detailed information about the study and hence increase confidence level of the study results. Yamen's formula state that  $n = N / \{1 + [N$

$(e^2)]}$ . Where;  $N$  = the targeted population of the study;  $n$  = Desired sample size;  $e$  = the standard margin error in the calculation (0.05). So according to the study  $n=70/1+(70(0.05^2)) = 55$

The sample description is as shown below.

**Table 3.1: Target Populations**

Respondents categories	Number of staff	Number of respondents
DMO	1	1
Council CHF Coordinator	1	1
Social welfare officers	6	5
IT Officers from Municipal and RAS office	2	2
Facility In charge	1	1
Active Enrollment officers (EN)	40	30
Village executive officers	19	15
<b>Total</b>	<b>70</b>	<b>55</b>

**Source:** Researcher's sampling size distribution, (2023).

### 3.5.1 Sampling Techniques

Considering that the main purpose of the study was to assess the implementation effectiveness of monitoring and evaluation in managing the iCHF scheme so needed respondents who could provide an in-depth insight of the operation. So it was from this fact the researcher selected 55 respondents. The survey population was the district council staffs from departments which are mostly engaged in the implementation of the iCHF in the Municipal. Who officials were selected as they were part of the iCHF implementation hence it was important to get information from them. The information from both CHF managers and community members were compared in order to draw a credible conclusion.

### **3.6 Data Collection Methods**

This refers to the techniques used collect relevant information required to analytically answer research questions to have primary and secondary data. In this study the documentary review, questionnaires and interviews were used to collect information for analysis.

#### **3.6.1 Primary Data**

The primary data was collected by using questionnaires and in depth interview.

##### **3.6.1.1 Questionnaires**

A list of structured, open and closed, sequentially arranged questions was prepared for gathering information from respondents. The questions were answered by the respondents to provide the required information about the research problem by being guided by the researcher. This data collection tool is recommended because it helps having quantitative results for quantitative study and having the specifically intended responses which in turn simplified data analysis process.

##### **3.6.1.2 In-Depth Interview**

This involved the interview guiding questions to iCHF Managers, DMO, Facility representatives and ICT at Municipal and RAS office. This was guided by the researcher and responded by the above mentioned personnel. From this interview qualitative data were collected from the iCHF managers because the open-ended questions enabled the researcher to assess the extent to which monitoring and evaluation is effectively implemented in managing iCHF.

### **3.6.2 Secondary Data**

#### **3.6.2.1 Documentary Review**

This involved reviewing several relevant documents to have the existing information about monitoring and evaluation of iCHF performance. Documentary data helped on the following; firstly, familiarizing the researcher with existed situation about the problem under investigation. Second, to supplement primary data collected through questionnaires and interviews. The documents reviewed were the Songea Municipal strategic plan 2016/2017-2020/2021, Circular number 1 for Improved CHF of 1<sup>st</sup> April 2018, Monthly, Quarterly and annual performance reports, monitoring and evaluation frame work for local government authorities and other publications.

### **3.7 Data Analysis Methods**

TANGO, (2007), defines Data analysis as “a process of describing data and exploring relationships between variables contained in the data set”. This Analysis enabled to reason and draw conclusions about the research problem findings. For this study the collected data was processed and descriptively analyzed using frequencies and percentages generated from SPSS program version 21. The researcher was also responsible for checking questionnaires completeness, correctness and cleanness. The method involved organizing, reading, describing, classifying and interpretation of data.

## **CHAPTER FOUR**

### **PRESENTATION OF FINDINGS AND DISCUSSIONS**

#### **4.1 Introduction**

This chapter presents the findings obtained from analysis of the collected data during the study on assessing the implementation effectiveness of monitoring and evaluation in the Improved Community Health Fund (iCHF). The analysis was guided by research objectives and research questions. The objectives of the study were; to examine the M&E plan for iCHF, to evaluate the council's adherence to the iCHF M&E plan implementation set up structure and to investigate the challenges affecting effective implementation of the M&E in managing improved community health Fund.

#### **4.2 Socio-demographic Characteristics of the Respondents**

This explains about the characteristics of the respondents participated in the study. For purpose of this study the characteristics included three categories Age groups, educational level and occupation. The characteristics of the respondents are important parameters for having a clear insight and understanding of the sources of opinion of the respondents about the subject under study.

##### **4.2.1 Age of the Respondents**

The age was categorized in three categories 18-35, 36-59 and 60+ where out of the 55 respondents the 18-35 category were 22 (40%), 36-59 category were 28 (50.9%) and 60+ were 5 (9.1%). This implies that all the adult age groups were included in the study and so the source of information was reliable. Table 4.1 below describe the percentage of age categories for respondents.

**Table 4.1: Percentage Distribution of Age Categories for Respondents**

Age Category	Frequency	Percent
18-35	22	40.0
36-59	28	50.9
60+	5	9.1
<b>Total</b>	<b>55</b>	<b>100</b>

**Source:** Field data, (2022).

#### 4.2.2 Education Level of Respondents

Out of 55 respondents, 21(38.2%) were secondary school level, 20(36.4%) were college level and 14(25.5%) were graduate level leavers. The Table 4.2 describes this.

**Table 4.2: Education Level**

Education Level	Frequency	Percent
Secondary	21	38.2
College	20	36.4
Graduate	14	25.5
<b>Total</b>	<b>55</b>	<b>100</b>

**Source:** Field data, (2022).

#### 4.2.3 Occupation of Respondents

The iCHF is managed by special unit under DMO's office, so the study also was targeted to have more information from these staff. As described in the table 4.3 below out of the 55 respondents 15(27.3%) were village executive officers, 6(10.9%) Social welfare officers, 2(3.6%) Health officers 30(54.5%) were Enrollment officers and 2(3.6%) IT officers.

**Table 4.3: Occupation of Respondents**

Occupation	Frequency	Percent
Village executive officer	15	27.3
Social welfare officer	6	10.9
Health offer	2	3.6
Enrollment officer	30	54.5
IT Officer	2	3.6
<b>Total</b>	<b>55</b>	<b>100</b>

**Source:** Field data, (2022).

### 4.3 Assessment of the Effectiveness of Monitoring and Evaluation Plan of the Improved Community Health Fund

The study intended to assess the council's monitoring evaluation plan for iCHF. This section included the awareness, availability of the plan and understanding their roles in M&E plan process as a key factor in improving iCHF performance, availability of budget and Stakeholders' involvement. The findings were as follows;

#### 4.3.1 Availability of M&E Plan

The study also sought to investigate on the availability of the M&E plan when designing the strategic plan for implementing iCHF. Respondents were required to state the available plan used to assess the iCHF performance. The Table 4.5 shows the results.

**Table 4.5: Ways Used to assess iCHF Performance**

<b>Ways used to assess iCHF performance</b>	<b>Frequency</b>	<b>Percent (%)</b>
Preparation of performance reports	7	12.7
CHMT Preview meetings	6	10.9
Receiving feedback from community and stakeholders	8	14.5
Generating analytical reports from IMIS	3	5.5
<b>Total</b>	<b>55</b>	<b>100</b>

**Source:** Field data, (2022).

From the study 7 respondents (12.7%) declared they monitor and evaluate progress and performance by preparing periodic performance reports and 6 (10.9%) said they assess and know the Community Health Fund performance by attending Council Health Management Team preview meetings where they are presented and discussed, these were mainly council's staff, 8 respondents (14.5%) revealed that they assess the programme performance by receiving feedback from the community and stakeholders, also 3 (5.5%) respondents said assessment is done by generating



analytical reports from IMIS (these were IT personnel).

However by doing so they were not sure if what they are doing is monitoring and evaluating the iCHF scheme. The performance feedback was not disseminated down to enrollment officers and village executive officers for them to be informed of the scheme progress. It seems reports are just prepared as a daily routine for justification that work has been done. This was revealed by Mshangano street enrollment officer that:

*“As enrollment officers we are submitting recruitment report on monthly basis but we never had any meeting with the authority for performance evaluations rather we just meet with coordinators when requesting materials for identity cards and calling when there is any operational challenge. She further said we are getting feedback on the impact of the scheme from the community during sensitization”.*

With these findings it can be revealed that the plan is available but partially implemented depending on the programme players as respondents did not know that what they are doing was helping them to assess the programme performance.

#### **4.3.2 Awareness of the M&E Plan**

As key players in managing the improved community Health Fund in the council they were also requested to indicate if they are aware of the Monitoring and Evaluation plan. The findings were as indicated in the Table 4.4.

**Table 4.4: Awareness of Monitoring and Evaluation Plan in Managing iCHF**

<b>Awareness of M&amp;E Plan</b>	<b>Frequency</b>	<b>Percent (%)</b>
Yes	8	14.8
No	47	85.2
<b>Total</b>	<b>55</b>	<b>100</b>

**Source:** Field data, (2022).

From the findings, majority of the respondents, 85.2% (47) indicated that they were not aware of the M&E plan. A relatively small number of the respondents, 14.8% (8) indicated to be aware of the M&E. The results therefore indicated that there is still a great gap of understanding of the M&E which in fact hinder an effective implementation of it in managing the iCHF towards its intended performance.

### **4.3.3 Understanding Individual Roles in Implementing M&E in Managing iCHF**

The study requested the respondents to indicate if they know their roles in implementing monitoring and evaluation in managing an improved community health Fund. The table 4.5 shows the results:

**Table 4.6: Understanding Individual Roles in Effective Implementation of M&E**

<b>Understanding individual roles</b>	<b>Frequency</b>	<b>Percent</b>
Yes	4	7.3
No	51	92.7
<b>Total</b>	<b>55</b>	<b>100</b>

**Source:** Field data, (2022).

The findings indicated that, majority of the respondents 51(92.7%) understood their roles in implementing monitoring and evaluation and a relatively small number 4 (7.3%) indicated to understand their roles in implementing monitoring and evaluation in managing improved community health Fund. With these results it showed difficultness of implementing monitoring and evaluation for iCHF if the players involved in implementing the programme did not know their roles in the process. This was emphasized by the one of the enrollment officer in Sokoine Street who during interview said that;

*“We have target for recruitment in a given period of time, we are just moving around the streets and facilities to search for members and*

*convince them to join being motivated by 3% commission of the total collection. So it is very difficult for us to assess the extent to which we are performing as we don't know what to do to measure performance. But also we were not used to have evaluation meeting with the authority rather we meet with coordinators when requesting for Identity cards' printing materials and other challenges".*

#### **4.3.4 Availability of Budget for Effective Implementation of M&E Plan**

The respondents were requested to indicate whether the council allocate separate budget for implementing monitoring and evaluation of the improved community health fund scheme. The findings are as indicted in Table 4.7.

**Table 4.7: Budget Allocation**

<b>Budget allocation for M&amp;E</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Yes	2	3.6
No	39	70.9
Not sure	14	25.5
<b>Total</b>	<b>55</b>	<b>100</b>

**Source:** Field data, (2022).

From the findings, it has been observed that majority of the respondents, 60.0% (33) indicated that the no budget was allocated for M&E activities in managing the Fund. A relatively small number of the respondents, 3.6% (2) indicated that the council allocates funds for M&E. However there were 25.5% (14) of the respondents who were not sure of whether the budget is allocated or not. The results therefore prove that as there is no budget is allocated no effective monitoring and evaluation could be conducted and that is to say it is not part of the programme management which in turn causes difficultness in assessing the programme performance contrary to what Gyorkos, (2003) and McCoy (2005) have been emphasized on the importance of allocating funds for M&E that, the project budget should provide a clear and adequate provision for monitoring and evaluation activities and after project/progamme executions.

### 4.3.5 Involvement of External Stakeholders

Respondents were requested to state if external stakeholders are involved in implementing monitoring and evaluation activities as per available plan. The results were as shown in Table 4.8.

**Table 4.8: External Stakeholders Involvement**

<b>Stakeholders involvement in M&amp;E planning and implementation</b>	<b>Frequency</b>	<b>Percent (%)</b>
Participation of stakeholders in the Council's planning of formal meetings for iCHF's M&E is adequate	1	1.8
Stakeholders' feedback is sought during M&E process	5	9.1
M&E feedback is shared back to stakeholders	1	1.8
Not involved	48	87.3
<b>Total</b>	<b>55</b>	<b>100</b>

**Source:** Field data, (2022).

From the findings it has been noted that, majority of the respondents, 87.3% (48) revealed that stakeholders were not involved in implementing Monitoring and evaluation activities and processes. Just a relatively small number of respondents 1.8% (5) said stakeholders are involved in by seeking feedback of the programme during M&E process and only 1.8% (1) said stakeholders are involved by sharing with them an M&E Feedback. According to these results and according the study conducted by Afriyie, et al., (2021) who found that the Governance factors that emerged as barriers to the implementation were a lack of transparency, limited involvement of the private sector in service delivery, weak accountability for revenues generated from community level and limited resources due to iCHF design, they therefore cautioned that if stakeholders will not be involved in addressing the governance factors that hinder the implementation of health financing reforms, then current efforts to expand health insurance coverage are unlikely to succeed on their own. Also Donaldson, (2003) emphasized that “Engaging stakeholders in

discussions about the what, how, and why, for the program activities is often empowering for them and additionally promotes inclusions and facilitates meaningful participation by diverse stakeholder groups”. So involvement of stakeholders in monitoring and evaluation process is of paramount in order to achieve the intended results.

#### **4.4 Adherence to the M&E Implementation Plan for Improved Community Health Fund**

Considering the importance of implementing Monitoring and evaluation in assessing the programme performance, the study requested the respondents to mention the methods they use to assess iCHF performance aiming at checking whether they adhere to the M&E Plan. Table 4.9 shows the results

**Table 4.9: M&E Implementation Plan for Improved Community Health Fund**

<b>Ways used to assess iCHF performance</b>	<b>Frequency</b>	<b>Percent (%)</b>
Preparation of performance reports	6	10.9
CHMT Preview meetings	3	5.5
Receiving feedback from community and stakeholders	1	1.8
Generating analytical reports from IMIS	2	3.6
Unaware	43	78.2
<b>Total</b>	<b>55</b>	<b>100</b>

**Source:** Field data, (2022).

The findings indicate that majority of respondents 78.2% (43) were unaware of how the programme performance was been assessed, relatively small number of respondents 10.9% (6) said monitoring and evaluation was conducted by preparing periodic performance reports, 3.6% (2) stated that they use analytical reports from IMIS and 1.8% (1) said monitoring and evaluation is done by receiving feedback from the community and stakeholders. From these findings it has been very difficult to assess an adherence of the M&E implementation plan because the majority of the

players are not aware of how iCHF monitoring and evaluation was being conducted.

#### **4.5 Challenges Affecting Effective Implementation of the Monitoring and Evaluation in Managing Improved Community Health Fund**

Further the study asked the respondents to state the challenges affecting implementation effectiveness of Monitoring and evaluation in managing the improved community health Fund. The common challenges mentioned were;

**Table 4.10: Challenges Affecting Implementation Effectiveness of Monitoring and Evaluation in Managing the Improved Community Health Fund**

<b>Challenges affecting effective Implementation of M&amp;E in Managing iCHF</b>	<b>Frequency</b>	<b>Percent</b>
Lack of fund (budget) for iCHF scheme administration	20	36.4
Unawareness of the M&E system	14	25.5
CHF is not an independent scheme	3	5.5
Weak monitoring chain	4	7.3
Weak data generation system	8	14.5
Lack of accountability and commitment in managing iCHF	4	7.3
Inadequate stakeholders involvement	2	3.6
<b>Total</b>	<b>55</b>	<b>100</b>

**Source:** Field data, (2022).

The findings in Table 4.10 indicate that various challenges were mentioned in different frequencies depending on the level of operations but majority of respondents 36.4% (20) mentioned lack of funds (budget) for iCHF scheme administration was the main challenge which cause the monitoring and evaluation not to be effectively implemented as it is required to be, 25.5% (14) unawareness of the M&E system for programmes, 14.5% (8) Weak data generation system. However though in a relatively small number but other challenges were mentioned by the respondents, 5.5% (3) CHF is not an independent scheme, 7.3% (4) Weak monitoring chain, 7.3% (4) lack of accountability and commitment in managing

iCHF, 3.6% (2) Inadequate stakeholders involvement.

These findings suggest that lack of funds for schemes administration negatively affect the smooth operation and assessing the schemes performance. According to the improved CHF management, it was suggested that 9% of the total collection could be allocated for scheme administration. During the assessment there was no budget allocation witnessed by the iCHF Coordinator. This caused difficultness in planning and execution of schemes' activities including promotion, monitoring and evaluation. However, unawareness of monitoring systems, weak data generation system have been also identified to negatively affects much the implementation of Monitoring and evaluation of the scheme performance.

During interview the iCHF coordinator said;

*“it is very difficult to supervise the operations of iCHF because there is no any budget allocated in the year 2020/2021. There are no special plans for conducting promotion and marketing of the schemes products. Recruitment of members depends on the hustling of enrollment officers. So we cannot even think of conducting programme's special monitoring and evaluation. As department we just prepare reports and submit to the CHMT as a daily routine. No any feedback, no critical results analysis of the report is conducted.”*

Also the CHF focal person from Mjimwema Health Centre further challenged that;

*“The claiming system is not user friendly as we are on monthly basis submitting the claims by using the claim system, but it does not give us access to know the amount claimed as it is for NHIF. With this scenario it becomes very difficult to monitor the claims. Claims management is very important in knowing the services cost for services rendered”.*

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION AND RECOMMENDATION**

#### **5.1 Overview**

The objective of the study was to assess an effectiveness of monitoring and evaluation in managing improved Community Health Fund in Songea Municipal. This chapter presents the summary of findings in chapter four as per objectives of the study. The chapter further presents the Summary of findings, conclusion and recommendation to the study.

#### **5.2 Summary of Findings**

Concerning an assessment of the effectiveness of M&E plan in managing iCHF three areas were assessed, this included an awareness of the M&E plan, availability of the M&E plan for managing iCHF, Availability of funds for implementing M&E and stakeholders' involvement. In regard of the awareness of the M&E plan majority of the respondents, 85.2% (47) indicated that they were not aware of the M&E plan. A relatively small number of the respondents, 14.8% (8) indicated to be aware of the M&E. Thus for an effective monitoring and evaluation all the concerned staff in iCHF management as per structure should be aware of what, why and how of M&E M&E. Also the study found that majority of the respondents, 60.0% (33) indicated that the no budget was allocated for M&E activities in managing the Fund.

A relatively small number of the respondents, 3.6% (2) indicated that the council allocates funds for M&E. However there were 25.5% (14) of the respondents who were in dilemma of whether the budget is allocated or not. So the RAS office should be allocating 9% of the total collection for scheme's administration which will



enable the managers' plan and implement M&E activities. Regarding the stakeholders involvement it has been observed that, majority of the respondents, 87.3% (48) revealed that stakeholders are not involved in implementing Monitoring and evaluation activities and processes. Just a relatively small number of respondents 1.8% (5) said stakeholders are involved in by seeking feedback of the programme during M&E process and only 1.8% (1) said stakeholders are involved by sharing with them an M&E Feedback.

For the case of adherence of the monitoring and evaluation framework for LGAs and MDAs projects or programme The findings indicated that majority of respondents 78.2% (43) were unaware of how the programme performance was been assessed, relatively small number of respondents 10.9% (6) said monitoring and evaluation was conducted by preparing periodic performance reports, 3.6% (2) stated that they use analytical reports from IMIS and 1.8% (1).

However different challenges which hinder effectiveness of Monitoring and Evaluation were identified by respondents where majority of respondents 36.4% (20) mentioned lack of funds (budget) for iCHF scheme administration was the main challenge which cause the monitoring and evaluation not to be effectively implemented as it is required to be, 25.5% (14) unawareness of the M&E framework and 14.5% (8) Weak data generation system. However other challenges though in small number were mentioned by the respondents, 5.5% (3) CHF is not an independent scheme, 7.3% (4) Weak monitoring chain, 7.3% (4) lack of accountability and commitment in managing iCHF, 3.6% (2) Inadequate stakeholders involvement.

### **5.3 Conclusion**

The main objective of the study was to assess the effectiveness of Monitoring and Evaluation in managing iCHF. The study had also three specific objectives these were; Assessing the Monitoring and Evaluation plan for iCHF in Songea Municipal Council; Assessing adherence of the Council to the implementation of M&E plan and investigating challenges affecting an implementation effectiveness of Monitoring and Evaluation in managing iCHF.

#### **5.3.1 Assessing the Monitoring and Evaluation Plan for iCHF**

Regarding assessment of the Monitoring and evaluation plan for iCHF three areas were observed; Availability of the M&E plan, Awareness on the M&E plan, Availability of budget for implementing the M&E plan and stakeholders involvement. The study concludes that the M&E plan for iCHF in Songea Municipal was available but ineffectively implemented. Concerning awareness on M&E plan, the study revealed that there was inadequate awareness about the monitoring and evaluation plan for managing iCHF this led to weak implementation of it and consequently contributed to a gradual underperformance of the scheme in Songea Municipal Council.

Regarding the availability of enough budget for an effective implementation of monitoring and evaluation plan of it was observed that there was no budget allocated for conducting iCHF monitoring and evaluation activities contrary to what has been stated in the iCHF circular number one of 2018 that the regional administrative Secretary should allocate 9% of the total collection to the council being administration cost including M&E activities. Furthermore an assessment concerning

external stakeholders' involvement it was found that there was inadequate external stakeholders' involvement in the schemes' management which resulted into implementation ineffectiveness of monitoring and evaluation of the iCHF scheme which actually jeopardized the iCHF performance. If at all external stakeholders could have been effectively involved their views could help much in providing directions for performance improvement.

### **5.3.2 Examination of an Adherence to the M&E Implementation Plan**

The study concludes that there was poor adherence to the existing iCHF M&E plan by the council as per M&E guideline for public projects of 2014. This was revealed during the study where most of the respondents were not even aware if the reporting system they were conducting either adhered to the M&E requirement or not because the guideline itself was also not known. So with this scenario it is very difficult for the authority to adequately assess the achievement of the intended results of the scheme. The poor adherence to the M&E implementation ultimately contributed to weakening the iCHF performance analysis in Songea Municipal council.

### **5.3.3 Challenges affecting Implementation Effectiveness of Monitoring and Evaluation in Managing iCHF**

The study revealed challenges which impeded effective implementation of monitoring and evaluation for iCHF in Songea Municipal Council. This includes CHF of not being an independent scheme, weak monitoring chain, Weak data generation system, Lack of accountability and commitment in managing iCHF and inadequate external stakeholders' involvement. These challenges also affected the implementation effectiveness of monitoring and evaluation in managing iCHF.

#### **5.4 Recommendation**

Basing on the main objectives of the study of assessing the implementation effectiveness of monitoring and evaluation in managing improved community health Fund and the findings from the study, several recommendations have been put forward for the purpose of ensuring more improvement of the scheme. It had been insisted that “Monitoring and evaluation is a powerful management tool that can be used to improve the way Government can achieve results and responds effectively to citizens, the private sector, non-governmental organizations, civil society, international organizations and development partners growing demands for better performance and delivery of tangible results” (URT, 2014). Thus, thus it is recommended for authority to invest much in training on awareness creation about M&E so that staff and other stakeholders can understand about monitoring and evaluation and its importance in improving the scheme’s performance.

The M&E guideline for public project and programmes of 2014 should be adequately disseminated to all responsible stakeholders so that they can be aware of what and how are they supposed to effectively implement an M&E. The Regional administrative secretary and Council should allocate adequate budget for the administration and M&E activities. A monitoring and evaluation budget can be clearly delineated within the overall project plan budget to give the monitoring and evaluation function the due recognition.

The council should adequately involve external stakeholders in preparation of the iCHF M&E plan so as to have various opinions on the same. This will increase a sense of ownership and all stakeholders towards successfully implementation of the

Monitoring and Evaluation plan for iCHF.

The government should take purposeful measures including designing a friendly M&E System which can define roles of every player in the execution levels, design the simple monitoring chain, iCHF to be managed independently like NHIF and insist on political willingness and commitment.

## **5.5 Limitations and Areas for Further Research**

### **5.5.1 Limitations of the study**

#### **1.7 Limitations of the study**

During the study there were some limitations to its accomplishment as follows:

##### **1.7.1 Confidentiality and Long Procedure Of Obtaining Information**

Most of the information requested from iCHF officials (Government) are confidential, so were not easily released. There were some official procedures which had to be gone through for the authorization of data correction. This was a limitation because it took time for the study to complete data collection but also obtaining other detailed information about iCHF particularly from IT department at RAS office.

##### **1.7.2 Time Limit**

It was sometimes difficult to find the iCHF officials due to other official activities. This caused to have various appointments for interviews and discussions about the study.

##### **1.7.3 Scatterdeness of the Enrollment Officers**

Enrollment officers were located in different wards and Mitaa. So it was time consuming and cost to visit them for interview.

### **5.5.2 Areas for Further Research**

This study concentrated much on assessing an implementation effectiveness of monitoring and evaluation in managing the iCHF in Songea Municipal. However because the Improved Community Health Fund is being implemented in all regions and councils, researchers can assess how M& E is effectively conducted in management of iCHF in other municipal councils.

## REFERENCES

- Afriyie, D. (2021). Governance factors that affect the implementation of health financing reforms in Tanzania: an exploratory study of stakeholders' perspectives. *BMJ Global Health*, 6, e005964.
- Berkhout, E. & Oostingh, H. (2008). Health insurance in low-income countries: Where is the evidence that it works? Paper Corpus ID: 168064466.
- Chee G. et al (2009), Assessment of the community health fund in Hanang District, Tanzania. Report, Partners for Health Reformplus Project, Abt Associates Inc.
- Community Health Fund reform report (2018). Tanzania's Improved Community Health Fund, Policy Brief.
- Government of Tanzania, (2001). Community Health Funds Act, URT.
- IFCR, (2011), Project or programme Monitoring and Evaluation (M&E) Guide. IFCR.
- Kamuzora, P. & Gilson, L. (2007). Factors influencing implementation of the Community Health Fund in Tanzania. Health policy and planning. *Health Policy and Planning*, 22, 95–102.
- Kalolo, A., Radamache, A., Stoearmer, M. & Meshak, M. (2015). Factors affecting adoption, implementation fidelity, and sustainability of the redesigned community health Fund in Tanzania: a mixed methods protocol for process evaluation in the Dodoma region. *Glob Health Action*, 8(1), 1-12.

- Kapologwe, N., Kaguruki, G. B., Kalolo, A., Briet, A. .... Hoffman, A. (2017). Barriers and facilitators to enrollment and re-enrollment into the Community health funds/Tiba Kwa Kadi (CHF/TIKA) in Tanzania: a cross-Sectional inquiry on the effects of socio-demographic factors and social marketing Strategies. *BMC health services research.*, 17(308).
- Kapologwe, N., Gautier, A., Meshack, M. & Stoermer, M. (2022). *Implementation of improved Community Health Funds in the Dodoma Regional of Tanania.: Results, Challenges and Lessons Learnt on enrolling informal sector in the health insurance Tanzania.* New Jersey: Wiley & Sons, Ltd.
- Kothar. C. R (2004). *Research Methodology, Methods and Techniques*, 3<sup>rd</sup> Edition, New Delhi.
- Lee, B. (2018). *Tanzania's Improved Community Health Fund: An Analysis of Scale-Up Plans and Design.* Washington, DC: Palladium, Health Policy Plus.
- Mtei, G. & Mulligan, J. (2007). Community health funds in Tanzania: A literature review. Report, Shield Work Package 1, Ifakara Health Research and Development Centre, Ifakara, Tanzania.
- MOHCDGEC, (2018). Supervision and Implementation of the Improved CHF Circular. Dar es Salaam: Government of Tanzania.
- Msuya, J. (2004). Impacts of community health insurance schemes on health care provision in rural Tanzania. No. 82. ZEF Discussion Papers on Development Policy.



- Nyenza, V. G. (2017). An exploration of the factors influencing enrolment into CHF in Songea Municipal, unpublished master dissertation, Dodoma University, Tanzania.
- Njama, A. W. (2015). Determinants of effectiveness of a Monitoring and Evaluation system for projects: A case of AMREF Kenya wash programme. Unpublished master research report, University of Nairobi, Kenya.
- Nyman, J. A. (2002). *The theory of demand for health insurance*. Stanford: Stanford University Press.
- Government of Tanzania, (1999). National Health Insurance Fund Act, Cap 395 of 1999.
- National Health Insurance Fund Annual report, (2020/2021). Government of Tanzania.
- National Health Insurance Fund (NHIF), (2019). NHIF Data. Dar es Salaam: Government of Tanzania.
- Preker, A. S. & Carrin, G. (2004). Health Financing for Poor People Resource Mobilization and Risk Sharing. The World Bank, the International Bank for Reconstruction and Development, Washington DC.
- Spaan, J. (2012). The impact of health insurance in Africa and Asia: A systematic review. *Bull World Health Organ*, 90(9), 685–692.
- Scott G. C. (2008). *Monitoring and Evaluation planning: Guidelines and Tools*.
- Songea Municipal Strategic plan 2016/2017-2020/2021, URT.
- Clegg, S. (2016). *Organization theory*, Sage publications, Ltd

- Stoermer, M. (2011). Transforming community health funds in Tanzania into viable social health insurance schemes: The challenges ahead. *Bulletin/Medicus Mundi Schweiz*, 120, 22-28.
- Waheke, W. J. (2015). Effects and challenges of Community Health Fund on accessibility to Health care Services: a case of songea district, Tanzania. *Tanzania Journal of Community Development*, 1(2), 1-23.
- Wang, H. (2012). *Health Insurance Handbook: How to Make it*. World Bank.
- World Health Organization, (2004). Health systems governance for universal health coverage: Action plan. Geneva, Switzerland: Department of Health Systems Governance and Financing.
- World Health Organization, (1978). *Declaration of Alma-ata*, No. WHO/EURO: 1978-3938-43697-61471, World Health Organization. Regional Office for Europe.
- World health, (2010). Health systems financing: the path to universal coverage, Reprot. Geneva: World Health Organization.
- Connell, J. P. & Kubisch, A. C. (1998). Applying a theory of change approach to the evaluation of comprehensive community initiatives: progress, prospects, and problems. *New approaches to evaluating community initiatives*.
- Rogers, P. (2014). Theory of Change: Methodological Briefs-Impact Evaluation No.2.
- Cooper, D. & Schindler, P. (2008). *Business research Methods*. New York: McGraw-Hill/Irwin.
- Yamane, T. (1967), *Statistics: An Introductory Analysis (2ndEd.)*.Harper and Ran, New York.

## APPENDICES

### Appendix 1: Questionnaire for Community Respondents

My name is Anthony M Mgina, a Master Degree student at The Open University of Tanzania pursuing MA in Monitoring and Evaluation. I’m conducting a survey, “Assessing effectiveness the Monitoring and Evaluation in managing the improved community health fund in Tanzania in Songea Municipal. I’m requesting from you only some few minutes of your busy schedule to fill out a questionnaire which forms a comprehensive part of my research. Your responses hold a great significance in my quest of data collection. The findings from this study will be used in Dissertation writing as a fulfilment for being awarded a Master degree by The Open University of Tanzania and not otherwise.

Instruction: Insert response of your choice in the box or fill in the blanks as required.

### PART A: Respondent’s Details

Part. A: Demographics.

1. Gender of the respondent

Female  Male

2. Fill in your age blacket

i) Below 18-30 years

ii) 31-45 years

iv) 46-60 years

v) Above 60

3. What is your level of education?

- i) Secondary
- ii) Tertiary/College
- iii) Graduate
4. For how long have you been in the position?
- i) Less than 1yr
- ii) 1-3 years
- iii) 4-6 years
- iv) 7-9 years
- v) 9 Years & above

**PART B: M&E system for iCHF awareness**

1. Are you aware of the M&E System?
- i) Yes
- ii) No
2. Does the council conduct monitoring and evaluation?
- i. Yes
- ii. No
- iii. Not aware
3. What are your roles in undertaking monitoring and evaluation for iCHF?
- i. Yes
- ii. No
4. Do you periodically prepare and submit required data reports generation?
- i. Yes
- ii. No

**PART C: Determinants for effective implementation of M&E System in managing iCHF**

5. Does the council allocate budget for conducting M&E?

- i) Yes
- ii) No

6. To which extent does the Insurance Management information System (IMIS) produce required data for easily monitoring and evaluation report?

<b>Data produced by IMIS</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Extent does the (IMIS) produce required data for easily monitoring and evaluation report?					

7. To which extent do you agree or disagree with the following statements concerning M&E in relation to projects in the organization. Tick the appropriate box where; 5 – Strongly agree 4 – Agree 3 - Not sure 2 - Disagree 1 – Strongly disagree

<b>Budget allocation</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
The Region provide operational budget for iCHF activities (9%)					
The Region provides funds for monitoring and evaluation activities (about 5%-10% of iCHF budget)					
There is freedom in the budgetary decisions for the Monitoring and evaluation unit.					
The Region ensures there is timely provision of funds for M&E					
Funds allocated are used for M&E activities only					

8. To which extent you agree or disagree with the level of all players/stakeholders participate in the following aspects of M&E in managing community health Fund.

Tick the appropriate box where; 5 – Strongly agree 4 – Agree 3 - Not sure 2 -

Disagree 1 – Strongly disagree

<b>Players /Stakeholders involvement</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
All players/Stakeholders adequately involved in designing and planning of M&E Systems					
Participation of stakeholders in the Council's planning of formal meetings for M&E is adequate					
Stakeholders feedback is sought during M&E processes to stakeholders					
Involvement stakeholders in M&E decision making process					
M&E feedback is shared back to stakeholders					
Stakeholders are involved in M&E data collection process					

**PART D: Challenges affecting effective implementation of M&E in managing iCHF**

9. To which extent the following factors affect M&E in managing community health

Fund. Tick the appropriate box where; 5 – Strongly agree 4 – Agree 3 - Not sure 2 -

Disagree 1 – Strongly disagree

<b>Challenges affecting effective implementation of M&amp;E in managing iCHF</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Lack of fund (budget) for iCHF scheme operations					
Unawareness of the M&E System in iCHF					
CHF is not an independent scheme					
Weak monitoring chain					
Lack of training on how to conduct M&E					
Lack of Management commitment in managing iCHF					
Inadequate stakeholders involvement					

10. In your opinion to which extent do you think the following aspects can highly contribute to effective implementation of Monitoring and Evaluation in managing iCHF?

<b>Challenges affecting effective implementation of M&amp;E in managing iCHF</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Allocation of funds for the scheme management					
Council's Management commitment in managing iCHF					
Increase stakeholders involvement					
Awareness to staff on importance of M&E of the programme					

**APPENDICES II: INTERVIEW GUIDING QUESTIONS**

1. How would you describe the importance of Monitoring and evaluation system in managing the improved community health fund?
2. Does the iCHF's programme have a separate budget? How are its activities executed?
3. Does Monitoring and evaluation unit have separate funding or budget within the programme? In your opinion is it adequate?
4. Does the council management support monitoring and evaluation of improved community health fund?
5. Does M&E results contribute in the decision made in the organization for better future performance of improved community health fund? If yes how?
6. To what extent the Community participate in providing feedback on their satisfaction of the improved Community Health Fund?
7. Basing on your own views how would you describe the knowledge of the Social welfare section's personnel on the existing monitoring and evaluation system?
8. Does the Municipal engage in training of the employees on monitoring and evaluation systems?
9. Does the municipal council involve external stakeholders in implementing monitoring and evaluation systems for the scheme?
10. What are the challenges affecting effective implementation of Monitoring and Evaluation in managing improved community health Fund?
11. In your opinions what could be done for having an effective Monitoring and evaluation in managing iCHF Scheme?



### APPENDIX 3: RESEARCH CLEARANCE



**JAMHURI YA MUUNGANO WA TANZANIA**  
 OFISI YA RAIS  
 TAWALA ZA MIKOA NA SERIKALI ZA MITAA  
**HALMASHAURI YA MANISPAA YA SONGEA**



*Unapojibu tafadhali taja;*

Kumb. Na. SO/MC/ T.30/20III/337

Tarehe: 30Juni, 2021

Mganga Mkuu wa Manispaa,  
 S.L.P. 14,  
 Songea

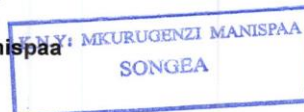
**YAH: KUFANYA UTAFITI MR. MGINA ANTONY MICHAEL WA CHUO KIKUU CHA  
 OPEN UNIVERSITY**

Rejea mada tajwa hapo juu.

Napenda kumtambulisha kwako mwanachuo wa ChuoKikuu cha Open University katika mada inayohusu: **"An Assessing Implementation Effectiveness of monitoring and Evaluation in Managing Improved community Health fund in Songea Munispal council"**.

Natarajia atapatiwa ushirikiano ili aweze kukamilisha shughuli ya Utafiti ikiwa ni sehemu ya mafunzo yake.

Mebo M. Ndumbaro  
**Kny: Mkurugenzi wa Manispaa  
 Songea**



Nakala: Mr Mgina A. Michael } Piga ripoti kwa Mganga mkuu wa manispaaa ili  
 upatiweMjukukumu ya Kufanya.

JAMHURI YA MUUNGANO WA TANZANIA  
OFISI YA RAIS  
TAWALA ZA MIKOA NA SERIKALI ZA MITAA

Mkoa wa Ruvuma:  
Simu Nambari: 025-2602219  
Fax Na.2602144  
Unapojibu tafadhali taja:



OFISI YA MKUU WA WILAYA,  
S.L.P. 1  
SONGEA

**Kumb. Na.AB.365/398/01/F/21**

**02.07.2021**

Mkurugenzi Manispaa,  
S.L.P 14,  
SONGEA.

**YAH: KIBALI CHA KUFANYA UTAFITI  
CHA NDUGU MR. MGINA A. MICHAEL**

Tafadhali husika na mada tajwa hapo juu.

Ofisi ya Mkuu wa Wilaya imepokea barua yenye **Kumb.Na. AB.228/276/01/G/85** ya tarehe **24.06.2021** kutoka Ofisi ya Mkuu wa Mkoa, inayomtambulisha **Mr. Mgina A. Michael** kutoka Chuo Kikuu cha Open University of Tanzania kufanya utafiti unaohusiana na mada isemayo "**Assessing implementation Effectivenss of Monitoring and Evalution in Managing Improves Community Health Fund in Songea Municipal Council**".

Hivyo namtambulisha mtajwa hapo juu ili aweze kufanya utafiti wake kwenye Halmashauri yako kuanzia **mwezi 8June 2021** hadi **30 June, 2021**.

Pendo Daniel  
**KATIBU TAWALA WILAYA  
SONGEA**

**Nakala:** Mhe. Mkuu wa Wilaya - Aione kwenye jalada  
**SONGEA**

" Mr. Mgina A. Michael,  
The Open University of Tanzania  
S.L.P 23409,  
**DAR ES SALAAM.**

THE UNITED REPUBLIC OF TANZANIA  
PRESIDENT'S OFFICE  
REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT

**RUVUMA REGION**

Tel. Nos. 025-2602256/2602238

Fax No. 2602144

E-mail. [ras.ruvuma@tamisemi.go.tz](mailto:ras.ruvuma@tamisemi.go.tz)

Website: [www.ruvuma.go.tz](http://www.ruvuma.go.tz)

Ref.No.AB.228/276/01/G/85

District Administrative Secretary,  
P.O.BOX 1,  
**SONGEA.**



Regional Commissioner's Office,

P.O. Box 74,

**SONGEA.**

24<sup>th</sup> June, 2021

**RE: RESEARCH CLEARANCE**

Reference is made to the above heading.

This is to introduce to you Mr. Mgina Anthony Michael with Reg. No. PG201902249 student of Master of Arts in Monitoring and Evaluation (MAME) from open University of Tanzania Dar es salaam. The student is, at the moment wish to conduct a research to your Municipal. The title of his research question is "**Assessing implementation Effectiveness of Monitoring and Evaluation in Managing Improved Community Health Fund in Songea Municipal Council.**"

The study is scheduled to be conducted within one month duration preferably with effect form 8<sup>th</sup> June to 30<sup>th</sup> June, 2021. Therefore, with this letter assist him for any necessary assistance to fulfil this study.

Thank for your esteemed cooperation.

A.H.Nammohe

For: **REGIONAL ADMINISTRATIVE SECRETARY**  
**RUVUMA**

For: REGIONAL ADMINISTRATIVE SECRETARY  
RUVUMA

**Copy:** Mr. Mgina Anthony Michael  
The Open University of Tanzani,  
P.O.Box 23409,  
Dar es salaam.

**Appendix 4: EXTERNAL EXAMINER'S REPORT CORRECTION MATRIX****NAME:** Anthony Michael Mgina**PROGRAM:** Masters of Arts in Monitoring and Evaluation**DATE:** 31<sup>st</sup> October 2023

<b>S/N</b>	<b>Observation Area</b>	<b>Examiner's Comments/Observation</b>	<b>Student Corrections/Explanation</b>
	Abstract	The candidate was mixing present and past tenses in the abstract. Likewise the abstract should be shorter, capturing the required information.	The abstract corrected accordingly (page vii)
2	<b>Chapter 1</b> Introduction	The background of the study has unnecessary long sentences with many typos and grammatical errors. Also information on the background of the study from page three need to be included in the main document	Typos and grammatical errors corrected accordingly Page three has been included (page 3)
		Research objectives must be restated as indicated in the main document	Research objectives restated
		Statement of the problem need to be better formulated. It is too long with many sentences which need	Reformulation has been done and shortened

		citations.	
4	<b>Chapter 2</b> Literature Review	Typos and grammatical errors were observed	Corrections have been made in the whole chapter
5	<b>Chapter 3</b> Methodology	The candidate needs to specify precisely the methods used to analyze data of the study.	Description provided (page 24)
6	<b>Chapter 4&amp;5</b> Presentation of the results and discussion	The candidate is supposed to discuss the findings in relation to the literature reviewed, dissertation topic. At the end of the chapter the candidate is supposed to summarize the results.	Discussion and the summary section included
7	<b>Chapter 6</b> Summary, conclusion and implication of the study	The candidate should start with a section on a summary of the study. Recommendation should be well-written in paragraph form	The summary part included and recommendation re-written in paragraph form instead of numbered form