MONITORING AND EVALUATION PRACTICES AND CHALLENGES OF GABORONE BASED LOCAL NGOs IMPLEMENTING HIV/AIDS PROJECTS IN BOTSWANA

By

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A Dissertation submitted to the University of Botswana in partial fulfillment of requirements for a degree of MASTER OF PROJECT MANAGEMENT

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2007
Approval Page

This research has been examined and is approved as meeting the required standards of scholarship for partial fulfillment of the requirements for the degree of Master of Project Management

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Statement of Originality

This work contained in this Dissertation was carried out by the author at the University of Botswana between August 2006 and October 2007. It is original work except where due reference is made and neither has been nor will be submitted for the award of a degree by any other university.
Acknowledgment

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Abstract

Botswana is facing one of its greatest development challenges at the moment. It is facing an HIV/AIDS pandemic of immense proportions. It is among the countries in the world that have been hard hit by this scourge. A lot of stakeholders including government, private companies, international donor agencies, and civil society have come up with interventions to respond to challenge of fighting this pandemic.

Among the key players in this fight against HIV/AIDS are civil society organizations, commonly known as NGOs. These organizations play a crucial role of bringing HIV/AIDS services to the communities where the other players may not reach or may not be effective. The services the NGOs offer to communities are normally delivered as projects. Effective monitoring and evaluation of projects is usually one of the ingredients of good project performance and provides means of accountability, demonstrating transparency to the stakeholders and facilitates organizational learning for benefit of future projects.

This study sought to determine how effectively the HIV/AIDS projects implemented by Gaborone based local NGOs are monitored and evaluated. The study investigated the monitoring and evaluation practices of the NGOs and compared them with the best practices. It also sought to identify the challenges the NGOs faced in carrying out this function.

Data for the study was collected using the descriptive survey method where a questionnaire was administered to project managers and monitoring and evaluation officials of the NGOs.

The results of the study show that most of the NGOs (66.7%) were implementing Behavioral Change Communication projects. The study also determined that the monitoring and evaluation practices of the local NGOs fell short of the best practices. Most of the best practices were inconsistently done and others were not done at all. Planning for monitoring and evaluation was inadequately done and inconsistently by respondents. Implementing the monitoring and evaluation process was not effectively done by the respondents.
The study also identified quite a number of challenges the NGOs faced in carrying out monitoring and evaluation of the projects they faced. These challenges made it hard for the NGOs to effectively monitor and evaluate the projects they implemented. The most significant ones included; inadequate finances, lack of expertise, stringent and multi-donor reporting requirements, lack of baseline data. The study made some recommendations in order to mitigate the challenges faced by the NGOs.

The study found out that, all in all the projects implemented by the local NGOs were not effectively monitored and evaluated.
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<th>Abbreviation</th>
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<tbody>
<tr>
<td>ACHAP</td>
<td>African Comprehensive HIV/AIDS Partnership</td>
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<td>APM</td>
<td>Association for Project Management</td>
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<td>APMBOK</td>
<td>Association for Project Management Body of Knowledge</td>
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<td>ARVs</td>
<td>Anti Retro Virals</td>
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<td>AusAID</td>
<td>Australian Government Overseas Aid Programme</td>
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<td>BCC</td>
<td>Behavioral Change Communication</td>
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<td>BONASO</td>
<td>Botswana Network of AIDS Service Organizations</td>
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<td>BOPA</td>
<td>Botswana Press Agency</td>
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<tr>
<td>CBO</td>
<td>Community Based Organization</td>
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<td>CHBC</td>
<td>Community Health Based Care</td>
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<td>DFID</td>
<td>Department of Foreign International Development</td>
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<td>EVM</td>
<td>Earned Value Management</td>
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<td>FBO</td>
<td>Faith Based Organizations</td>
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<td>FHI</td>
<td>Family Health International</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>GFATM</td>
<td>Global Fund to Fight AIDS Tuberculosis and Malaria</td>
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<td>HDN</td>
<td>Health Development Network</td>
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<tr>
<td>HIV/AIDS</td>
<td>Human Immune Virus/Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>IEC</td>
<td>Information Education Communication</td>
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<tr>
<td>IFAD</td>
<td>International Fund for Agricultural Fund</td>
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<td>IFRC</td>
<td>International Federation of Red Cross</td>
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<td>LFA</td>
<td>Logical Framework Approach</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MSM</td>
<td>Men who have Sex with Men</td>
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<td>NAC</td>
<td>National AIDS Council</td>
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<td>NACA</td>
<td>National AIDS Coordinating Agency</td>
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<td>NGO</td>
<td>Non Governmental organizations</td>
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<td>NORAD</td>
<td>Norwegian Agency for Development Cooperation</td>
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<tr>
<td>OECD</td>
<td>Organization for Economic Co-operation and Development</td>
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<tr>
<td>OVCs</td>
<td>Orphans and other Vulnerable Children</td>
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<tr>
<td>P</td>
<td>Pula (Botswana currency; 1US$=P6.2)</td>
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<tr>
<td>PASSIA</td>
<td>Palestine Academic Society for Society for International Affairs</td>
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<tr>
<td>PEPFAR</td>
<td>The President's Emergency Plan for AIDS Relief</td>
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<td>PLWHA</td>
<td>People Living With HIV/AIDS</td>
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<td>PMBOK</td>
<td>Project Management Body of Knowledge</td>
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<td>PMI</td>
<td>Project Management Institute</td>
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<td>PMTC</td>
<td>Prevention of Mother to Child Infection</td>
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<td>SPSS</td>
<td>Statistical Package for Social Sciences</td>
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<td>UNAIDS</td>
<td>The Joint United Nations Programme on HIV/AIDS</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNFPA</td>
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<td>US$</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>WHO</td>
<td>World Health Organization</td>
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CHAPTER 1: INTRODUCTION AND BACKGROUND

1.1 Introduction
This chapter presents the background to the research problem. It then situates and articulates the research problem. It then highlights the research objectives and questions. The chapter also defines the scope of the study, benefits and some of the key terms used. It then presents summary of the other chapters that make up the dissertation report.

1.2 Background
Botswana is at the moment facing one of its greatest development challenges. It is among the countries in the world hardest hit by the Human Immune Virus / Acquired Immune Deficiency Syndrome (HIV/AIDS) pandemic. The level of the problem has reached severe epidemic proportions, with an estimated 270,000 people out the total country population of 1.8 million people infected with the Human Immune Virus (HIV) that causes AIDS (UNAIDS, 2006). With an adult (15-49 yrs) prevalence of 24.1 %, Botswana has the second highest prevalence rate in the world (UNAIDS, 2006). There are an estimated 120,000 orphans as a result of this scourge, bearing huge pressure on the social welfare sector (WHO, 2006). The pandemic has affected all economical and social sectors of the country.

Several stakeholders in the country have instituted a number of interventions to fight this scourge and respond to the challenges presented by this scourge. The stakeholders in this fight include the government of Botswana, 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 fight against HIV/AIDS is the civil society through Non Governmental Organizations (NGOs). NGOs particularly the local ones are playing a crucial
role in taking HIV/AIDS services closer to the people in the community where other players may not be able to cover or may not be as effective as the local NGOs. Their role supplements the role played by all the other stakeholders in the fight against this scourge. The NGOs solicit for resources from donors to carry out their activities through projects they implement. Figure 1.1 shows the conceptual illustration of the research problem. A discussion of the key conceptual issues follows next.

![Conceptual Diagram](image)

Research question: How effectively is monitoring and evaluation done on HIV/AIDS projects?

Figure 1.1: Conceptual definition of the research problem
Source: Own

- **Resources and objectives to respond to HIV/AIDS**

A lot of resources have been provided to the Local NGOs to implement HIV/AIDS related projects and the donors and other stakeholders expect transparency, proper accountability and good project performance from them. For example up to US$18 million was approved and provided by the Global Fund to fight AIDS Tuberculosis and Malaria (GFATM) to be spent
by Botswana in its fight against the scourge. A big portion of these GFATM funds was provided to NGOs to implement projects to fight HIV/AIDS (BONASO, 2006). The resources were provided with set objectives of adequately responding to the challenges posed by HIV/AIDS.

- **NGOs**
  NGOs carry out projects with the resources provided in order achieve objectives such as reduction in HIV prevalence rates in the areas, improvement in quality of life for People Living with HIV/AIDS (PLWHA) and mitigation of the impacts of HIV/AIDS.

- **Need for project monitoring**
  There is need to determine whether the resources provided by the donors are being used efficiently and effectively, whether the projects are within schedule and to determine any problems that may be hampering the implementation. Determination of efficient management of resources is a factor of project monitoring.

- **Need for evaluation**
  There is also need to determine whether the set objectives were achieved and extent of achievement of the same plus capture any lessons learned from the implementation of the projects to aid future projects. This is a function of project evaluation.

- **Research question**
  The research question of the study was whether monitoring and evaluation were done effectively on the projects implemented by local NGOs.

The subsequent sub sections expound on the research dilemma, objectives of the research and the contextual definition of terms used in this study.

1.3 **Problem Statement:**
A lot of donor and government resources are provided to local NGOs in Botswana to implement HIV/AIDS projects. Not only does best practice require that projects are
monitored for control but also project stakeholders require transparency, accountability for resource use and impact, good project performance and organizational learning (to benefit future projects).

There have been reports in the media decrying the inadequate monitoring and evaluation of HIV/AIDS projects implemented in Botswana (BOPA, 2006: and Motlaloso, 2006).

The auditor general’s report of 2005 as quoted by Motlaloso, (2006) decries the serious lack of control of funds that were disbursed by NACA to NGOs to implement HIV/AIDS activities. The report highlights the lack of accountability for the disbursed funds and absence of any evidence of the attainment of the objectives for which the funds were disbursed to the NGOs.

Global fund withheld US$9 million of US$18 million allotted to the country because of the failure by the National AIDS Coordinating Agency (NACA) to submit reports detailing expenditure and impact of the previous batch of funds (US$10 million) that had been disbursed. The agency had dispersed these funds to implementing agencies (grantees) inclusive of mainly of local NGOs and blamed the poor monitoring and evaluation by the grantees for their failure to timeously compile a nationwide report of expenditure and impact (Serite, 2006: and BOPA, 2006). In addition the African Comprehensive HIV/AIDS Partnership (ACHAP) is providing local NGOs with funding for their activities through the Small Grant Programme. Government allocated P650 million (US$104 million) in 2006-2007 budget year to HIV/AIDS projects, a portion of which can be accessed by these civil society organizations (Gaolathe, 2006).

Despite the huge amount of resources provided to the local NGOs to implement HIV/AIDS projects and despite the fact that these projects play a big role in the fight against HIV/AIDS in the community it is not clear how effectively the monitoring and evaluation is done on these projects implemented by local NGOs.
1.4 Objectives of the Study

(i). To identify the best practices in monitoring and evaluation of HIV/AIDS projects from literature.

(ii). To determine the extent of resourcing provided to the Gaborone based local NGOs implementing HIV/AIDS projects.

(iii). To identify the nature of activities carried out on the HIV/AIDS projects implemented by these local NGOs.

(iv). Determine how monitoring and evaluation practices of the local NGOs implementing HIV/AIDS projects compare with the best practices.

(v). Identify the challenges faced by the NGOs in the monitoring and evaluation of the HIV/AIDS projects.

(vi). To make recommendations in order to mitigate challenges faced in monitoring and evaluation of HIV/AIDS projects.

1.5 Research Questions

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

(ii). What are the challenges faced in the monitoring and the evaluation of the projects these NGOs implement?

1.6 Limitations and Delimitations of the Study

The research was limited to HIV/AIDS projects implemented by local NGOs based in Botswana’s capital city Gaborone and its surrounding environs within a radius of 100 kilometres to include the areas of Gabane, Tolkweng, and Mogoditshane, Ramostwa, Mochudi, Otse and Molepole.

The local NGOs covered were those affiliated to Botswana Network of AIDS Service Organizations (BONASO) the umbrella organization because it is the formalized voice of
NGOs (civil society) in the national strategic framework to combat HIV/AIDS and is the interface between the NGOs and the donors. The GFATM, ACHAP, NACA and other donors channel their funding to local NGOs through BONASO or require membership as prerequisite to access funding (BONASO, 2006; ACHAP, 2006).

1.7 Benefits of the Project
i) Findings of the research will be provided to BONASO the umbrella organization for the local NGOs to assist them in understanding the monitoring and evaluation aspect of project management of HIV/AIDS projects implemented by their member organizations.

ii) These findings would assist them design interventions to help them improve their monitoring and evaluation. The findings will also help BONASO share best practices within its member organizations which is one their objectives (BONASO, 2006).

iii) The findings will also provided to the individual Local NGOs to improve the monitoring and evaluation of their 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 they implement.

1.8 Definitions of Terms Used
This section presents the definition the key terms used in the study. The terms are defined within the context of the research study.

- **Local NGOs**
  Organizations founded and run by members of civil society within communities outside government to undertake social services, community development, assist communities fight pressing community problems like HIV/AIDS but are not motivated by profit. Local in this context implies that they have their headquarters and operations in the country as opposed to the international NGOs whose policies and systems are from their headquarters based outside
the country. Local NGOs included national NGOs operating on national scale or more than one district, Community Based Organizations (CBOs) operating in only one district and Faith Based Organizations (FBOs) that were founded on religion and are attached to the founding religious body.

- **Monitoring**
  Monitoring is the routine continuous tracking of the key elements of project implementation performance that is: inputs (resources, equipment etc) activities and outputs, through record-keeping and regular reporting (McCoy et al., 2005). Tracking the planned implementation against the actual implementation, in order to able to report on how the project is progressing and if there is need for corrective action and to facilitate decision making by the project manager during implementation (McCoy et al., 2005).

- **Evaluation**
  Evaluation is the episodic (not continuous as the case with monitoring usually mid term and at end of the project) assessment of an ongoing or completed project to determine its actual impact against the planned impact (strategic goal or objectives for which it was implemented) efficiency, sustainability, effectiveness (McCoy et al., 2005).

- **Projects**
  Project in the context of this research is defined as temporary endeavour to achieve an objective (PMI, 2004). Temporary means the project has a time frame within which it should have achieved its set objectives within a fixed budget, usually funded by a donor. In the context of this research the objectives of the NGO projects is to respond to challenges of HIV/AIDS. Programme and project are used in interchangeably to mean the same thing in this research.

- **Effective monitoring and evaluation**
  Assessment of how effectively monitoring and evaluation of a project is carried out in the context of this research is the measure of how the monitoring and evaluation practices
compare with the best practices that are defined in the literature review as justified by practice and research.

After defining the key terms, the next section presents the way the rest of the dissertation report is structured and a summary of the other chapters constituting the rest of the report.

1.9 Summary of the Other Chapters
The rest of the dissertation report is presented arranged under the following chapters:

a) Chapter 2: Literature review
b) Chapter 3: Research methodology
c) Chapter 4: Data analysis and discussion of findings
d) Chapter 5: Conclusions and recommendations

A summary of each of the chapters is highlighted next:

- **Chapter 2 Literature review**
  This chapter presents the related literature to the study. It describes the impact of HIV/AIDS on Botswana and the role of NGOs in the fight against HIV/AIDS through projects. It then reviews the related literature on monitoring and evaluation of projects, describing the different monitoring and evaluation techniques employed on projects. The chapter also describes a framework of classifying the different HIV/AIDS project activities implemented by the NGOs in Botswana. It then highlights the best practices in the monitoring and evaluation of HIV/AIDS projects. Finally the chapter reviews the different challenges in the monitoring and evaluation of HIV/AIDS projects

- **Chapter 3: Research methodology**
  This chapter presents the research methodology of the study. It describes and justifies the methods and processes that were employed to collect data that was used in answering the research questions. The chapters starts by defining what research methodology is, it then reviews the different types of research with the view of classifying the research study and
hence choice of appropriate research method. The different research methods are then reviewed and the appropriate one is chosen and the justification for the choice is made. The chosen descriptive survey research method is then operationalized by describing how the population was sampled, questionnaire designed and administered.

- **Chapter 4: Data analysis and discussion of findings**

This chapter presents the findings of the study. It describes the response profile of the research study by highlighting the response rate of the survey, and the nature and number of the respondents that completed and returned the questionnaire. It then highlights and discusses the findings of the surveys presented under each of the four investigative questions. Prior to the presentation of findings of each investigative question the criterion for data analysis and interpretation is set.

- **Chapter 5: Conclusions and recommendations**

This chapter presents the conclusions of the research study presented under the themes of each of the objectives of the research. It also presents the recommendations on how to mitigate the challenges faced by the NGOs in carrying out this function of monitoring and evaluation of the projects they implement. The chapter concludes by making recommendations for future studies.
CHAPTER 2: LITERATURE REVIEW

2.1: Introduction

This chapter presents the related literature on the study. The chapter is presented under the following sections: impact of HIV/AIDS, response of NGOs to HIV/AIDS, monitoring and evaluation, monitoring and evaluation techniques, types of HIV/AIDS projects, best practices in monitoring and evaluation of HIV/AIDS projects and challenges of monitoring and evaluation. Each of the sections is presented next:

2.2 The Impact of HIV/AIDS

The exact origin of the HIV virus that causes AIDS is highly contentious (Hooper, 2003; and Martin, 1993). The first reported and clearly defined case of an individual with HIV/AIDS was in United States in 1981 (Hooper, 2000). With benefit of modern research an earlier sample of blood stored in 1959 was found to have contained the virus when it was tested in 1998. This case of a Congolese man is the earliest documented case of an individual carrying the virus (Sharp, 2000). Botswana’s first HIV/AIDS case was reported in 1985 and since then the more and more cases have been reported (ACHAP, 2006). The virus that causes AIDS was first isolated by a researcher Luc Montagnier at the Pasteur institute of research in France in 1983 and the same virus was also isolated independently by Doctor Robert Gallo in United States a year later and given its current name by a panel of scientists the same year (Cantwell, 2005).

Controversial as the origins of the HIV/AIDS may be, the number of cases of HIV/AIDS globally and Botswana in particular have tremendously grown reaching pandemic levels. Statistics show that an estimated 38.6 million people were living with HIV/AIDS worldwide as of the end 2005 (UNAIDS, 2006). The statistics further show that an estimated four million new infections were registered in 2005 while another 2.8 million lost there lives in the same year worldwide. Of the 38.6 million people living with HIV/AIDS world wide, Sub-Saharan Africa accounted for about 24.5 million people which is about 63% of the world
AIDS/HIV population yet it has only about ten percent of the total world population (UNAIDS, 2006). It is clear from the statistics that the region is very hard hit by the pandemic. Botswana is one of the worst hit countries in the Sub-Saharan Africa, with about 270,000 people both young and adults infected out of a population of about 1.8 million people. The adult (15-49 years) prevalence of about 24.1% is the second highest in the region and the world, only surpassed by Swaziland (UNAIDS 2006).

The HIV/AIDS scourge has had a huge impact on the economical and social landscape of Botswana. Life expectancy has fallen from 65 years as of 1995 to less than 40 years in 2005 (Avert.Org, 2006). Botswana’s economic growth, as measured by GDP, is estimated to slow down by 1.5% annually, several health indicators such as infant mortality rate have also been affected negatively. There is a huge pressure on the health sector as the more hospital beds are occupied by HIV/AIDS patients. All sectors of the economy have been affected (Mogae, 2004).

2.2.1 Response to HIV/AIDS

As a result of the devastating impact of HIV/AIDS the president of Botswana declared HIV/AIDS a national emergency in 2000 (Mogae, 2004). The government instituted a strategy, the Botswana National Strategic Framework for HIV/AIDS (2003–2009) to respond to the deadly scourge through several activities and projects. Figure 2.1 illustrates the different players involved in the fight against HIV/AIDS and the coordinating structure in implementing the strategic framework. Their different roles are highlighted thereafter:
**National AIDS Council (NAC)**

This highest policy making body in the strategic framework and is chaired by the state president (NACA, 2004).

**NACA**

NACA is the secretariat of NAC. It is tasked with responsibility of coordinating the implementation of the strategic framework. The key roles of NACA includes among others to:

a). identify key strategic priorities in the war against HIV/AIDS,

b). develop and support programs and policies that can deliver on these priorities, and

c). develop tools and mechanisms to monitor and evaluate progress in the war on HIV/AIDS.

(NACA, 2004)

**Government ministries**

Different government ministries and departments carry out different AIDS related activities but generally current government interventions involve prevention of HIV/AIDS infections through

a) Behavioural Change Communication (BCC) programmes

b) Prevention of Mother to Child Infection (PMTCI) infections

c) Provision of Anti-Retroral Virals (ARVs) treatment through a programme called Massa (Setswana word to mean “the dawn”),
d) Care of orphans who have lost their parents to HIV/AIDS

e) Mitigating the impact of HIV/AIDS, managing the legal and ethical environment concerning HIV/AIDS.

- **Donors**
  The donors include international development agencies for example USAID, DFID and UNAID plus the other UN related organizations like UNDP through their own interventions programs or through partnership with government to implement or fund some government interventions.

- **Private sector**
  Private entities such as pharmaceuticals companies like Pfizer, Merck and Bristol Myers-Squib are also involved in the interventions through provision of subsidized drugs, funding research into the efficacy of the drugs used in the treatment of the disease, and funding other interventions. Different private sector companies such as banks, mining companies, and telecommunication companies also have their own HIV/AIDS policies to try and manage this scourge in the work place.

- **BONASO (NGOs)**
  Despite the concerted efforts by all the players in the fight against the scourge, there is still a gap in the provision of the HIV/AIDS related services. Local NGOs have come in to augment the efforts of all the stakeholders and fill in the gap in the intervention to fight HIV/AIDS.

  Most of the local HIV/AIDS NGOs in Botswana are affiliated to an umbrella organization called Botswana Network of Aids Service Organizations (BONASO) whose roles include to (BONASO, 2006):

  a) Coordinate the civil society response to HIV/AIDS and facilitate an enabling environment for their activities.
b) Mobilise resources for its members, strengthen the capacity of NGOs and serve as a mouthpiece for its entire member.

c) Facilitate sharing of information, experiences and best practices within their member organizations.

The membership to BONASO has been growing from an initial 38 members in 2001, 65 members in 2003 (Mogomosti, 2004) and currently (2007) the fully paid up members are 97 (BONASO, 2007).

Affiliation to an umbrella organization just like BONASO is very advantageous to all the stakeholders as illustrated below:

a) It provides a common forum to articulate their views in a coordinated way.

b) Make the interests of members of the umbrella organization known to the stakeholders that matter.

c) It also provides a peer review mechanisms within civil society and makes tracing and communication to and between members much easier.

The local NGOs in Botswana are carrying out activities including, Behavioural Change Communication (BCC), Care and Support of the Sick (CSS), Socio–Economic impact Mitigation (SEM) through care of the widows, orphans and other vulnerable children and Advocacy for Human Rights (HRA) of people living with HIV/AIDS and those affected by the pandemic (refer to appendices 1, 2, 3, and 4).

The local NGOs play a huge role by bringing the much needed services to the communities in which they operate (Hans, 2003). Helen et al., (2005) identify the various strengths of the local NGOs to include the following:

a) They understand better the needs of the community and how HIV/AIDS is perceived and can appropriately talk about it and initiate interventions understood within the context of
the community. This is very important due to cultural differences and the associated privacy and stigma attached to the HIV/AIDS condition.

b) The local NGOs because of their size, operating structure and closeness to the community are more flexible as opposed to government bureaucrats to respond to community needs and priorities. In the initial phases of ACHAP activities in Botswana, they faced a lot frustration from government bureaucrats and red tape and they choose to engage local NGOs to facilitate quick implementation of their projects (Ramiah and Reich, 2006).

c) The local NGOs are also better mobilizers of the community to respond to the challenges community maybe facing such as HIV/AIDS and are usually cost effective in delivery of services as opposed to government departments. The quick response is as a result of the fact that they work in community and with the community.

The activities of these organizations are normally funded by donors who include among others international development agencies such as UNDP, USAID, philanthropy bodies such as the Bill and Melinda Gates Foundation, the private companies such as, pharmaceutical companies. The NGOs solicit for funding from donors through proposals detailing the project plan: the donors require that the activities are carried out in specified duration based on the budget they provide to achieve the specified objectives so as to contribute to overall goals of fighting the AIDS scourge.

At the strategic level BONASO partners with NACA as the voice of the civil society in the fight against the scourge. NACA channels any funds or assistance to the civil society organizations at the community through BONASO.

2.2.2 Extent of funding in the HIV/AIDS fight

A lot of funds and other resources have been committed in the fight against HIV/AIDS globally (Halmashaw and Hawkins, 2004). According to UNAIDS (2006) an estimated
US$6.1 billion was spent on HIV/AIDS related programmes globally in 2005, an estimated US$15 billion was required to adequately respond to the challenges of the scourge in 2006 of which only about US$8.2 billion had been committed. Most of these funds have been committed by developed nations and philanthropic bodies to initiatives such as the Global Fund to fight AIDS Tuberculosis and Malaria (GFATM) (Avert, 2005). Botswana was allocated US$18.5 million by the GFATM, a big portion of which was channelled to the civil society organizations through BONASO by NACA who was the fund manager.

The president of United States of America in 2003 announced The President's Emergency Plan for AIDS Relief (PEPFAR) in which he committed up to US$15 billion for 5 years (Myra, 2005). The 15 focus countries eligible for the PEPFAR initiative includes Botswana among other the 12 sub-Saharan countries and other hard hit countries (Myra, 2005). A lot of funds have been spent and more are being committed for the fight against the scourge in Botswana in particular by the different stakeholders in the fight. The projected total cost of implementing the Botswana National Strategic Framework for HIV/AIDS (2003–2009) is BWP12 billion (about US$2 billion) over the 5 years (NACA, 2003). The government of Botswana contributes resources to the implementation of this framework and receives funding from its development partners including the European Union, Norway, Sweden, United Kingdom, and Japan, to supplement. The government budget allocation to HIV/AIDS has significantly increased from BWP68.9 million (US$10 million) in 2001 to BWP605 million (US$93.1 million) in 2006 (Gaolathe, 2003: and Gaolathe, 2006).

Another initiative in which resources in the fight against the scourge in Botswana have been committed is the African Comprehensive Partnership on HIV/AIDS (ACHAP). This is a partnership between the Bill and Melinda Gates Foundation and Merck Pharmaceutical Foundation. Each of the partners committed US$50 million over five years from 2000 to 2004 but as of 2005 only US$54 million of the committed total US$100 million had been
spent because of capacity problems. In 2005 the partners chose to extend the partnership over another 5 years up to 2009 (Gates foundation, 2006). ACHAP has worked with civil society organizations through BONASO through the Small Grant Programme where they have funded over 100 community-based projects ranging from US$75 to US$7500 (ACHAP, 2005). BONASO also works with NACA to access funding for its member organizations from NACA through its civil society partnership. NACA channelled GFATM funds to Local NGOs through BONASO (NACA, 2005).

It is evident that a significant amount of funds have been committed in this fight against HIV/AIDS globally and Botswana. Specifically the different NGOs have different sources of funding, therefore it is quite difficult to document the actual amount of funds that NGOs in Botswana have accessed over the period of time they have been involved in the fight against HIV/AIDS. Nevertheless it is evident that a significant amount of resources have been provided to the NGOs. As a result there is need for these funds to be effective in achieving the objective for which they are disbursed or else they just go down the drain. There is need to demonstrate that the funds actually did achieve what they were disbursed for. It is not prudent in the fight against HIV/AIDS to commit more and more funds without value for money in terms of impact. It is even highlighted that total funds committed are not sufficient to adequately respond to the scourge. The expenditure of these funds is at expense of other priorities in the country the further reason why they should be impact of their use.

2.3 NGO Projects
The activities of NGOs to respond to HIV/AIDS are usually done as projects, with a set and defined time framework, budget and objectives to achieve. The projects the local NGOs implement have a large number of stakeholders that include: donors, beneficiaries of the project activities (e.g. people living with HIV/AIDS, orphans), the community in which the project is implemented and government. The stakeholders require accountability in terms of resource use and impact of the project, transparency and good project performance.
Hulme and Edward (1995) as quoted by Crawford and Bryce (2003) define accountability in the context of NGOs as the means by which individuals or organizations report to recognized authority and are held responsible for their actions. They further discuss that accountability entails transparency in decision making and honest reporting of how and what resources have been used and what has been achieved by the project. It is important that there is accountability of the resources so that donors are motivated to commit more funds. Other stakeholders also “own” the project if it is accountable to them and is not seen as a money making venture for a few individuals. Avina (1993) distinguishes between short-term functional accountability i.e. accounting for resource use and immediate impacts and strategic accountability: accounting for the impacts that NGOs actions have on the actions of other organizations and the wider environment.

UNAIDS (2004) argues that accountability in the aid context has got two dimensions to it, the horizontal and vertical. The vertical has got the upward accountability to the donors in terms of resource use and results of the projects and the downward accountability to the beneficiaries, those directly or indirectly affected by the disease. The horizontal dimension to accountability entails accountability within and across partnerships donor to donor, public/private sector.

There is unanimity among the different authors that the NGOs should be accountable to all the stakeholders of the projects they implement inclusive of the beneficiaries who are normally looked at by the implementers as people who are fortunate that the project was conceived hence they should not ask questions.

Project performance in the context of this research is defined as the extent to which the project is been able to carry out its scope, meet its set schedule within budget and attain its set objectives (PMI, 2004). Good project performance entails that the project covers its scope within schedule and budget and attaining its set objectives.
Effective monitoring and evaluation of projects is usually one of the ingredients of good project performance. It provides means of accountability, demonstrating transparency to the stakeholders and facilitates organizational learning through documenting lessons learned in the implementation of the project and incorporating the same in the subsequent project planning and implementation or through sharing experiences with other implementers. The next section discusses in detail what monitoring and evaluation entails.

2.4 Monitoring and Evaluation

Monitoring and evaluation are intimately linked project management functions and as a result there is a lot of confusion in trying to make them work on projects (Crawford and Bryce, 2003). Monitoring and evaluation are distinct but complementary (PASSIA, 2004). Casley and Kumar (1986) as quoted by Crawford and Bryce (2003) disprove the use the acronym M&E (monitoring and evaluation) as it suggests that we are looking at a single function without making a clear distinction between the two. For the purposes of making a clear distinction between the two they are described separately below:

2.4.1 Monitoring

Different authors have defined monitoring differently there is some overlap and disagreement between the operational definition stated in the background of this research and the definitions of the different authors as highlighted below.

McCoy et al. (2005) definition is adopted and modified as the operational definition in the context of this research and it defines monitoring as the routine tracking of the key elements of project implementation performance, usually inputs, activities and outputs, through record-keeping, regular reporting and surveillance. It seeks to determine if the inputs, activities and outputs (immediate deliverables) are proceeding according to plan. Inputs to be tracked include financial resources, human resources, equipment used on the project and any other input that goes into project implementation. The financial resources are tracked with a budget
and performance is analyzed by comparing planned expenditure against actual expenditure. Activities or processes are tracked using a schedule, which is planned schedule against actual schedule of the activities i.e. what activities have been done versus what should have been done according to the planned schedule.

Crawford and Bryce (2003) argue that monitoring is an ongoing process of data capture and analysis for primarily project control with an internally driven emphasis on efficiency of project. The authors define efficiency in this context as doing the right thing that is: efficient conversion of inputs to outputs within budget and schedule and wise use of human, financial and natural capital. This definition emphasizes the fact that monitoring is geared mainly to project control. This is in agreement with the operational definition that looks at project control as taking corrective action and making decisions pertaining to the project by the project manager during implementation.

Uitto (2004) defines monitoring briefly as a continuous function that aims primarily to provide management and stakeholders with early indicators of project performance of a project and progress (or lack thereof) in achievement of the results. Monitoring is seen as a continuous function as highlighted in the contextual definition of this research but it does not highlight what is tracked against what so as to be able to indicate performance. Nevertheless it emphasizes the fact that monitoring is very important in that it provides information to the management and stakeholders about performance. It also highlights the fact that monitoring is results oriented.

UNFPA (2004) defines monitoring as a process that continuously tracks performance against planned by collecting and analyzing data indicators established for monitoring and evaluation purposes. Monitoring is seen as in the contextual definition as providing continuous information on whether progress is being made toward achieving results through record keeping and regular reporting systems. Monitoring looks at the project processes that
transform inputs into outputs, it also identifies project strength and weaknesses. The performance information from monitoring enhances learning and decision making during implementation.

It is important as highlighted by all the authors above that there is dissemination of the monitoring information to the stakeholders.

The purpose of monitoring in summary is to:

a) ensure that implementation is moving according to plans and if not the project manager takes corrective action, the control function of project management. The monitoring enhances project management decision making during the implementation thereby increasing the chances of good project performance (Crawford and Bryce, 2003: and Gyorkos, 2003). This function also aids early identification of problems before they get out of hand since it is continuous. This is very important in management of projects as it lessens the chances of crisis management since there is constant feel of the “project temperature”.

b) facilitate transparency and accountability of the resources to the stakeholders including donors, project beneficiaries and the wider community in which the project is implemented. Monitoring tracks and documents resource use throughout the implementation of the project (PASSIA, 2004: Crawford and Bryce, 2003: and Uitto, 2004). This enhances accountability in that it facilitates the demonstration of the resource use throughout the implementation of the project.

c) facilitate evaluation of the project. In a well-designed monitoring and evaluation system, monitoring contributes greatly towards evaluation. Information from monitoring feeds into the evaluation process.
2.4.2 Evaluation

As with monitoring, evaluation is also defined differently by different authors. Evaluation is defined contextually in this research as the episodic (not continuous, usually mid term and at end of the project) assessment of an ongoing or completed project to determine mainly its actual impact against the planned impact (strategic goal or objectives for which it was implemented), sustainability, effectiveness and efficiency.

Uitto (2004) argues that evaluations are systematic and independent. They are an assessment of an ongoing or completed project including its design, implementation and results. He further argues that evaluations assess the relevance, efficiency of implementation, effectiveness, impact and sustainability of the project.

Assessing relevance of a continuing project is important to justify continued investment of resources into the project, if found that the project is no longer relevant then funding can be stopped and funds channelled else where.

Effectiveness is defined as the extent to which the set project objectives were achieved and efficiency as how economically resources (inputs) were converted into outputs for completed or partially completed projects.

Efficiency looks at how the project faired in terms meeting the set schedule and allocated budget.

Sustainability is defined as the continuation of the project to bear benefits to the beneficiaries long after the project has ended or the donors have withdrawn funding. It looks at probability of long-term benefits of project long after the project close (Jody and Ray, 2004). Sustainability is very important in that it is not prudent to have a lot of resources invested in a project whose benefits will be short lived. The design and implementation can be altered in order to increase the chance of sustainability. Sustainability has gained a lot of currency in
the recent times, because the donors want to determine whether the project benefits will continue to accrue after they cease financing the project (PASSIA, 2004).

The Organization for Economic Cooperation and Development (OECD) (2002) definition as cited by Jody and Ray (2004) is in agreement with the above definition but adds that an evaluation should provide information that is credible and is useful and can be incorporated into decision making by both the implementers of the project and the donors who financed the project.

IFAD (2004) states that evaluations should be as objective as possible so that the information provided is as credible as possible and is not questionable. Objectivity could be achieved by bringing in external consultants that were not involved in the project implementation but who should work in partnership with the project implementation officials.

McCoy et al. (2005) are in agreement with other authors and the contextual definitional that evaluation assess the projects effectiveness in achieving its goals and in determining the relevance and sustainability of an ongoing project.

Shapiro (2004) emphasizes the fact that evaluation compares the project impact with what was set to be achieved in the project plan and further argues that evaluation examines how the project impacts were achieved and what went wrong or right for the benefit of organizational learning. The emphasis of this approach to evaluation is on impact of the project after implementation. It does not recognize the midterm evaluations that tend to look at the continued relevance and sustainability of the project and the impacts that the project has had even before completion.

Evaluations can be divided into two types depending on when they take place: formative and summative each is described below in detail.

- **Formative evaluations**
Formative evaluations take place during the implementation of the project. They are mainly implementation process oriented, reviewing the overall performance of the project in terms of input use, schedule of project and outputs. They also look at strengths, weakness, and challenges of the project and whether the continued project plan will be able to deliver the project objectives or it needs redesigning (PASSIA, 2004). This type of evaluation may also look at the continued relevance of the project and its sustainability. The aim is to improve the performance of the project during implementation (Shapiro, 2004). Formative evaluations are sometimes called interim or midterm evaluations.

- **Summative evaluations**

  Summative evaluations are carried out at the end of the project with objective of determining how the project progressed, what went right and wrong and capture any lessons learned. Summative evaluations may also be able to determine the overall impact of the project and the extent to which the project achieved its objectives (Shapiro, 2004).

  Wellings and Macdowall (2000) identify two types of summative evaluations: processes evaluation and outcome evaluation. A discussion of each follows:

  **Process evaluations**

  Process evaluation is geared towards guiding future projects by facilitating organizational learning. It is not enough to capture whether a project succeeded or not but it is important to understand and document why it succeeded or why it failed so that the mistakes are not repeated and good practices are shared across the stakeholders. Process evaluation also assess how the project faired in terms of efficiency i.e. whether the targeted project outputs were achieved within budget and schedule and if not what the reasons hampered that.

  **Outcome evaluations**

  Outcome evaluation is concerned with the extent to which the set objectives were achieved and how we can attribute the role of project to the outcomes. It is quite hard to clearly
attribute that the observed outcomes are solely the result of the project without any other exogenous factor and it is even harder to determine the actual contribution of the project to the observed outcomes.

In order to effectively evaluate a project it is important that both the formative and summative evaluations are carried out and with summative evaluation both process and outcome evaluations should be done fully optimize the benefits of evaluation.

2.4.3 The link between monitoring and evaluation

Monitoring and evaluation though usually taken as common functions are distinct. Figure 2.2 illustrates the demarcation between monitoring and evaluation. The distinction is described thereafter:

Figure 2.2: Demarcation between monitoring and evaluation in the project lifecycle
Source: Own

Monitoring as illustrated in Figure 2.2 usually happens during the implementation phase of the project and involves tracking the inputs, activities and the outputs. On the other hand evaluation usually happens after implementation, after project closeout and involves determining whether the outcomes and goals were achieved.

The figure is simplistic and does not highlight the full link between the two for example:
a) it does not highlight the fact that an evaluation (mid term) can take place before the end of the project to assess what the project has achieved so far and whether in its current state it will achieve its target and whether there is continued relevance:

b) evaluations also retrospectively look at how the inputs were used and whether the activities were done according to schedule and how the outputs were produced:

c) it assumes a linear relation of conversions of inputs, to outputs through activities and then outputs results into outcomes which result into attainment of the goal. In reality it may not be the case but never the less the figure helps in figuratively demarcating between the two in the project lifecycle.

Despite the fact that we have attempted to delineate monitoring and evaluation in the earlier discussions, the two are complementary and in most organizations are taken as a single function. Each supports the other although they seek to ask different questions as illustrated in the earlier discussions. Jody and Ray (2004) identify the complementary roles of the two functions to include the following:

a). information from monitoring feeds into evaluation in order to understand how project proceeded and capture any lessons at the end of the implementation, it is important to capture what went right and what went wrong for learning purposes:

b). in case where the projects is performing very badly as demonstrated by the monitoring function, an evaluation may be scheduled to understand why there is a problem. The evaluation may recommend a redesign of the project:

c). a mid term evaluation may determine that the monitoring function may need redesigning to be able to capture more data to give a better understanding of the project performance.
There is need to locate and embed monitoring and evaluation in the project management lifecycle. The link highlighting monitoring and evaluation as processes of project management is explored in next subsection.

2.4.4 Monitoring and evaluation as project management processes

In order to locate and embed monitoring and evaluation as project management processes, two authoritative project management bodies of knowledge have been reviewed and their views on monitoring and evaluation are highlighted. The two project management bodies of knowledge are the Project Management Institute (PMI) body of knowledge (PMBOK) and the Association of Project management (APM) body of knowledge (APMBOK).

The Project Management Institute (PMI) body of knowledge (PMBOK) divides project lifecycle into five major stages namely initiation, planning, implementation, control and project close out (PMI, 2004). Table 2.1 illustrates the timing of monitoring and evaluation in the project lifecycle.

Table 2.1: Timing of monitoring and evaluation in the project lifecycle

<table>
<thead>
<tr>
<th>PMI project lifecycle stages</th>
<th>Timing of monitoring and evaluation</th>
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<tr>
<td>Project initiation</td>
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<tr>
<td>Project planning</td>
<td></td>
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<tr>
<td>Implementation</td>
<td></td>
</tr>
<tr>
<td>Project control</td>
<td>Monitoring</td>
</tr>
<tr>
<td>Project close out</td>
<td>Evaluation</td>
</tr>
</tbody>
</table>

Source: Own

In terms of the PMBOK monitoring is a function that happens during the implementation stage of the project life cycle. Information from monitoring facilitates the control function of the project (PMI 2004). It is important that the monitoring happens continuously and
effectively thought out the project implementation process to enable the project manager to adequately control the project. This is very important if the project manager is to quickly diagnosis problems that may hinder project success and hence seek remedy.

The PMI (2004) also asserts that evaluations occur at the end of the project during the lifecycle, where it assess how the project performed and capture any lessons from it. Monitoring information is very helpful in determining how the project progressed in terms of schedule, cost and any hindering problems encountered during implementation. As highlighted earlier when assessing how the project progressed during evaluation, information from monitoring is very relevant and useful (Shapiro, 2004) hence there should be safekeeping of monitoring data.

The PMI (2004) life cycle is inadequate in looking at projects with along term impact after end of implementation and project closeout. HIV/AIDS projects usually have long-term impact such as sustained longtime behavioral change. Some impacts of HIV/AIDS projects like reduced HIV/AIDS prevalence can only be ascertained long after the project was closed down. In that regard evaluation for long term impact cannot be illustrated on the 5 stage project life cycle advocated by PMI.

The APMBOK identifies measurement of project success as a very vital factor in the management of projects (APM 2006). And it defines project success as the satisfaction of stakeholders needs and is measured by success criteria set at the beginning of the project (APM, 2006). This implies that at the end of the project there is need to evaluate how successful the project has been in relationship with the earlier set criterion by the stakeholders. Different stakeholders have different interest, the project manager may be interested in minimum scope change, the management may be interested in achieving the project within budget and schedule and fully scope this implies all the interests of the different stakeholders should be incorporated and agreed upon as a basis to measure project
success. The success of the project according to APM (2006) is determined at project close out and handover.

The APM (2006) also identifies benefits as impact of the project deliverables on the stakeholders. These are measured after the project has ended and would include for example increased market share, staff and customer care, reduced prevalence, and increased condom use. This implies that there is need to schedule an impact assessment to determine to what extent the project achieved the benefits that it had intended it to achieve.

Both the APM (2006) and PMI (2004) also identify a project monitoring control technique called Earned Value Management (EVM), which integrates both schedule and cost management. It is a tool that has been widely used in engineering and construction projects. It is a very powerful tool but not much is known of how it can be applied in these HIV/AIDS projects.

The APM (2006) and PMI (2004) orientation is skewed towards commercial projects. In order to use them on monitoring and evaluation of HIV/AIDS projects there is need to go into deeper interpretation. Both APM (2006) and PMI (2004) techniques do not appreciate much of human development projects like HIV/AIDS projects and the techniques may not be easily transferred to management of these projects without significant alterations.

After embedding and locating monitoring and evaluation in the project management process, it is important to explore the link between the two with project planning. The subsequent section explores the link

2.4.5 The link between monitoring, evaluation and project planning

PASSIA (2004) argues that monitoring and evaluation should be integral components of the project management cycle including project planning and design. Thinking in terms of monitoring and evaluation at the design stage facilitates the project stakeholders to think in
terms of performance measurement even before implementation starts with a clear picture of expectations of what a successful project would look like.

PASSIA (2004) further argues that poorly designed projects are hard to monitor or evaluate. The project plan defines the project budget and schedule of activities and outputs which act as baselines against which implementation performance is assessed periodically during the project monitoring process. The project plan also defines the project’s expected outcomes and goals and facilitates the evaluation to determine the extent to which the objectives were achieved. Monitoring and evaluation can only be as good as the project plan, if the project plan is flawed and unrealistic then monitoring and evaluation will not be of any significant value to the project stakeholders.

Gyorkos (2003) notes that project planners should include a clearly delineated monitoring and evaluation plan as an integral part of the overall project plan. The monitoring and evaluation plan he argues, should have the following components:

a) monitoring and evaluation activities
b) persons to carry out the activities
c) frequency of activities
d) sufficient budget for activities
e) specification of the use of monitoring and evaluation findings

Having a clearly delineated monitoring and evaluation plan ensures that monitoring and evaluation activities are given the due attention they require and are not treated as a peripheral function on the project.

Next the techniques of monitoring and evaluation are explored
2.5 Monitoring and Evaluation Techniques

Monitoring and evaluation techniques can be divided into approaches, frameworks and data collecting methods as shown by Figure 2.3. The different approaches to monitoring and evaluation include participatory and traditional/conventional. No matter which approach is used, there are two frameworks that can be employed in monitoring and evaluation i.e. logical framework or theory based. With either frameworks there are different data collecting methods for the purposes of monitoring and evaluation but they can be divided into qualitative and quantitative. Each of the techniques is described next,

![Figure 2.3: Monitoring and evaluation approaches, frameworks and data collecting methods. Source: Own](image)

<table>
<thead>
<tr>
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<td>• Participatory</td>
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<td>• Logical framework</td>
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<th>Data collecting Methods</th>
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<tr>
<td>• Qualitative</td>
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<td>• Distribution logs</td>
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2.5.1 Approaches

There are two types of approaches to monitoring and evaluation, the conventional/traditional and the newer one, the participatory approach, each is explained hereafter:

- Conventional/traditional approach

The traditional approach to monitoring and evaluation is very prevalent in which donors dictate how monitoring and evaluation will be done. The donors provide a preset monitoring and evaluation reporting format that the implementing agency has to adhere to. All that the implementing staff has to do is collect data that goes into filling this report for passing over to
the donor (World Bank, 2004). The most emphasis is on the monitoring and evaluation needs of the donor as opposed to other stakeholders. Evaluations are usually done by an external individual at the end of the project.

- **Participatory**
The World Bank (2004) defines participatory monitoring and evaluation as the approach that involves stakeholders such as the project beneficiaries, staff, and donors and community in the design and implementation of the project monitoring and evaluation as opposed to the conventional approach. Ideally all the stakeholders in the participatory monitoring and evaluation are involved in identifying the project, the objectives and goals and identification of the indicators that will be used in monitoring and evaluation. The stakeholders are also involved in collection and analysis of the data and capturing the lessons. The role of the managers of the project is to facilitate the monitoring and evaluation process.

2.5.2 **Frameworks**
With either approach to monitoring and evaluation there are two frameworks: theory based and logical framework, a discussion of each follows in the next sub-section.

- **Theory-based evaluation**
Theory-based evaluation allows an in-depth understanding of the workings of a program or project. In particular, it need not assume simple linear cause-and effect relationships (Davidson, 2000). It applies a systems approach where the success of an intervention is affected by other factors in the environment which should be identified and how they might interact, it can then be decided which steps should be monitored as the program develops, to see how well they are in fact borne out. This allows the critical success factors to be identified. And where the data show these factors have not been achieved, a reasonable
conclusion is that the program is less likely to be successful in achieving its objectives (Uitto, 2004).

Rogers et al., as cited by Uitto (2000) identifies advantages of the theory based framework to monitoring and evaluation to include the following:

a) being able to attribute project outcomes to specific projects or activities:
b) being able to identify unanticipated and undesired programme or project consequences.

Theory based evaluations enable the evaluator to tell why and how the programme is working (Weiss, 2003: and Birkmayer and Weiss, 2000). However Theory based evaluations are not widely used by local NGOs.

 Logical framework:

The logical framework approach (LFA) has come to play a central role in the planning and management of development and aid interventions over the last twenty years of which HIV/AIDS projects are. This is the most widely used approach. Its origins lie in a planning approach for the United States military, which was then adapted by the National Space Agency (NASA) before being adopted by USAID for development projects over thirty years ago. It was adopted by European development organizations in the 1980s and by the end of the 1990s the LFA (or an adapted form of it) had become the standard approach required by many donors for grant applications (Aune, 2000: Reidar, 2003: and Kaplan and Garent, 2005).

Most NGOs implementing HIV/ADS projects use the logical framework approach in planning designing and aiding monitoring and evaluation of their projects. Despite the wide use and wide requirement by donors for adoption of LFA to aid planning, management and the monitoring and evaluation amongst NGOs, it is not clear how skilled the NGOs are in the use of this approach. The inability to effectively be able to use this tool means that the NGOs cannot optimally benefit from it.
The result of the logical framework approach is a 5X4 matrix that shows the relationship of inputs, processes, outputs, outcomes and goals of the project plus underlying assumptions (Crawford and Bryce, 2003). Table 2.2 illustrates components of a logical framework matrix (log frame).

Table 2.2: Logical framework matrix (log frame)

<table>
<thead>
<tr>
<th>Goals / Impact</th>
<th>Objectively verifiable indicators</th>
<th>Mean of verifying the indicators</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goals / Impact</td>
<td>Impact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcomes</td>
<td>Outcome indicators</td>
<td>Surveys</td>
<td>Goal-outcome</td>
</tr>
<tr>
<td>Outputs</td>
<td>Output indicators</td>
<td>Surveys</td>
<td>Output-outcome</td>
</tr>
<tr>
<td>Activities/processes</td>
<td>Activity/process</td>
<td>Project reports</td>
<td>Activity-output assumptions</td>
</tr>
<tr>
<td>Inputs e.g.</td>
<td>Input indicators</td>
<td>Project reports</td>
<td>Input-activity assumptions</td>
</tr>
</tbody>
</table>

Source: Adapted from AusAID, 2000

Table 2.2 illustrates components logical framework matrix, a description of each component in the matrix using a Behavioural Change Communication (BCC) project as a reference project (Appendix 1) follows:

**Inputs**

Inputs are the resources that go into the project to produce outputs. The resources would include

a) financial resources,

b) human resources e.g. trainers,

c) equipment audio visual equipment, HIV testing equipment

**Process/activities**

The process/activities are the tasks carried out to implement the project and deliver the identified outputs. The activities of BCC project would include for example
a) Developing of Information Education Communication (IEC) materials

b) Selecting of communities and schools to be involved in project

c) Formation of peer groups

d) Recruitment of peer educators

e) Training of peer educators

f) Staging of the workshops, drama competitions

g) Distribution of condoms

h) Distribution of IEC material

Outputs
Outputs are information, products, or results produced by undertaking projects activities highlighted above. Outputs relate to completion of activities and are the type of results over which managers have a high degree of influence. Outputs reflect what you hoped to produce from a particular input (or set of inputs). Outputs usually reflect a result achieved in a relatively short time period (0–2 years) (McCoy et al., 2005). Examples of outputs would include

a) Trained peer educators

b) Formed and active peer groups

c) Community members trained

d) IEC materials distributed

e) Condoms distributed

Outcomes
Outcomes are immediate impact of the out puts of the projects on the community. McCoy et al. (2005) defined outcomes of HIV/AIDS project as the broad changes in development conditions. Outcomes help us answer the “so what?” question, for example we trained 100 people in behaviour change and increased their knowledge but did they change their
behaviour? Outcomes often reflect behaviour or economic change. Outcomes usually reflect a result achieved over a short or intermediate time period, 2–5 years (McCoy et al., 2005: and Rugg and Heitgerd, 2000). Examples of outcomes from a BCC project include:

a) More accurately informed community on HIV/AIDS issues (transmission, prevention )
b) More skilled and assertive people on HIV/AIDS e.g. girls saying no or negotiating for safer sex
c) Increased condom use
d) Delayed sex debut
e) Less stigma in community
f) More use of health services
g) Increased number of people in community testing for their HIV status.

Goals or impact
Goals or impact are the long term outcomes of the project .McCoy et al. (2005) define impact as the overall and long-term effects of an intervention/project. Impacts are the ultimate result attributable to a project intervention over an extended period. Impacts usually reflect a result achieved over a longer time period (5–10+ years). For example in this case the goal is to reduce HIV/AIDS prevalence.

Goals are usually general desirable conditions the project should bring about: the goal may be divided into smaller objectives. These objectives should be Specific, Measurable, Achievable, Realistic, Achievable and Time bound (SMART) (Reijer, 2002). For example the goal is to reduce overall HIV/AIDS prevalence, one of the objectives would be to reduce HIV/AIDS prevalence by half among 15-25 years age group within five years. This eases the process of performance measurement, which monitoring and evaluation actually do on the project.

The logical framework approach provides a structure for logical thinking in project design, implementation and monitoring and evaluation. It makes the project logic explicit, provides
the means for a thorough analysis of the needs of project beneficiaries and links project objectives, strategies, inputs, and activities outputs and outcomes to the specified needs (NORAD, 1995). The logical framework approach also helps to clarify objectives of any project, program, or policy. It aids in the identification of the expected causal link in the following results chain: inputs, processes, outputs outcomes, and impact. It leads to the identification of performance indicators at each stage in this chain, as well as risks which might impede the attainment of the objectives. The approach is also a vehicle for engaging partners in clarifying objectives and designing activities. During implementation the Log Frame that results from the logical framework approach serves as a useful tool to review progress and take corrective action.

They have been numerous adoptions to the logical framework buts its fundamental structure and functionality has remained the same. The vertical axis presents a logical hierarchy of objectives and assumptions based on cause and effect logic known as “vertical logic” of the project. The horizontal axis of the matrix can be verified at each level in the vertical logic and is known as the “horizontal logic” of the project (Crawford and Bryce, 2003).

The vertical logic of the log frame is tested by starting at the bottom of the log frame in the manner below: as illustrated in Figure 2.5 If the inputs are provided and the input activity assumptions hold then the activities can be undertaken effectively. An example of an input activity assumption of a BCC project is the community being receptive and taking part in the activities of the project actively.

If the activities are undertaken and the activity output assumptions hold, then desired project outputs will be produced. An example of an activity output assumption of a BCC project is that the Information Communication Materials (IEC) and trainings are well designed and convey the accurate information on behavioural change and are well understood by the target population.
If the project outputs are produced and the output outcome assumptions hold, then the outcomes should be realized. If the outcomes are realized and the outcome goal assumptions hold then the goal is likely to be attained. The outcome goal assumptions for a BCC project in this case is that environment should be able to sustain and motivate behavioural change to avoid HIV/AIDS. Environments of extreme hunger, wars, unregulated alcohol abuse cannot motivate behavioural change.

Figure 2.4: Relationships that underpin the vertical logic
Source: Adapted from AusAID, 2000

The middle two columns of the log frame matrix that is objectively verifiable indicators and means of verifying the objectives (see Table 2.2) comprise the horizontal logical. The second column requires the identification of measurable indicators for assessment of progress towards the goal for example: the indicator for the goal of the project is the incidence of HIV in the youth. The third column identifies means of verifying the indicator for example the indicator that tracks the means of verifying the goal would be through a survey of HIV prevalence.

Indicators enable managers to track progress, demonstrate results, and take corrective action to improve project performance (World Bank, 2004). Uitto (2004) defines indicators as quantitative or qualitative measures that can be used describe situations and changes in them
over a period time. Indicators in the simplest terms tell us about the situation, they signal the status of a situation. They are used to measures progress in inputs activities, outputs, outcomes and impacts for development projects, programs or intervention. Indicators can be used to track achievement of targets against baseline that the project intends to improve upon. Indicators can help alert management against the management to deviations or problems that need correcting. For the indicators for the different HIV/AIDS projects refer to Appendix 1, 2, 3 and 4.

**Using the log frame for monitoring**

According to the framework adapted from International Federation of Red Cross (IFRC), different monitoring questions are asked at different levels of the project log frame (IFRC, 2001). Figure 2.6 illustrates the different questions at each level of the log frame. The different monitoring questions are highlighted next:

![Figure 2.5 Monitoring using elements of log frame](image)

*Figure 2.5 Monitoring using elements of log frame*

Source: adapted from IFRC, 2001

**Inputs**
The interest at this level is whether the finances, human resources, materials and equipment are available at right time in right amounts and quality.

*Activities*

The question of interest is whether the activities are being done on schedule and within budget.

*Outputs*

The question of interest is whether the project activities are leading to expected outputs in number and quality.

*Outcome and goal*

Tracking these is mainly a function of evaluation.

Monitoring the project using the logical framework entails using “input indicators” such as a budget to monitor resource use throughout the implementation of the project. It also entails tracking the human resource deployment on project activities i.e. who is doing what and where. The use of equipment on project should also be monitored. The activity schedule is used to monitor the project progress in terms of what activities have been done in relation what should have been done. The output indicators are monitored at different milestones to determine the progress of the project in attaining the set outputs in the project plan. Refer to Appendices 1, 2, 3 and 4 for the input, activity and output indicators for HIV/AIDS projects.

*Using the log frame for evaluation*

The IFRC framework (IFRC, 2001) for monitoring highlighted above also further discusses different project evaluation questions at the different levels of the log frame. Figure 2.7 shows the different questions of evaluation and the discussion follows:
**Inputs and activities**
Evaluation is interested in determining the efficiency of resource use and results of the activities that were carried out on the project and following questions are normally posed:

a) Were the resources used for what they were supposed to be used for?

b) Were targeted outputs produced?

c) Were the outputs produced economically?

d) Were activities done within schedule and budget?

**Outputs, outcomes and goals**
Evaluation is interested in determining the effectiveness of the project and it poses questions such as:

a) Did outputs lead to outcomes?

b) Were the intended outcomes and goals attained?

c) What was the contribution of the project in attaining the goal?
Other than the effectiveness and efficiency at the different levels of project log frame, the IFRC (2001) also highlights other important attributes that evaluation seeks to determine, that is sustainability and impact.

**Sustainability**
Evaluation seeks to determine whether the benefits of the project will continue to accrue long after the project has ended.

**Impact**
Evaluation seeks to determine what changes project had on community and whether there were any unintended changes the project brought about.

Despite the wide use of the logical framework approach in the design, planning, monitoring and evaluation of projects it has got some shortcomings as discussed below:

a) it lacks a time dimension to implementation and scheduling of the monitoring and evaluation activities. For the approach to be effective in managing the project there is need to have an extension of a schedule of project activities inclusive of the monitoring and evaluation activities, such as data collection, analysis dissemination.

b) the logical framework approach is obsessed with measurable indicators that are SMART. There is a bias towards quantitative data which may not be sufficient in describing the whole picture of what the project has achieved or attained for example, one of the indicators for an HIV/AIDS projects output would be number of people exposed to behavioural change messages. This does not tell us anything about the effectiveness of the exposure. There is need to incorporate qualitative data alongside the mainly quantitative indicators that are used with the logical framework approach.
2.5.3 Methods of data collection

There are various methods and tools used in gathering data that goes into tracking the indicators for the monitoring and evaluation function of the project. Walden et al. (1999) states that data collection has been traditionally divided into quantitative and qualitative.

Quantitative methods are involved with counts and numbers, e.g. number of people trained, number of PLWHA reached. The data from quantitative methods is analyzed numerically whereas qualitative methods look at an in-depth understanding of the issues, describing perceptions, feelings opinions about the intervention etc. The qualitative method looks at the how and why questions (Webb and Elliot, 2002).

- Quantitative data collection

Quantitative data collecting methods include distribution log books, attendance registers, service recording, and surveys with aid of questionnaires while qualitative data collecting methods include among others focus group discussions, in depth interviews, participatory observations. Each of the methods is described next:

Distribution log books

These are records of materials that were distributed during implementation of the project (FHI, 2004). The materials distributed may include IEC materials, condoms, and supplies such as food stuffs to the sick, gloves to care givers. Analysis of this information requires periodic aggregation to determine how many materials were distributed and this is compared with what was planned and decision is made.

This method is applicable in the project monitoring process in order to track the deployment and distribution of material inputs such as condoms, posters, and gloves. This information can also be of value during an evaluation to determine how inputs (materials) were distributed.
Service recording
This entails recording attendance of participants in project activities such as the number of people that have attended a behavioural change communication workshop. It may also involve keeping a record or count of people that are using a particular service of the project such as people that have been counselled and tested for HIV, youth that are active in peer activities, number of peer clubs set up and number of PLWHA served. This helps in determining how many people have been reached by the project. This data can be aggregated at a monthly interval and compared with what is in the work plan in order to determine how the implementation of project is proceeding in respect to the project plan.

This method is of use in collecting data for monitoring outputs of the project in terms of people actually reached by the project, for example the number of people trained in a BCC workshop, number of people counselled and tested for HIV/AIDS.

Surveys using questionnaire
A survey entails targeting a sample of respondents and seeking their views, perceptions, knowledge and attitudes about an intervention for which the project was designed. Shao (1997) defines a questionnaire as a formal set of questions or statements designed to gather information from respondents.

This method is very handy in determining the perceptions of the project stakeholders about the implementation and can be used in evaluating the impact of the project. It can be of use in a BCC project to determine baseline knowledge and perceptions about HIV/AIDS prior to commencement of the project (Walden et al., 1999: and Dnonogue, 2002) and also a comparison can be done at the end to determine the impact of the project in terms of changing perceptions, attitudes and behaviour of the community. Analysis of the questionnaire can be aided by computer software either Microsoft Excel or Statistical Package for Social Sciences (SPSS).
**Qualitative data collection**

*Focus group discussions*

Focus group discussion is a qualitative data collecting method that uses interaction between small groups of participants between eight and twelve to generate data that would inform on how the implementation of the project is proceeding or how the project faired after end (Branigan and Mitchel, 2002: and World Bank, 2004). A focus group discussion is aided by a facilitator using a focus group discussion guide (FHI, 2004) in order to elicit the discussions on the areas of interest and not veer off.

Branigan and Mitchel (2000) state that during monitoring of the project focus group discussions method can help in collecting data about project activities and outputs during implementation in order to determine the following aspects highlighted:

a) acceptability of the project among the target population:

b) explore reasons for participation or lack of it among target community in the project activities:

c) identify challenges or obstacle to project implementation

Branigan and Mitchel (2000) also identify instances of applying the focus group discussions method to collect data to aid project evaluation in order to determine the following:

a) changes in attitudes as a result from the project: this is of value in determining the extent to which the outcome of the project was attained if one of the intended outcome was attitude change as the case is with BCC and human rights and advocacy projects:

b) evaluate perceived effectiveness of an intervention and suggestions for improvement:

*In depth interviews*

One qualitative method of data collection is by conducting in depth interviews with individual respondents. In such interviews the interviewer gently probes the respondents in order to facilitate them to have a conversation in which ideas flow freely (Casley and Kumar,
1988). The interview method may be applied also in instances identified above where the focus group discussion is applied.

**Participant observation**

Another qualitative data collecting method is the participant observation which involves direct extensive observation of an activity behaviour or relationship (Casley and Kumar, 1988) aided by an observation guide (FHI, 2004) to be able to pick up some salient features of the implementation process. For example observing how participants are interacting with the facilitators.

This method of data collection is applicable during monitoring of activities on the projects and outputs. It is not enough to know that the project output was 100 youth trained: participant observation can give you information on how the training transpired and the level interaction and feedback during the training.

As highlighted from the discussion on qualitative methods of data collection, the in depth clear understanding of the project dynamics cannot be unravelled by numerical data from quantitative methods, but from descriptions in the words of the project stakeholders including beneficiaries and project staff implementing the project activities.

After discussing the different monitoring and evaluation techniques the next subsection explores the different types of activities implemented as HIV/AIDS projects that would need to be monitored and evaluated.

### 2.6 Nature of Activities Implemented as HIV/AIDS Projects in Botswana

There are various activities carried out in the fight against HIV/AIDS in Botswana by local NGOs and for the convenience of the research they are classified into four categories. The framework of categorization is an adaptation and modification of the one used by BONASO to classify the activities that were funded by the Global Fund for which they were intermediaries in selecting grantees. The categories of projects include: Behavioural Change
Communication (BCC), Support, care and treatment of the sick, Socio-economic impact mitigation and HIV/AIDS advocacy and human rights (BONASO, 2006). The nature of activities done in each category is discussed next.

2.6.1 Behavioural Change Communication (BCC)

Behavioural change communication through IEC can be defined as the process through which tailored HIV/AIDS messages are provided through a variety of communication channels to communities in order to ensure positive and sustained behaviours. This is done so that members of the community can protect themselves from HIV/AIDS infection through less risky actions, offer more support and care to the infected and the affected and reduce discrimination and stigma of the infected and affected in the community (FHI, 2004). Under BCC projects several activities can be scheduled by the NGO such as video shows, drama shows with HIV/AIDS messages, radio messages and drama, dissemination of information through peer groups, talks on HIV/AIDS to the communities, distribution of IEC materials such as posters, flyers, caps, t-shirts and setting up of billboards, voluntary counselling and testing for HIV/AIDS.

Through information communication and education activities FHI (2004) other authors argue that effective BCC projects can play a big role in fight against HIV/AIDS as illustrated below:

a) Increase knowledge by ensuring that people are given basic facts about HIV/AIDS in a language or visual medium or any other medium they can understand or relate to. The media could be radio, drama, songs television, dances, and art. Empowering the communities with basic facts about HIV/AIDS is very important: there are a lot of misconceptions and falsehoods about HIV/AIDS. The communities need to know what HIV/AIDS is, how it is spread, and how it is prevented so that they can adopt positive lifestyles.
b) Effective BCC can stimulate community dialogue by encouraging community discussions on the basic facts of HIV/AIDS and the underlying factors that contribute to the epidemic, such as risk behaviours and risk settings such as bars coupled with alcohol abuse. The community can come up with by-laws or even lobby government to regulate the risk activities and environments in their communities. They could for example lobby for a regulation of alcohol business in their communities.

c) Reduce stigma and discrimination through accurate information communication and education about HIV/AIDS that addresses stigma and discrimination and attempts to influence perceptions and behaviours towards those infected and affected by the scourge. Stigma and discrimination of those affected and infected by HIV/AIDS is mostly as a result of lack of accurate information about the disease (Kalichani and Simbayi 2003; and Valdiserri, 2002). Stigma helps to drive the epidemic underground because people fear to test for their status and even when they test they cannot come out openly about their status if they find they are infected because of fear of discrimination (Kalichani and Simbayi 2003). Bond et al. (2002) argues that stigma negatively affects all aspects of HIV/AIDS prevention, diagnosis (testing), treatment and care. It is imperative that if we are to have a substantial headway in the fight against the epidemic we need to defeat stigma and discrimination and its subsequent effects by arming communities with accurate information on HIV/AIDS and attempt to change their perceptions and behaviours about HIV/AIDS.

d) BCC can motivate individuals and communities to demand more information on HIV/AIDS and appropriate services. Such services would include counselling and testing services from governments or donors, care and treatment for the sick and those infected with other sexually transmitted infections, demand for more condoms. Effective BCC is known to result in more people seeking to voluntary know their HIV status which is very
important tool in the fight against HIV/AIDS. Effective BCC is also associated with increased use of mainstream services in health such as treatment of STIs, screening for tuberculosis (Keating et al., 2006).

e) BCC also empowers communities with life saving skills such as negotiating for safer sex and delay in sexual activities, skills of proper and consistent condom use to prevent infections (Keating et al., 2006).

2.6.2 Support care and treatment of the sick

The second categorization of activities done by the local NGOs is the community based support, care and treatment of the sick. Under this categorization of project activities NGOs usually provide community based home care. Community based home care is defined by the Health and Development Network (HDN) as care given to an individual in their own natural environment by their family and supported by skilled social welfare officers and communities to meet not only the physical and health needs, but also the spiritual, material, and psychosocial needs (HDN, 2001). The NGOs provide care and support through facilitating the provision of basic physical care to the sick, palliative care, nutritional support, and psychosocial support and counselling to the infected people and their families and care givers, support to the sick through provision of income generating skills to the sick. The NGOs usually work with hospitals and clinics to ensure that the sick are enrolled for anti retro-viral treatment and that they seek treatment for any opportunistic infection that may afflict them.

The NGOs work with the communities to identify the PLWHA and their families who need support care and treatment in the communities. Depending on their work plans they may recruit volunteers and care givers for the PLWHA and offer them training on care and counselling of the sick. They usually provide requirements like gloves, basins, disinfectant, nutritional supplements that facilitate the care givers. The NGOs also facilitate the
establishment of support care groups for PLWHA through which they come together for mutual support and to share experiences of coping with the disease. The NGOs also offer counselling services for the sick, caregivers and the affected families so as to able to cope with the situation. They may also partner with faith based organizations to offer spiritual counselling to the sick and prayers.

HDN (2001) argued that the benefits of community based home care (CHBC) to include among others:

a) Helping to decrease the congestion in hospitals. This is very important since HIV/AIDS has reached very high levels resulting in a big number of hospital beds being occupied by people with HIV/AIDS related ailments.

b) Working directly with affected families creates many opportunities for family members to assess their own risk of infection, which could promote behaviour change and HIV prevention.

c) Many patients prefer CHBC to hospitalization and their needs and desires should always be considered first and foremost. Hospitals have that detachment from the community and there is still a lot stigma associated with hospitalization. In research by Bond et al. (2002), the most extreme cases of stigmatization were reported in health care settings such as clinics and hospitals. This would explain the preference for community care by the sick.

2.6.3 Socio-economic impact mitigation activities

The NGOs carrying out these activities attempt to mitigate the impact of HIV/AIDS through support and care of orphans and other vulnerable children (OVCs) and widows. An orphan is defined as a child below the age of 18 who has lost at least one parent in this context as a result of HIV/AIDS. AIDS orphans are one category of vulnerable children: the others may include children who are in a homestead where one or two parents or guardian are terminally ill with HIV/AIDS. In such a homestead the children are affected long before the parents...
succumb to the diseases because incomes plummet and most of the available resources go into looking after the ill parent and little or none into providing basic care for the children.

Other vulnerable children are those in poor households that have taken in HIV/AIDS orphans and those who are discriminated against because their parents are HIV infected or they themselves are infected (Gail et al., 2006). The vulnerability is because in these circumstances the children have problems associated with accessing material provisions such as food, clothing, healthcare, shelter and education. The children also have emotional problems as result of lack of care, love, support, space to grieve and containment of emotions. The children also have social problems resulting from lack of supporting peer groups, role models to follow and parental figures for guidance in risky environmental and difficult situations children encounter as they grow up (Skinner et al., 2004). Because of the vulnerability of the these children, they are at a risk of abuse: physical, emotional and sexual and exploitation through child labour that puts them at higher risks of contracting HIV/AIDS.

Depending on the work plan, the NGO usually identifies the OVCs that need care in the community. The OVCs are usually in child headed and grandparent headed homes others are with extended families. The needs of the OVCs are identified. The needs may include health care, shelter, education, food, parentage.

The NGOs may run orphanages where they take care of the children and make provision for the education, health care, food and other basic needs. But we are seeing another approach where the OVCs are supported within the extended families and by other caregivers that are willing to take them in. Usually these people may not have capacity due to the prevailing poverty. The NGOs play a role where they mobilize resources and make them available to these families to be able to provide food, educational, emotional and other basic needs to the OVCs. This approach is more cost effective than the orphanages making it possible to take care of more children (Sutherland et al., 2005).
The NGOs may also assist these homesteads to fight poverty by providing them with training in skills and micro credit so as run small business in order to get income to look after the OVCs. The widows may also be supported under this intervention to start income generating projects for their own survival and survival of the orphans they could be taking care of. These activities are met to mitigate the economic hardships that may be faced by the OVCs and the widows (Sutherland et al., 2005).

As the OVCs get older depending on their level of education some NGOs are providing vocational training in areas such as carpentry, bricklaying to them and assisting them to start a new life as adults by facilitating them to start small business or acquire employment.

### 2.6.4 HIV/AIDS advocacy and human rights

The fourth categorization of projects is concerned with advocacy on HIV/AIDS issues and human rights. Safeguarding human right is very vital in the fight against HIV/AIDS pandemic at personal, community and national levels. The rights of some people that are very vital in the fight against pandemic are violated (UNAIDS, 2006). This only serves to drive the epidemic up and underground. UNAIDS (2006) identifies four categories of people whose human rights are violated and yet they are very vital in the fight against the pandemic because of the high prevalence of HIV/AIDS amongst them and their contact and link with wider society. The groups include sex workers, men who have sex with men, prisoners and drug users. Their vulnerability is discussed next:

- **Sex workers**

  Sex work is criminalized in most countries including Botswana and they get arrested by the police. Society stigmatizes them for what they do: in most countries the interventions to fight the pandemic are not adequate given the magnitude of the HIV/AIDS prevalence amongst the sex workers. Because of criminalizing of their work, they face lot occupational hazards.
Some of the hazards they face include violence from their clients, refusal to pay, rape and the refusal by their clients to use condoms, hence putting them at risk of contracting HIV/AIDS.

- **Men who have Sex with Men (MSM)**
  These are also people whose rights in society are violated through discrimination and stigmatization because of their sexual orientation. In Botswana homosexuality is criminalized in the penal code 164, because of this, there are no specific tailored government interventions to assist MSM (Ravasi *et al.*, 2006).

- **Prisoners**
  These are at the risk of rape in prison from fellow inmates and prison warders and hence risk infection. Their rights to protection from physical and sexual violence are not protected. For the willing partners there are no condoms provided to them in prison and this violates their right to protection from HIV infection.

- **Drug users.**
  These are also another category which is very vulnerable yet no adequate interventions have been designed for them.

The NGOs carry out advocacy to ensure that the rights of these people and other vulnerable people are protected through appropriate legislation, policies and service provision. The other role of the organizations is to fight for rights of PLWHA, such as the right to confidentiality when they go for HIV testing, the right to informed consent before an HIV test is carried, the right not to be discriminated against when they seek treatment and at the work place. The issue of informed consent has become very pertinent with the government of Botswana’s adoption of routine testing for HIV in all the government healthcare settings.

Some health officials are known to deny PLWHA patients treatment with the premise that after all they are going to die (Valdiserri, 2002). In a research by Bond *et al.* (2002) findings were that HIV/AIDS patients were often not given the service as other patients because the
doctors said they were going to die anyway and confidentiality of patients HIV/AIDS status were breached. This is a blatant illustration violation of the human rights of the patients.

Some organizations under this categorization of activities also provide free legal assistance to widows, orphans in succession disputes to be able to secure their property in case the relatives want to grab it and succession planning through writing wills for PLWHA.

The NGOs may schedule training workshops for key stakeholders such as policemen, prison warders, leaders, policy makers, doctors, nurses and train them on the Human rights issues concerning HIV/AIDS. They also carry out lobbying of government to have HIV/AIDS friendly legislation, policies and services for all categories of people including the four categories highlighted above.

In a nutshell this categorization of project activities is not mutually exclusive, NGOs projects may be a combination of activities, e.g. an NGO doing Human rights and advocacy may also be involved in BCC campaigns and some of these interventions are complementary in an integrated programme e.g. a Human rights and Advocacy NGO may use a BCC project to change the attitudes of the stakeholders so that they respect the rights of their subordinates better if they realize there is a lot of ignorance about the disease amongst the stakeholders.

After describing the different categories of HIV/AIDS projects, the next subsection highlights the best practices in monitoring and evaluation of these projects.

2.7 Best Practices in Monitoring and Evaluation of HIV/AIDS Projects

The contextual use of the term “Best practices” in monitoring and evaluation is meant to refer to those practices that have been found to be effective and hence recommended by authorities in this field of monitoring and evaluation. Through research and practice these practices have come be known as effective in achieving monitoring and evaluation objectives. Webb and Elliot (2000) argue that the term best practices should not be taken literally: it should be taken
as theoretical concept. Best practices are more about sharing effective practices. The best practices associated with monitoring and evaluations are described below:

- **Baseline study**
  A baseline study should be undertaken before the project commences so that the condition prior to the implementation of the project is determined. This aids the evaluation function in order to determine whether the designed project did have an impact (Webb and Elliot, 2002: and Gyorkos, 2003). Hughes-d’Aeth (2002) argues that a baseline study helps assess the state of the community in terms of what the project intends to achieve. This is important for evaluating the project for it provides a point of reference to determine how far the community moved in terms of the achieving the project objectives. With reference to a BCC project, a baseline may determine the levels of HIV/AIDS knowledge in the community before the project, to be compared with levels of knowledge at the end of the project to determine how successful the project was on that aspect.

- **Monitoring and evaluation plan**
  The project should have a monitoring and evaluation plan. The plan should be prepared as an integral part of project plan and design (PASSIA, 2004: and McCoy et al., 2005). The integration is for clear identification of project objectives for which performance can be measured.

- **Coherent framework**
  Monitoring and evaluation should be aided by a coherent structured conceptual framework. The framework aids in identifying the logic behind project elements and performance measurement, how they are related and the underlying assumptions. One of the best practices that has been adopted because of its structured approach is the use of the LFA as a tool to aid both the planning and the monitoring and evaluation functions during implementation (Aune, 2000: and FHI, 2004). Vannopen (1994) as quoted by Aune (2000) argues that the LFA makes the planner’s of the project from the onset to think in terms of measuring performance
by identifying the measures and criteria for success during the planning stage. This gives it great leverage in that from the beginning the project design hence implementation are integrated with performance measurement through identification of indicators that will demonstrate how the project is performing during implementation.

- **Monitoring and evaluation budget**
  The project budget should provide a clear and adequate provision for monitoring and evaluation activities. A monitoring and evaluation budget can be clearly delineated within the overall project budget to give the monitoring and evaluation function the due recognition it plays in project management (Gyorkos, 2003: and McCoy et al., 2005). Some authors argue for a monitoring and evaluation budget to be about 5 to 10 percent of the total budget (Kelly and Magongo, 2004: IFRC, 2001: and AIDS alliance, 2006). The intention with this practice is not to be prescriptive of the percentage that is adequate, but to come up with sufficient funds to facilitate the monitoring and evaluation activities. Provision of a budget for monitoring and evaluation ensures that the monitoring and evaluation activities take place when they are due. It also ensures that monitoring and evaluation are not treated as peripheral function.

- **Schedule of monitoring and evaluation activities**
  The monitoring and evaluation activities of the project should also be included in the project schedule so that they are given the due importance they require, not only done at the whims of the project manager (IFRC, 2001: AUSAID, 2006: and McCoy et al., 2005).

- **Personnel assigned for monitoring and evaluation activities**
  There should also be an individual who is directly in charge of the monitoring and evaluation as a main function (Kelly and Magongo, 2004) and an identification of different personnel for the different activities of the monitoring and evaluation such as data collection, analysis, report writing, dissemination of the monitoring and evaluation findings (AUSAID, 2006: Gyorkos, 2003: and McCoy et al., 2005). Having staff clearly designated with monitoring
and evaluation roles ensures that when the monitoring and evaluation is due some body is available to do it, and staff appreciate that the project managers value monitoring and evaluation not as a compliance to the funding agency but as a tool for project management, learning and improving on the performance of the project.

- **Specification of the frequency of data collection**
  There should be a clear specification of how often monitoring and evaluation data is to be collected and from whom. There should also be a specification of a schedule for monitoring and evaluation reports to be written (Gyorkos, 2003). The monitoring should be done regularly in order to be able to track the project and identify problems early enough before they go out of hand. The regularity of monitoring could be a function of the size of the project, but a monthly frequency would be adequate, monitoring every 3 months would still be acceptable (AUSAID, 2006: and FHI, 2004). The monitoring would entail collecting data, analysis and writing a report at the specified frequency.

- **Stakeholder involvement**
  Involvement of all stakeholders (beneficiaries, implementation staff, donors, wider communities) in the monitoring and evaluation process of the project is very important. Participatory approach to monitoring and evaluation is viewed as an empowerment tool for the beneficiaries and other stakeholders of project who in most cases are not consulted in this function. It is also demonstration of downward accountability i.e. accountability to the beneficiaries. There is a lot of emphasis on upward accountability i.e. the donor without as much regard to beneficiaries and the communities in this case the HIV/AIDS affected and infected (Aune, 2000). This obsession with upward accountability creates a barrier between the project and other stakeholders in terms of monitoring and evaluation, this result in the process being geared towards satisfying the demands of the donor at the expense of the other stakeholders. Involvement of the beneficiaries in monitoring and evaluation gives them a sense of ownership and contributes to long term sustainability long after the project donor has
ceased financing the project and also increases the chances of more beneficiaries to take up the services of the project.

Other key neglected stakeholders are the field staff involved in implementing the project. They usually play a passive role of collecting monitoring data and passing it on to the higher offices without an active role in the monitoring and evaluation. CORE (2006) argues that the beneficiaries do not stand to benefit optimally from the monitoring and evaluation since monitoring and evaluation information is not shared with them hence they reduce the chances of learning and improving the project implementation techniques. He further argues that when the monitoring plan and indicators are determined at the highest level e.g. monitoring and evaluation officers and the project manager or externally it is not easy for beneficiaries and implementing staff to tap that information for their benefit of learning.

There are various levels of participation in monitoring and evaluation:

a) The ideal way is the involvement of all stakeholders including the donors, community, beneficiaries, and people involved in the planning and implementation of project in all stages monitoring and evaluation throughout the duration of the project. In consultation and collaboration with all these, they determine what is to be monitored and evaluated, how monitoring and evaluation is to take place including identification of indicators, they do the analysis of the data and assess the performance of the project and be able to generate guidance on how to proceed with the project (CORE 2006: and Bradley et al., 2002). This participatory monitoring and evaluation should be part of a participatory project design and planning to fully optimize its benefits outlined above. Communities would be engaged in this participatory approach through village meetings and assistance from of a facilitator.
b) Other approaches would entail having community and field staff representatives on the team that is planning and executing the monitoring and evaluation with care to involve all the otherwise usually marginalized categories like the youth, women and elderly.

In reality having a fully participatory monitoring and evaluation requires a lot of time and skill in getting a consensus from all the parties on what is to be monitored and evaluated and how, but nevertheless, there should be some level of participation in this process to obtain some benefits it accrues to the project.

For tracking of the specific elements as described by the logical framework matrix of the project, the best practices include among others:

**Inputs**

The different inputs of the project need to be monitored effectively to ensure that they are used optimally on project activities in order to produce the desired outputs. The recommended practices for monitoring each of the inputs as identified by the log frame approach include the following:

**Financial resources**

Financial resources should be tracked with a project budget with the project activities having cost attached to them, with comparison of what has been spent on project activities with what should have been spent as per planned expenditure in the budget (Crawford and Bryce, 2003). This information of expenditure is obtained from the individual in charge of project accounts. This comparison of actual expenditure versus planned expenditure should be done regularly to determine if the project is not going over budget.

**Human resources**

Human resources on the project should be given clear job allocation and designation befitting their expertise, if they are inadequate, then training for the requisite skills should be arranged. For projects with staff that are sent out in the field to carry out project activities on their own
there is need for constant and intensive on site support to the out field staff (Ramesh, 2002: and Reijer et al., 2002 ) e.g. in a BCC project where a number of peer educators are recruited and deployed on their own in the different parts of the implementation area, there is need to constantly check on them and help solve any challenges they may be encountering such as running out of materials, supplies, encountering hostile communities.

Activities

Project schedule
Processes or activities to be done on the project are tracked with aid of a project schedule or project timeline. At regular intervals actual schedule of activities done is compared with the planned schedule to determine whether the project is within schedule or over schedule (Crawford and Bryce, 2003).

Outputs
For monitoring outputs of the project, it is important to use a mix of both qualitative and quantitative indicators.

Quantitative indicators
Quantitative indicators look at outputs in terms of numbers, such as number of people reached, number of trainings carried out, number of IEC materials distributed (Hughes-d’Aeth, 2002). Quantitative information such as attendances, people served, is best captured by a standardized form then information is aggregated at regular intervals (Gyorkos, 2003). Materials distributed can be captured by a standard distribution log. The standardization facilitates the implementation staff and allows for comparability across implementation areas and also facilitates data entry of the information. These actual outputs at specified periods such as monthly are then compared with planned or targeted outputs as illustrated in the project plan.
**Qualitative indicators**

Qualitative indicators describe situations and give an in-depth understanding of issues of the outputs. For example we imparted 100 people with HIV/AIDS human rights information, qualitative monitoring would require us to determine, what the perception was of the training, in terms of quality, adequacy and delivery. Methods such as focus groups discussions, observation, interviews are used with qualitative methods of monitoring. For evaluation of both the outcomes and goals, both qualitative and quantitative methods are recommended in order to get clear in-depth understanding into the success of the project (Hughes-d’Aeth, 2002; FHI, 2004; and Rakotononahary et al., 2002).

**Outcomes and goals**

Outcomes and goals are best evaluated with both qualitative and quantitative data. Data from project records is very vital and should be kept securely up to end the end of the project and even longer. This helps in getting the whole picture of the project and is cost effective.

Other best practices associated with monitoring evaluation other than those tied to the elements of the log frame identified above include the following:

- **Use of computers**

Computers can be of immense value in monitoring and evaluation process. The analysis of data should be aided by computers where applicable, for example if a questionnaire was distributed as a tool in the monitoring and evaluation, software like Microsoft Excel, SSPS, can be used to analyse the responses. Numerical data like counts of people served, attendances of activities, number of IEC materials distributed can be aggregated and information stored over the lifelong of the project more efficiently and reduce on paper work and its associated disadvantages (Kelly and Magongo, 2004). This is a very good practice because it makes the task of managing monitoring and evaluation information more effective and efficient. Other applications of computers are in word processing and in report writing.
Midterm and end of project evaluations
For evaluation usually there is midterm and another at end of project implementation, an impact assessment should be scheduled after the project has ended to determine what the impact of the project was and what the contribution of the project was to the attainment of the goal (Gyorkos, 2003). The midterm evaluation and the one at the end of the project implementation can review the implementation process (process evaluation) to determine how project faired in terms of input use, carrying out the scheduled activities and in terms of how the project faired in terms of level of out puts in relation with the targeted output (Gilliam et al., 2003). The short term outcomes can also be evaluated at this point.

Capture and documentation of lessons learned
Lessons learned from the implementation should be captured and documented for incorporation into the subsequent projects and sharing with other stakeholders. The lessons would include what went right in implementation and what went wrong and why so that the mistakes are not repeated in the subsequent projects (PASSIA, 2004: Uitto, 2004: and Reijer et al., 2002). Theses lessons should be shared with the implementing staff. Sustainability of the project should be determined. It is not easy to determine sustainability, but the level of the communities’ involvement can give an indication of the continuation of the project activities even at the end of funding period.

Objectivity by an external facilitator
Objectivity in evaluations is enhanced by an outside facilitator that would come in to aid the evaluation. This is in contrast to the fully participatory advocating authors who argue that objectivity is not that important, but empowering the stakeholders to learn from the evaluation, so evaluations should be subjective and done by the stakeholders (Bradley et al., 2002: and Aune, 2000). A compromise position is recommended, whereby an external facilitator comes in for objectivity and an outward opinion but the stakeholders are actively involved in the process for learning and empowerment.
• **Dissemination of monitoring and evaluation findings**

There should be a monitoring and evaluation findings dissemination plan. Monitoring and evaluation findings should be disseminated to the stakeholders by way of a report to the donor depending on his requirement, communication or report to the community and beneficiaries and to the implementing staff to improve on their implementation practices and strategies (Gyorkos, 2003: and McCoy *et al.*, 2005).

2.8 **Challenges of Monitoring and Evaluation of HIV/AIDS Projects**

Local NGOs implementing HIV/AIDS projects in communities have their own challenges peculiar to them. A lot of scholars have highlighted the fact that NGOs have a number of challenges in this aspect of monitoring and evaluation of the projects they implement (Hughes d’ach, 2002: Reijer *et al.*, 2002: Ramesh, 2002: and Rakotononahary *et al.*, 2002). The challenges unless mitigated mean that the monitoring and evaluation is not effectively done, translating into inability of projects to optimally benefit from this monitoring and evaluation aspect. Below is an attempt to review the different challenges identified in the literature:

• **Lack of monitoring and evaluation expertise**

Lack of adequate monitoring and evaluation expertise or capacity among the local NGOs is one area that has been highlighted by several scholars (Hughes d’ach, 2002: and Gibbs *et al.*, 2002). Monitoring and evaluation requires specific skills and expertise such as monitoring and evaluation design skills particularly log frame design, indicator setting: both qualitative and quantitative, design of data collecting instruments including questionnaires, focus discussion guides. Other necessary skills include data collection skills such as conducting interviews, conducting focus group discussion, data analysis and report writing skills (Hughes d’Aeth, 2002: and Gibbs *et al.*, 2002). Kelly and Magongo (2004) note that some of the highlighted skills may be available in the NGOs but not all of it and in their research they noted that skills such as advanced data analysis, conducting of focus groups discussions,
qualitative indicator setting are very scarce amongst the local NGOs in Swaziland. The local NGOs may not be in position to procure them implying that these areas that require these skills are not done and hence monitoring and evaluation is not effectively done. Gillian et al. (2003) argues that this translates into shortage of quality data which makes decision making on the project to be based on intuition not solid data.

- **Inadequate financial resources**
  Lack of adequate financial resources to carry out monitoring and evaluation is another challenge faced by these local NGOs. A good number of NGOs lack adequate funding for their activities: this means that the little resources available are channelled to actual implementation of project activities: monitoring and evaluation are looked at as an expense that they cannot afford. If any is done them it is done superficially, just recording a few activities and irregularly (Gibbs et al., 2002; and Gilliam et al., 2003). Lack of funds means that NGOs may not be in position to bring in external evaluators: they may not be able to adequately collect all the necessary data. It may also mean that they may not be able to afford computers and any other technology to aid the monitoring and evaluation function.

- **Multiple donor requirements**
  NGOs also face a challenge of multiple monitoring and evaluation requirements in the case of those NGOs with more than one donor or with one that has very stringent requirements (Gilliam et al., 2003). This translates into excessive burden to the NGOs to conform to these requirements, this exerts the problem of stretched capacity on the project in terms of manpower. These stringent donor funding requirements also perpetuate the practice of emphasis on upward accountability to the donor with minimum or no accountability to other stakeholders including the beneficiaries. Disregard to the beneficiaries and other stakeholders are counter productive because it results in lack of ownership of the project hence lack of sustainability of the project when the donors withdraw the funding.
- **Difficulty in demonstrating the long term impact of projects**

It is not easy for the NGOs to demonstrate attainment of the long term objectives. It may take a long time to demonstrate that the project archived its objectives and even then it is hard to demonstrate that the particular project undertaken by the NGO in the community is responsible for the observed impact in the community and not any other activity or concurrent intervention taking place. For example for a BCC project, it is not easy to evaluate that the project managed to result in changed behaviour and as a result, a reduction in infection rates, and even if we demonstrated that, it becomes difficult to attribute the observed change in the community to the particular project.

- **Stigma attached to HIV/AIDS**

Collecting monitoring and evaluation data for example by way of questionnaire and interview from PLWHA and other people affected by HIV/AIDS is not easy. PLWHA look at the data collection from them as an intrusion into their lives with minimum benefit. The situation may be made worse if other organizations are carrying out the same activities amongst the same communities (Health link, 2006). The effects of HIV/AIDS to the PLWHA and the affected families are already a burden to them: coupled with the stigma and discrimination in the community, it is important that any data collection should be done sensitively and as much as possible a participatory approach to the project involving PLWHAs should be taken. This will empower them and increase their participation and hence when it comes to data collection it becomes easier.

After identifying from the literature and discussing the theory and practice of monitoring and evaluation of HIV/AIDS projects spelling out the best practices and the challenges the next chapter discusses the research strategy and methodology that aided the researcher to collect and analyse data to solve the research dilemma articulated in chapter one. The dilemma of this research is whether the monitoring and evaluation of HIV/AIDS projects implemented by the local NGOs is done effectively.
CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction
This chapter presents the research methodology of the study. It describes and justifies the methods and processes that were used in order to collect data that was used in answering the research questions. The chapter is presented under the following sections namely: definition of research methodology, review of different research methods, operationalization of the descriptive method. Each of them is presented next.

3.2 Research Methodology
Kothari (2003) defines research as the pursuit of truth with help of study, observation, comparison and experiment i.e. systematic method of finding solutions to a research problem identified. Kothari (2003) further argues that the process of research is a systematic method that includes the following in logical sequence:

a) Enunciating or defining the research problem.
b) Formulating the hypothesis/research questions from the research problem.
c) Designing the appropriate research process.
d) Collecting facts or data to help answer the research questions
e) Analyzing the data
f) Reaching certain conclusions from the analyzed data hence answering research questions.

Processes (c), (d) and (e) constitute what is termed as research method for it enables the researcher to get the data necessary to answer the research questions and hence solve the research problem.

Research methodology on the other hand is inclusive of the research methods and encompasses the overall approach to the research process from definition to selection of the appropriate research method and analysis of data and drawing conclusions from the analysis hence would entail all the above steps from (a) to (f).
It is important that the research questions for the study are briefly reiterated to the focus the research and thereafter, a discussion of the different research methods, selection of an appropriate method and the justification for the selection is made.

3.2.1 Research questions

The research questions for the study were derived from the following research problem:

*Despite the huge amount of resources provided to the local NGOs to implement HIV/AIDS projects and despite the fact that these projects play a big role in the fight against HIV/AIDS in the community it is not clear how effectively the monitoring and evaluation is done on the projects implemented by local NGOs.*

The research questions were:

(i). How effectively is the monitoring and evaluation done on HIV/AIDS projects implemented by local Gaborone based NGOs?

(ii). What are the challenges faced in the monitoring and the evaluation of the projects they implement?

After reiterating the research questions that guided the research, it is imperative that an appropriate research method that would be appropriate to collect necessary data to adequately answer the questions is identified. In order to optimally chose the ideal method a review of the different research methods was necessary outlining the salient features, the pros and cons of each method in relation to the identified research questions. The following section is a review of the various research methods.

3.2.2 Classification of the research

In order to categorize and review the different research methods, a discussion of the different types of research may be sufficient: this is because different research problems require different research methods. Research can be categorized into four categories that are relevant in this research. The categorization is adapted and merged with the framework used by Davis
(1997) and Shao (1999). The classification is based on approach the research takes. The categorization aids in locating the particular research being carried out and hence facilitates the choosing of the appropriate research method. The categories are shown below and the different types of research under the respective categories are highlighted in the figure 3.1 and described thereafter:

a) Purpose of research
b) Process of research
c) Frequency of research
d) Research logic

![Classification of the different research types](image)

**Fig. 3.1: Classification of the different research types**
*Source: adapted from Davis (1997), and Shao (1999)*

### Process
Research can be classified according to the process it takes and the categories would include qualitative and quantitative and each is explained below:

#### Qualitative
Qualitative research is concerned with describing phenomena in words to gain an understanding of the issues being researched within the context of the researcher (Kothari, 2003). This type of research is concerned with subjective assessment of attitudes, opinions
and behaviours and the data generated are not subjected to rigorous quantitative analysis. Data collecting techniques would include in depth interviews, focus group discussions, and participant observation. A hypothesis is not tested but the analyzed data helps in answering research questions that were pre-set.

Quantitative
Quantitative research is concerned with measuring of quantity or amount and involving statistical manipulation, or hypothesis testing. It deals with numbers and their manipulation in order to gain insight in that which is being studied (Davis, 1997). Kothari 2003 defines quantitative research as that which involves generation of data in quantitative form, which is then subjected to rigorous quantitative analysis in a formal and rigid way. Data collecting techniques would include questionnaires, and actual physical measurements of the phenomena such as weight, height, ages, and duration of projects.

Research may not be purely quantitative or qualitative but it lies along the continuum of the extremes. The research undertaken was mainly quantitative but with a qualitative aspect.

- **Purpose of research**
Research can also be classified on the basis of purpose for which it is carried out and the categories would include exploratory, descriptive, analytical and predictive. A description of each type is given below:

Exploratory
Exploratory research is designed in order to gain insight into a situation of which little is known about or if the interest is in developing a hypothesis that would be probably tested in another research (Diem, 2002). The research we are undertaking is beyond the stage of exploration in this vain we cannot classify it as exploratory.
Descriptive

Descriptive research is designed to clearly describe a situation or behaviours obtaining at a particular time (Diem, 2002). The descriptive research may usually follow the exploratory research in order to describe the phenomena at hand. The main aim is not to manipulate or control the variables or the phenomena. Descriptive research usually uses quantitative research to describe situations. This research requires us to describe the monitoring and evaluation aspect including practices at hand amongst the local NGOs and challenges they face with the view of determining how effectively monitoring and evaluation is done. The research at hand falls into the descriptive research category. The research methods that can be used would include descriptive survey method, case study, and observational research. Each of these is described in detail in the research methods section that follows.

Analytical

Analytical research is concerned with analysis of existing data or facts and makes a critical review of the same with a view of understanding the situation (Kothari, 2003). For example in our case analytical research would entail looking at monitoring and evaluation reports submitted by local NGOs in order to try understand how they do the monitoring and evaluation. The drawback is that you make your conclusions only on the data or records that are made available to you and it may not give a full insight of the actual practices on the project and not all the organizations keep records. It also requires a lot of convincing for the organizations to surrender their documents, associated with this is the increased length it takes to scrutinize them.

Predictive/experimental

The purpose of this research is to be able to determine the cause effect of some variables and in this case you can try to predict what will happen (Diem, 2002). It involves postulating a hypothesis and testing it statistically. In keeping with our research above, an example of predictive research hypothesis would be: “The more trained the staff an NGO has, the more
effectively monitoring and evaluation is carried on the project”. The goal is to try and predict what the effect of level of education is on the monitoring and evaluation practices. The research method that would be appropriate would be experimental research method. A description follows in the section of research methods.

- **Frequency of the research**
Research can be classified on basis of how often the data is collected from the population. On the basis of that, research can be cross-sectional or longitudinal. Each of them is described below.

*Cross-sectional*
It is the most common type of research. It looks at what is happening at a moment in time and is comparable to taking a snapshot at a particular time and is representative of what is happening at the time when the research is carried out (Shao, 1999). Shao (1999) identifies some advantages of cross-sectional research to include among others the following:

a) It can generate a realistic picture of what was going on at a particular point in time.
b) It may be performed at a relatively low cost
c) It may not take much of the respondents’ time.
d) Data may be gathered in relatively short period of time.

Shao (1999) also identifies some disadvantages of cross-sectional research to include among others:

a) The data collected may soon be outdated as it may be overtaken by events.
b) It may draw an artificial picture of what is going on at a particular point in time.

*Longitudinal research*
This type of research is continuous whereby the same respondents are questioned over a predetermined time intervals over a span of time. Instead of a snap shot as in the cross-sectional research, it can be thought of as a videotape recording since it is a series of pictures
taken at different time periods (Shao, 1999). An example in the context of this research is if the interviews or questionnaires are administered to the same group of project managers every six months over a period of time of 5 years. Shao (1999) identifies some advantages and disadvantages of this research to include the following:

The advantages include among others:

(a.) The information obtained overtime will usually be more reliable than that gathered.
(b.) It takes changes related to time into consideration.

The disadvantages include among others:

a) It is relatively expensive to carry out since several studies are done overtime.
b) The information takes considerable time to collect.
c) It calls for a lot of cooperation from respondents to collect the data over an extended period of time.

Because of the limitation of resources and time a cross-sectional study was undertaken.

- Logic of research

Research can also be classified into deductive or inductive on the basis of logic behind the reasoning of the research. Each is discussed next:

Inductive research

In this kind of research the researchers make careful observations, conduct experiments, rigorously analyse the data obtained, and produce new discoveries or theories to explain what is happening. Personal opinions are excluded from this process in order to arrive at what is believed to be objective knowledge (Ragin, 1994). Specific observations are made through data collection on specific events, behaviour and generalization can be made (Neuman 2006). In the context of this research data is collected about monitoring and evaluation practices of local NGOs and theories to explain the reasons behind the practices can be generated and generalized. The research at hand can be classified as inductive.
Deductive research

In deductive inquiry specific expectations of hypothesis are developed on the basis of general principles data is collected to prove or disprove the hypothesis (Neuman 2006). This research starts from premises usually from theories to a conclusion based on data that is collected to refute or accept the premise (Ragin, 1994). In the context of research at hand an example of deductive research would start from the premise that local organizations in Botswana have capacity and performance problems as a result they do not adequately control their projects and activities. Research would then seek to collect data on local NGOs implementing HIV/AIDS projects in terms of how adequately they control their projects. With this information the researcher can accept or refute the initial premise applying to local NGOs in Botswana. One of the many criticisms of deductive research is the origin and context of the premise that is disproved or accepted.

In a nutshell the research that was undertaken could be classified as mainly quantitative with some qualitative aspects in process, descriptive in purpose, cross-sectional in frequency and inductive in logic. For the different types of research there are appropriate research methods and hence data collecting techniques or instruments. Below is an attempt to review the different research methods and identification and justification of the appropriate method for the research that was undertaken.

3.2.3 Review of the different research methods

The different research methods are identified and discussed next

- **Ethnography**

  This method is geared at understanding cultures of people by interacting with them. Observation is the key method of collecting data. It is mainly interested and applied in cultural studies of a particular community of people.
- **Historical research**
  The historical method seeks to understand the happenings of the past and put meaning to
  them within the context they happened (Leedy, 2005). It uses artefacts, historical documents
  to gain insight in the happenings at the particular time of the study. This method is not
  appropriate, for the study was looking at contemporary practices of monitoring and
  evaluation.

- **Case study method**
  Case study research method can be defined as the in-depth study of one or a few events or
  cases in order to understand the phenomenon being investigated. Rather than study a large
  sample and study a limited number of variables, we are limited to one or two cases and an in
  depth study longitudinally is done (Flyvbjerg, 2006). In reference to the research at hand, we
  could have study one local NGO extensively in order to have an in depth understanding of its
  monitoring and evaluation practices and challenge.

  One of the disadvantages of this method which makes it in appropriate for the research at
  hand is that the findings are not generalisable about other local NGOs in the study area of
  interest. The findings cannot be used to conclude about the practices of all local NGOs in
  Gaborone. There are several data collection techniques associated with case study research
  method, they include: in depth interviews, review of records and documents, focus group
  discussions.

- **Action research**
  With this kind of methodology the researcher is actively involved with the practitioners of
  that which is being studied and is mainly involved in study of organization change (Avison et
  al., 2001). For example in this research context of monitoring and evaluation practices the
  researcher would have to be actively involved in the monitoring and evaluation process with
  the monitoring and evaluation practitioners in order to be able describe the practices.
disadvantage associated with this method of double handling, where the researcher is involved in both the practice and the also researching on the practice. This method requires a lot of time to be actively immersed in that which is being studied and is mostly suited for researchers that are involving organizational change for which this particular research is not.

- **Experimental method**
  
The experimental research method involves a deliberate manipulation of one variable in order to determine what the effect will be on the other. The method is used to study cause and effect and is usually appropriate in testing hypothesis and eliminating alternative hypothesis (Davis, 1997).

  Leedy (2005) states that in its simplest form the experimental method seek to control the entire research situation except for a certain input variable that then becomes suspect as cause of whatever change that has taken place within investigative design. The true experimental method under study involves two groups of study subjects: the experimental one which is manipulated and the control one that is not manipulated for the variable whose effect is being studied.

  The investigation of interest in this research was not geared at determining any cause effect in variables concerned with monitoring and evaluation practices, on the hand it was trying to describe monitoring and evaluation practices of the local NGOs. The experimental method is not appropriate for this nature of research.

- **Descriptive survey method**
  
  Descriptive survey research methods seek to describe that which exists. The method is used to obtain information concerning the current status of the phenomena to describe "what exists" in a population (Key, 1997). Shao (1999) describes it as a method used to describe behaviour or practices of a particular population of study, they could be consumers, doctors, monitoring and evaluation practitioners in local NGOs. In the context of this research, the
researcher sought to describe the existing practices of monitoring and evaluation in local NGOs implementing HIV/AIDS projects and the associated challenges faced by the practitioners.

The descriptive survey method was chosen by the researcher as the appropriate method for the research at hand for the following reasons:

a) It is the most appropriate in collecting data about the characteristics of a large population in terms of being cost effective and within the constraints of time available, moreover the questionnaire is employed as the main tool for data collection (Harrison and Clock, 2004, and Kelley et al., 2002). This is important because the researcher has set short finite deadline for his research.

b) Another advantage of this method cited by Kelley et al. (2002) is the fact that the survey method produces data based on real world observation which makes the data empirical. This is an advantage in that if the survey is done meticulously then the data and hence findings are scientific.

c) It allows for a large coverage of population as opposed say to case study which may look at only one or a few cases and its findings may be generalisable if a representative sample is taken (Kelley et al., 2002) as the monitoring and evaluation practices and challenges of local NGOs implementing projects in Gaborone.

In order for the descriptive survey method to be operational the following about the research should be clearly defined:

a). A Population and its sample

b). Data collecting instruments

Each of the above is described and defined within the context of the research in the subsequent section.
3.3 Operationalizing the Descriptive Survey Method

In order to operationalize the survey method described above the following about the research was defined.

3.3.1 The population and its sample

A population can be defined as the complete set of subjects that can be studied: people, objects, animals, plants, organizations from which a sample may be obtained (Shao, 1999). Researchers usually cannot make direct observations of every individual in the population they are studying. Instead, they collect data from a subset of individuals (a sample) and use those observations to make inferences about the entire population (Zickmund 1991).

The total population of NGOs (Appendix 5) in Botswana was extracted from BONASO member’s directory of 2004 and an updated register. A purposeful convenient sample of NGOs was selected from Gaborone based NGOs within a radius of 100kms to include included Tolkweng Gabane Mogoditshane Lobaste, Otse, Molopolole, Mochudi and Ramostwa.

A purposeful sample was extracted from the Gaborone and its surrounding environs within a radius of 100kms. There were 65 NGOs in this study area out of a total of 98 NGOs affiliated to BONASO. The study area that constituted the sample was chosen for the following reasons:

a) Convenience to the researcher because the area of study was reachable in order to facilitate the delivery of the questionnaires and adequate follow up in order to increase the response rate for the questionnaire.

b) Gaborone being the capital city of Botswana has the largest concentration of organizations and activities. Out of the total population of 97 NGOs that are members of BONASO, the study area that was chosen had 65, a percentage of 66.3. This sample of
the total population can be argued to be to some extent generalizable of the total population of NGOs in Botswana.

Local NGOs that are members of BONASO were targeted for two reasons below,

a) BONASO is the recognized voice for civil society organizations (NGOs) in the national strategic framework against HIV/AIDS in the country and most donors require membership to BONASO if the organization is to access funding for their projects (BONASO, 2006: NACA, 2004). It was most likely that the BONASO members had funding for their activities.

b) membership to BONASO requires the organization to have a physical address and designate a contact person for the organization, which made it convenient for the researcher to trace the organizations and collect data from it:

This information came from NGO officials in charge of monitoring and evaluation to include monitoring and evaluation officials and project managers of the projects implemented by the local NGOs.

3.3.2 Data collection
Data can be collected from the population using the following data collecting techniques or instruments questionnaire or interview, each is described below:

- **Questionnaire**
A series of questions that are easy and convenient to answer but can describe the intended practices or behaviours were formulated into a questionnaire. Shao (1999) defines a questionnaire as a formal set of questions or statements designed to gather information from respondents that accomplish research objectives. In this respect the questionnaire when answered by the monitoring and evaluation practitioner of a local NGO would be able tells as about the practices of that particular organization the way they monitor and evaluate their HIV/AIDS projects.
The questionnaire may have either structured, semi structured or unstructured questions. The structured questions are convenient easy and take less time to answers because options are available to the respondents from which they tick options that best describe their practices, opinions or attitudes. The disadvantage is that they restrict the respondent in choice. The available options from which they have to select may not be exhaustive to describe the situation of the respondent. The unstructured questions are not restrictive to the respondents. The questions are open and elicit answers from the respondent without limiting them to predetermined options and they may best describe the situation at hand. The disadvantage is that they take a lot more time from the respondent to fill and they require the respondent to recall certain information without the benefit of the predetermined options.

The questionnaire may be disseminated to the respondents in different ways as shown below:

a) Mailed to the respondents for them to respond and mail back to researcher.

b) Delivered and dropped and picked up after respondents have responded

c) It may be administered face to face.

Mailing and dropping the questionnaire has advantages of convenience to the researcher and also it ensures maximum coverage as opposed to the face to face administered questionnaire that is time consuming with the constraint of time and cost the researcher has to work in and may limit coverage. But associated with the advantage convenience and coverage is the disadvantage of low response rate. The researcher mitigated this by constantly checking on the respondents through physical visits, telephone calls and incentives such as promises of provision of research findings as prescribed by Shao (1999).

- **Interviews**

Interview as opposed to questionnaire requires more in depth answers and takes longer and more resources to carry out. It requires setting up appointments at the convenience of both the researcher and the respondents and it takes a longer period of time to get as much information
as you could get from a questionnaire (Shao, 1999). The questions of the interview as with the questionnaire may either be structured, semi structured or unstructured, the interview may either be face to face or a telephone interview.

The researcher’s choice of data collecting instrument was the questionnaire which was mailed with a self addressed return stamp and in some instances was dropped and picked from the respondents’ addresses. The questionnaire mainly had structured and a few semi structured questions to maximize the advantages of both types of questions and minimize their disadvantages.

3.3.3 Mitigating the shortcomings of the Descriptive survey method
Using the questionnaire to collect data has got some shortcomings that that have impacts on validity of the findings. The researcher mitigated them as shown:

Descriptive surveys with questionnaires that are mailed to respondents have a disadvantage of a low response rate (Neuman, 2006). The researcher mitigated this by writing a cover letter to the respondents that explained the purpose of the research and politely requested the recipients to fill in the questionnaire. The respondents were further motivated to participate in the study by promising to provide them with the findings. A self addressed stamped envelope was included together with the questionnaire to enable the respondents to return the completed questionnaire. Other measures included constantly checking on the respondents through physical visits, telephone calls as prescribed by Shao (1999).

The other shortcoming of the questionnaires that mailed to the respondents is the challenge of the respondents misunderstanding the question put forward and failing to provide the required answer. This has effect of lowering the validity of the measuring instrument and in effect the findings of the research are not a true reflection of the reality the researcher seeks to study (Neumann, 2006). The researcher mitigated this by devoting a great deal of time in designing
the questionnaire, trying as much as possible to use simple language. The researcher also piloted the questionnaire to a group of monitoring and evaluation officials of NGOs in order to identify any ambiguities. Their contributions were then incorporated in the questionnaire.

Questionnaires also have challenge of limiting the options the respondents have to choose from. This has effect of the findings of the research not capturing the reality obtaining. As much as possible the researcher provided additional space for the respondents to provide their own options that best described their situation in case they were not captured by the researcher.

3.3.4 Designing the questionnaire
A questionnaire was designed in order to collect data that was used in answering the investigative questions. At this point it is important to describe the relationship between the research questions, investigative questions and the questions that constitute the questionnaire (measuring questions). Figure 3.2 illustrates the hierarchy of the questions and brief description of each follows
Research questions
Research Question 1: How effectively are projects monitored and evaluated?
Research Question 2: What are the challenges faced in the monitoring and evaluation

Investigative questions
Research Question 1
i. What are the different activities carried out on the HIV/AIDS projects in Gaborone?
ii. What is the extent re-sourcing provided to local NGOs implementing HIV/AIDS projects in Gaborone?
iii. What are the best practices in monitoring and evaluation of HIV/AIDS projects?
iv. How do the monitoring and evaluation practices of local NGOs implementing HIV/AIDS projects compare with the best practices

Research Question: 2
i. What are the challenges faced by local NGOs in carrying monitoring and evaluation of their projects?
ii. What recommendations are appropriate to mitigate the challenges identified?

Measuring questions

<table>
<thead>
<tr>
<th>Investigative question (i)</th>
<th>Investigative question (ii)</th>
<th>Investigative question (iii)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measuring question (a)</td>
<td>Measuring question (e)</td>
<td>Measuring question (h)</td>
</tr>
<tr>
<td>Measuring question (b)</td>
<td>Measuring question (f)</td>
<td>Measuring question (i)</td>
</tr>
<tr>
<td>Measuring question (c)</td>
<td>Measuring question (g)</td>
<td></td>
</tr>
<tr>
<td>Measuring question (d)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investigative question (iv)</td>
<td>Investigative question (v)</td>
<td>Investigative question (vi)</td>
</tr>
<tr>
<td>Measuring question (j)</td>
<td>Measuring question (l)</td>
<td>Measuring question (h)</td>
</tr>
<tr>
<td>Measuring question (k)</td>
<td>Measuring question (m)</td>
<td>Measuring question (i)</td>
</tr>
</tbody>
</table>

Figure 3.2: Hierarchy of research, investigative and measuring questions
Source: Ssegawa and Rwelamila, 2006

- **Research questions**
  These are the main questions that guided the research and were derived from the research problem. If the research questions are answered the research problem is solved.

- **Investigative questions**
  These are sub questions derived from the research questions. Each of the research questions was divided into smaller manageable questions. For example from figure 3.2 research question 1 was divided into investigative questions (i) to (iv). If the smaller investigative questions are answered the research question from which they are derived is answered.
Measuring questions

These are the questions that constituted the questionnaire. Each of the investigative question was sub divided into questions which if all are answered the investigative question is answered. For example from figure 3.2 investigative questions (i) is subdivided into measuring questions (a) to (d) and so on.

It is important to distinguish between the operational investigative questions for which data was sought from the field through a questionnaire and those questions for which answers were sought from the literature (Ssegawa and Rwelamila, 2006). The interest of this methodology section was those questions for which answers were collected from the field through a questionnaire i.e. questions (i), (ii), (iv) and (v), question (iii) was answered in the literature review (section 2).

Question (vi) is a recommendation question after collecting data, analyzing and synthesizing it and was answered in the last chapter of the final report.

The questionnaire was dived into the following three sections to collect data for answering the different investigative questions i.e.: nature of the projects carried out by the NGOs, monitoring and evaluation practices and monitoring and evaluation challenges. Each of the sections is illustrated below:

Nature of the projects carried out by the NGOs (questions 1.1 to 1.10)

This section sought to classify the respondent organizations depending on the catchment area of operation and nature of founding body. This part also sought to determine the kind of activities the NGO were carrying out in their areas of operation. The activities were classified based on the criteria identified in the literature review section and appendix 1 as shown below:

(i). Behavioural Change Communication (BCC) activities:
(ii). Support, care and treatment of the sick activities:

(iii). Socio-economic impact mitigation activities:

(iv). HIV/AIDS advocacy and human rights activities

This section also sought to determine the resources at the disposal of the NGOs, in terms of finances, human resources, equipment and the sources of funding. This section answered the investigative question (i) and (ii).

*Monitoring and evaluation practices (question 2.1 to 3.9)*

This section probed for the monitoring and evaluation practices of the NGOs and was divided into two subsections, monitoring and evaluation plan and implementation the monitoring and evaluation process: each is briefly explained below:

a) Monitoring and evaluation plans

This sub section sought to determine whether NGOs drew up monitoring and evaluation plans for their projects. It also sought to determine what constituted the monitoring and evaluation plans that and how the plans were used.

b) Monitoring and evaluation during the implementation

This sub section sought to determine the monitoring and evaluation practices when the projects were in the implementation stage.

*Monitoring and evaluation environment (questions 4.1 to 4.7)*

This section probed for the environment within which monitoring and evaluation is carried out with the view of identifying the challenges faced by NGOs.

After the design of the questionnaire, it was piloted with a small group of practitioners and then readjustments and refinements were made. The questionnaire was then mailed to all the 65 NGOs in the study area addressed to the project coordinators (managers) or monitoring and evaluation officials. After mailing the questionnaires the researcher took two and half months waiting for response from the respondents, calling and prompting them to respond.
and return the questionnaires. This time was considered adequate because no more responses were forthcoming from the respondents. In some instances the researcher physically visited the respondent’s offices to pick up the questionnaires when he was called and also to prompt them to respond.

Figure 3.4 is a summary of the research methodology highlighting the relationship between the different research aspects that is, research problem, objectives, research questions and the subsequent investigative questions showing the source of data for each investigative question and means of analysis.
**TITLE**: Monitoring and Evaluation of HIV/AIDS projects implemented by Gaborone based local NGOs.

**OBJECTIVES (S):**
- To identify the nature of activities carried out on HIV/AIDS projects implemented by Gaborone based local NGOs.
- To identify the best practices in monitoring and evaluation of HIV/AIDS projects.
- To determine how the monitoring and evaluation practices of local NGOs implementing HIV/AIDS projects compare with the best practices.
- Identify the challenges faced in the monitoring and evaluation of HIV/AIDS projects.
- To make recommendations in order to mitigate challenges faced in monitoring and evaluation of HIV/AIDS projects by the NGOs.

**RESEARCH PROBLEM:**
A lot of donor resources are provided to local NGOs to implement HIV/AIDS related projects. The need for accountability, good project performance and organizational learning requires that projects are effectively monitored and evaluated. However, it is not clear how effectively these projects are monitored and evaluated.

**RESEARCH QUESTION (S):**
1. How effectively are the monitoring and evaluation processes carried out on HIV/AIDS projects implemented by local NGOs based in Gaborone?
2. What are the challenges faced in the monitoring and the evaluation of the projects?

**METHODOLOGY**

<table>
<thead>
<tr>
<th>Investigative questions</th>
<th>Type of data required</th>
<th>Source of data</th>
<th>Location of Data</th>
<th>Data Collecting Instrument</th>
<th>Data Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i). What are the different activities carried out on the HIV/AIDS projects implemented by the local NGOs?</td>
<td>Responses</td>
<td>Responses</td>
<td>Responses from project managers</td>
<td>Questionnaire</td>
<td>Descriptive statistics, Percentages and rankings</td>
</tr>
<tr>
<td>(ii). What is the extent re-sourcing provided to local NGOs implementing the projects?</td>
<td>Responses</td>
<td>Responses</td>
<td>Responses from project managers and monitoring and evaluation officials</td>
<td>Questionnaire</td>
<td>Descriptive statistics</td>
</tr>
<tr>
<td>Investigative questions</td>
<td>Type of data required</td>
<td>Source of data</td>
<td>Location of Data</td>
<td>Data Collecting Instrument</td>
<td>Data Analysis</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------</td>
<td>---------------------</td>
<td>------------------</td>
<td>----------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>(iv). How do the monitoring and evaluation practices of local NGOs implementing HIV/AIDS projects compare with the best practices?</td>
<td>▪ Description of local practices</td>
<td>▪ Responses</td>
<td>▪ Responses from project managers and or monitoring and evaluation officials</td>
<td>▪ Questionnaire</td>
<td>▪ Comparison of local practices and best practices using descriptive statistics</td>
</tr>
<tr>
<td>(v). What are the challenges faced by local NGOs in carrying monitoring and evaluation of their projects?</td>
<td>▪ Responses</td>
<td>▪ Response</td>
<td>▪ Project managers and monitoring and evaluation officials.</td>
<td>▪ Questionnaire</td>
<td>▪ Descriptive statistics</td>
</tr>
<tr>
<td>(vi). What recommendations are appropriate to mitigate the challenges identified?</td>
<td>▪ Recommendations</td>
<td>▪ Literature</td>
<td>▪ Journals, books and internet</td>
<td>▪ Pen and paper</td>
<td>▪ Collate the recommendations</td>
</tr>
</tbody>
</table>
CHAPTER 4: DATA ANALYSIS AND DISCUSSION OF FINDINGS

4.1 Introduction
This chapter presents the data analysis and discussions of the findings of the research study. The findings are presented under the following themes namely: response profile and on each of the investigative questions that the survey sought to answer. It is imperative that the investigative questions whose findings this chapter presents are reiterated:

i). What are the activities carried out on HIV/AIDS projects implemented by the Gaborone based local NGOs?

ii). What is the extent of resources employed by the NGOs to carry out their projects?

iii). How do the monitoring and evaluation practices of the Gaborone based local NGOs compare with the best practices?

iv). What are the challenges faced by the NGOs in carrying monitoring and evaluation of the projects they implement?

4.2 Response Profile
The response profile of the study is presented under two themes namely, response rate and the profile of the individual respondents. Each is described next

4.1.1 Response rate
Questionnaires were mailed to 65 organizations whose addresses were obtained from the BONASO directory combined with an updated member’s list. Five of the organizations that were initially targeted in the sample were found to be no longer implementing any HIV/AIDS projects by the time the survey was conducted. This was due to reasons mainly related to lack of funding. As a result the sample size reduced from 65 to 60.
After allowing for the mail to reach the respondents, phone calls and visits were made to the organizations in order to persuade them to participate in the survey. This was necessary in order to increase the response rate to an acceptable level. Different authors define and prescribe acceptable response rates for mail surveys. Baruch (2004) analyzed 175 surveys as reported in academic journals and found an average response rate of 36.1% with a standard deviation of 13.1%. Haycock, (1992) and Henig et al. (1995) as cited by Hager et al. (2003) found acceptable response rates for not-for-profit organizations to average below 50%. Figure 4.1 shows the response rate of the survey.

![Diagram of response rate](image)

Figure 4.1: Response rate of the survey  
Source: Own

Of the 60 organisations that were targeted in the study 31 completed and returned the questionnaires. Figure: 4.1 shows that the response rate of the survey was approximately 52%. This response rate is higher than the average rate of academic surveys done among organizations (Baruch, 2004). A number of authors find the obtained response rate
adequate and acceptable for organizational mail surveys of which this survey was (Babbie, 1990: Baldauf et al., 1999: and Tomaskovic et al., 1994).

4.2.2 Profile of the respondents

The respondents were profiled using three different criteria that included catchments area of operation, nature of founding body and the duration for which they have been carrying out HIV/AIDS projects.

Tables 4.1 and Figure 4.2 illustrate the profile of the respondents in the survey according the highlighted criteria. Table 4.2 shows the profile of the respondents in terms of the area of operation and nature of founding body. Organizations that were covering only one district were classified as community based organizations (CBOs) and those in more than district as national NGOs. Those that were founded by religious bodies were classified as Faith Based Organizations (FBOs) and the others, as non FBOs.

Table 4.1: Profile of respondents

<table>
<thead>
<tr>
<th>Area of operation</th>
<th>Nature of founding body</th>
<th></th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>One district (CBOs)</td>
<td>FBO</td>
<td>19.4%</td>
<td>38.7%</td>
<td>58.1%</td>
</tr>
<tr>
<td>More than a district (National NGOs)</td>
<td>Non FBO</td>
<td>12.9%</td>
<td>29.0%</td>
<td>41.9%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: own

Table 4.1 shows that 58.1 % of the respondents were CBOs: the other 41.9 % of the respondents were national NGOs. The table shows that 19% of the respondents were CBOs that were Faith based (FBOs), the other 38.7% were not. The table further shows
that 12.9% of the respondents were national NGOs that were Faith based: the other 29% were not.

It is evident that majority of the NGOs operated in only one district as opposed to more than one district. This could be explained by lack of resources to increase their catchment area. The fact that majority of the respondents were CBOs highlights the big role they are playing in the communities. It is also evident that there are a significant number of organizations that were founded by religious bodies. This also highlights the increased role of religious bodies in providing services to communities more especially in the era of the HIV/AIDS pandemic.

The respondents were also profiled in terms of the duration for which they have been carrying out these projects. Figure 4.2 shows the profile.

Figure 4.2: Duration for which NGOs have been carrying out HIV/AIDS projects
Source: Own
Figure 4.2 shows that majority of the respondents, 71.2% (45.2%+29.0%), have been implementing HIV/AIDS projects for six years or less. There was significant increase in the numbers of organizations carrying out these activities over time. This can be attributed to the increasing community needs as the HIV/AIDS pandemic grew over time. There is also an increased number of NGOs at the time when the global fund provided funds to the NGOs; the increase can be attributed to desire by the civil society to tap into this money. Findings of the study corroborate this argument; activities of some NGOs were suspended or scaled back when the global cut off its funding.

After examining the profiles of the respondents, the subsequent sections highlight and discuss the findings of the research presented under the various themes of the investigative questions.

4.3 Nature of Projects Implemented by the NGOs

Data for this question was analyzed using frequencies and cross tabulations. The findings are shown next.

The organizations were asked which of the identified HIV/AIDS projects activities they carried out. Table 4.4 shows the response to this question.

Table 4.2 Projects implemented by the NGOs

<table>
<thead>
<tr>
<th>Type of projects implemented</th>
<th>N(31)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioural Change Communication (BCC)</td>
<td>20</td>
<td>66.7%</td>
</tr>
<tr>
<td>Care and Support of Sick (CSS)</td>
<td>17</td>
<td>56.7%</td>
</tr>
<tr>
<td>Socio-economic mitigation (SEC)</td>
<td>16</td>
<td>53.3%</td>
</tr>
<tr>
<td>Human Rights and Advocacy (HRA)</td>
<td>9</td>
<td>30.0%</td>
</tr>
</tbody>
</table>

Source: Own
Table 4.2 shows that most of NGOs were implementing more than one type of project. The table illustrates that Behavioural Change Communication projects are the most frequent. These projects were identified by 66.7% of the respondents as the projects they were involved in. This can be explained by a number of factors. First the government strategy in the fight against HIV/AIDS puts a lot of emphasis on prevention of new infections as the most sustainable way of defeating the disease (NACA, 2003). Other stakeholders hold the same view (UNAIDS, 2006). It is therefore not surprising that a lot of NGOs are involved in activities that are aimed at reducing the spared of HIV/AIDS.

Secondly BCC activities do not need a lot of resources in terms of manpower and finances and they can cover a large out reach as opposed to say CSS of the sick which require a lot of resources to have a big reach in terms of coverage.

The least implemented projects were Human Rights and Advocacy projects with only 30% of the organizations implementing them. This can be attributed to the fact that the human rights based approach to HIV/AIDS is a relatively new concept (Ilako et al., 2004) and that it requires expertise that is lacking within the NGOs as illustrated by the level of permanent employees. The other responses are shown.

A cross tabulation analysis between the type of NGO and the nature of projects carried out was done. The analysis is shown in Table 4.3

Table 4.3: Cross tabulation of the type of NGO and activities done

<table>
<thead>
<tr>
<th>Type of NGO</th>
<th>BCC</th>
<th>CSS</th>
<th>SEC</th>
<th>HRA</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBOs N(18)</td>
<td>44.4%</td>
<td>72.2%</td>
<td>55.6%</td>
<td>16.7%</td>
</tr>
<tr>
<td>National NGOs N(13)</td>
<td>92.3%</td>
<td>30.8%</td>
<td>46.2%</td>
<td>46.2%</td>
</tr>
</tbody>
</table>
le 4.3 shows that the different type of NGOs implemented more than one type of project activities. The table shows that the most frequently implemented project activities by the national NGOs were Behavioural Change Communication projects. These were implemented by 92.3% of the national NGOs. The least frequently implemented project activities by national NGOs were Care and Support of the Sick. These were implemented by only 30.8% of the national NGOs. The table also shows that the most frequently implemented activities by the CBOs were Care and Support of the Sick. These activities were carried out by 72.2% of the CBOs. The least done activities by the CBOs were Human Rights and Advocacy, which were implemented by only 16.7% of the CBOs. The others are shown.

It is evident that CSS activities were the mostly frequently implemented activities by the CBOs. This can be explained by the fact that the most immediate community of the sick normally organize themselves to take care of the sick members of the community.

4.4 Extent of Resources Employed by the NGOs

This investigative question sought to determine the level of resources at the disposal of the NGOs when implementing their project activities. The resources were categorized into budget, human resources, assets and equipment. A number of questions were asked that sought to investigate this resource issue and the findings are discussed next.

4.4.1 Budget

The findings related to NGO budgets are discussed under the subsections, size of budget, source of donor funds and extent of the donor contribution to the NGO budget.

- Size of budget
Figure 4.3 illustrates the response to the question that sought to determine the size of the budget in Pula that was spent on HIV/AIDS projects in the previous year by the NGOs.

Figure 4.3: Size of the NGO budgets in Pula (1US$=P6.2)
Source: Own

Figure 4.3 shows that 45.4% (38.7%+6.7%) of the respondents had an annual budget of less than P100,000. Only 22.6% of the respondents had budgets of P250,000 and over. It is evident that majority of the NGOs had small budgets to spend on HIV/AIDS activities: this can be attributed to lack of funding from donors or the recent suspension of funding from the global fund that was one of the largest donors to these organizations (BOPA, 2006: and Motlaloso, 2006).

- **Donor source of funding**
Table 4.4 illustrates responses to the question that sought to determine the donor source of funding to the NGOs.

Table 4.4: Sources of Donor funding to the NGOs

<table>
<thead>
<tr>
<th>Sources of funding</th>
<th>Frequency N(31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Donor Agencies</td>
<td>21 67.8%</td>
</tr>
<tr>
<td>Government bodies</td>
<td>18 58.1%</td>
</tr>
<tr>
<td>Corporate companies</td>
<td>10 32.3%</td>
</tr>
<tr>
<td>Private Donors</td>
<td>13 42.0%</td>
</tr>
<tr>
<td>Others</td>
<td>2 6.5%</td>
</tr>
<tr>
<td>No funding</td>
<td>3 9.7%</td>
</tr>
</tbody>
</table>

Source: Own

Table 4.4 shows that organizations had more than one source of donor funding for their project activities. Of which 6.5% indicated that they did not have any donor funding for their projects. Another 67.8% of the respondents cited international donor agencies as one of sources of funding for their activities. This was the most frequent source of donor funds. The least frequent source was from corporate companies with a percentage of 32.3%. The other sources of funding are shown.

- **Extent of donor contribution**

  The respondents were probed for the extent of contribution by donors to the budget they spent on HIV/AIDS projects in the previous year. The responses are shown in figure 4.2
Figure 4.4: Extent of donor contribution to NGO budgets
Source: Own

Figure 4.4 shows that 66.7% of the respondents received between 76 - 100 percent of their budget from donors. Only 20% (16.7% + 3.3%) had a donor contribution of less than 50% to their budgets.

It is evident that most of the NGOs are heavily reliant on donors to fund their HIV/AIDS activities. This is highly disadvantageous in that in case the donors withdraw their funding as was the case with the global fund, the activities of the NGO would stall (BOPA, 2006: and Motlaloso, 2006).

4.4.2 Human resources
The organizations were probed for the numbers of human resources they had on HIV/AIDS projects they were implementing. The human resources were categorized into permanent staff and volunteer staff. The findings to the question are shown in table 4.5.
Table 4.5: Human resources on projects

<table>
<thead>
<tr>
<th>Number of Staff</th>
<th>Permanent N(30)</th>
<th>Volunteer N(27)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 7</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td>7-12</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>13-18</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Over 18</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Own

Table 4.5 shows that 86.7% (60%+26.7%) of the respondents had less than 12 permanent staff. Only 3.2% of the respondents had more than 18 permanent staff. The table further shows that up 37% (7.4% + 29.6) of the respondents had more 13 volunteer staff.

It is evident that in terms of the human resources the NGOs did not have adequate numbers of personnel at their disposal for the projects they implemented. They relied more on volunteer staff as opposed to permanent staff. This is explained by the fact they could not attract a lot of permanent staff since they could not be able to adequately remunerate them as illustrated by the findings of the research which showed that a significant percentage (45.4%) of the NGOs had budgets of P100, 000 and below.

Despite the fact that the human resources the NGOs had were limited, it is imperative that their deployment on project activities is managed and controlled effectively if the projects were to have chance of achieving their objectives. The fact that NGOs did not have a lot of resources is even more reason that the few are adequately managed on the project.
activities they are implementing. This is one of the main functions of effective monitoring and control of projects.

### 4.4.3 Assets and equipment

The organizations were probed for the assets and equipment they used on the projects they implemented. Table 4.6 shows the findings to the question.

Table 4.6: Assets and equipment used by the NGOs on their projects

<table>
<thead>
<tr>
<th>Equipment and assets</th>
<th>N(31)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Computers</td>
<td>25</td>
<td>80.6%</td>
</tr>
<tr>
<td>Video Equipment</td>
<td>22</td>
<td>70.9%</td>
</tr>
<tr>
<td>Public Address System</td>
<td>8</td>
<td>25.8%</td>
</tr>
<tr>
<td>Cars</td>
<td>20</td>
<td>64.5%</td>
</tr>
<tr>
<td>Motorcycles</td>
<td>2</td>
<td>6.5%</td>
</tr>
<tr>
<td>HIV/AIDS testing equipment</td>
<td>1</td>
<td>3.2%</td>
</tr>
<tr>
<td>Agricultural Land</td>
<td>2</td>
<td>6.5%</td>
</tr>
<tr>
<td>Still Camera</td>
<td>1</td>
<td>3.2%</td>
</tr>
<tr>
<td>Movable stage</td>
<td>3</td>
<td>9.7%</td>
</tr>
<tr>
<td>Sewing machines</td>
<td>1</td>
<td>3.2%</td>
</tr>
<tr>
<td>Porta cabin</td>
<td>3</td>
<td>9.7%</td>
</tr>
<tr>
<td>Musical instrument</td>
<td>1</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

Source: Own

Table 4.6 shows that majority of the respondents had multiple assets and equipment they used on the projects they implemented. The table shows that 80.6% of the respondents had a computer. The table also shows that 6.5% of the respondents reported having agricultural land. Only one organization had HIV/AIDS testing equipment. The use of other equipment and assets on projects is shown.
It is evident that the organizations had a significant level of equipment and assets that they used on their projects. This necessitated they are kept in good custody which is a function of effective project monitoring and control.

The NGOs had a significant amount of resources at their disposal which necessitated that their use (resources) was managed adequately through effective monitoring and control of the projects on to which they were deployed. This would increase the chance of the projects the NGOs were implementing to achieve their objectives and also demonstrate accountability of the resource use to the project stakeholders.

4.5 Comparison of the NGO practices with Best Practices

The monitoring and evaluation practices of the NGOs were compared against the best practices using means and standard deviations) and some of the questions were analysed using frequencies.

The choice of appropriate data analysis mode for ordinal data such as likert scales is a source of big debate in the academia that has ranged on for almost half a century (Villeman and Wilkinson, 1993). Some authors find the data typology developed by the Harvard psychologist S. S. Stevens of nominal, ordinal, interval and ratio data with the “appropriate and permissible” statistical procedures to be misleading, not appropriate for all the different data types and too restrictive for real world data (Villeman and Wilkinson, 1993: Lord, 1946: Baker et al., 1966: Borgatta and Bohrnstedt, 1980).

Scholars have argued that likert scale data like the one that was used in this survey for some of the questions can be assumed and analyzed like interval data with means and
standard deviations (Tukey, 1977; Baker et al., 1966; Hand and Keynes, 1993). The next section presents the criterion that was used to analyze the data:

4.5.1 Criteria for analysis
It is imperative to state the criteria for analysis of the data that was used to answer this investigative question. For each best practice identified the respondents were required to identify how often they carried it out on the projects they implemented. Table 4.11 shows the scoring criteria for frequency of use the practices.

4.7: Scores for frequency of practice

<table>
<thead>
<tr>
<th>Score</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Practice done on all projects</td>
</tr>
<tr>
<td>2</td>
<td>Practice done on some projects</td>
</tr>
<tr>
<td>3</td>
<td>Practice done on a few projects</td>
</tr>
<tr>
<td>4</td>
<td>Practice never done</td>
</tr>
</tbody>
</table>

Source: Own

The table shows that if the respondent ticked that a particular practice was done on all projects, a score of 1 was given and if the practice was never done then a score of 4 was given. The scores for other scenarios are shown in Table 4.7. The scores for each question for all respondents were analyzed for the mean and standard deviation. Table 4.8 shows the criterion used to interpret the mean scores.

Table 4.8: Interpretation of the mean scores

<table>
<thead>
<tr>
<th>Mean Score</th>
<th>Interpretation</th>
</tr>
</thead>
</table>
The table shows that if the score of the mean for a particular practice was below 2, the interpretation is that this practice was consistently done by the NGOs. The interpretations for other mean scores are shown in Table 4.8. After defining the criteria for analysis of this question: the findings are shown below under the following sections:

a) monitoring and evaluation plans:

b) implementing the monitoring and evaluation process:

Each is presented next in subsequent sections:

### 4.5.2 Monitoring and evaluation plans

This section shows findings to the questions that sought to determine the nature and process of development of monitoring and evaluation plans of projects implemented by the respondents. This section is divided into three sub sections i.e.: design of the plans, stakeholder involvement and content of the plans. Findings to each of them are discussed next:

- **Design of monitoring and evaluation plans**

  The respondents were asked a number of questions that sought to determine the practices related to the design of Monitoring and Evaluation (M&E) plans for the projects they implemented. The findings are shown in the table 4.9.

Table 4.9: Mean scores for questions on design of M&E plans
Baseline studies

Question 2.1 sought to determine how often the NGOs conducted studies to establish the baseline data or condition of the communities before they implemented their HIV/AIDS projects. With a mean score of 2.19 it is evident that this practice was inconsistently done by the respondents. The standard deviation of 1.11 is interpreted to mean a wide variation amongst the respondents. Whereas some of the respondents conducted baseline surveys consistently, others never conducted any on the projects they implemented.

The inconsistence in carrying out baseline studies by the NGOs means that the projects they implement cannot be adequately evaluated. This finding is consistent with the studies by Mansfield, (1996): Riddell et al. (1997) as cited by Rick, (2001) who found failure to obtain baseline data to be very prevalent amongst NGOs. The baseline study facilitates determination of the condition of the community prior to the implementation of the project in order to compare with condition after implementation (Webb and Elliot, 2002: and Gyorkos, 2003). This can help asses the impact of the project in achieving the set objectives. In absence of data about of the baseline condition of the community, the NGOs would find it very hard to measure the impact of their projects (Hughes-d’Aeth 2002).

**Monitoring and evaluation plan**
Question 2.2 sought to determine whether the respondents had a plan that guided monitoring and evaluation of the projects they were implementing. With a mean score of 2.63, this practice was inconsistently done by the respondents. The standard deviation of 1.16 implies a wide variation between the respondents. Whereas some NGOs consistently had plans guiding monitoring and evaluation, the others never had any plans.

For those organizations that never had any monitoring and evaluation plan or rarely had any, the following reasons were highlighted to explain the scenario:

a) The findings showed that 83% percent of them highlighted the fact they did not know how to design a monitoring and evaluation plan.

b) The others (17%) highlighted the fact that the projects were too small: they did not necessitate having one.

The inconsistence in having monitoring and evaluation plans implies that not all the projects implemented by the respondents are effectively monitored and evaluated. Projects without monitoring and evaluation plans are not effectively monitored and evaluated (PASSIA, 2004: and McCoy et al., 2005). This is because monitoring and evaluation will only be done at the whims and discretion of the project manager without any prior laid out procedure and plan.

**Logical framework approach**

Question 2.8 sought to determine how often the respondents used the logical framework approach (log frame) in aiding the monitoring and evaluation of projects. With a mean score of 1.87 this practice was consistently done on the projects implemented by the respondents. The standard deviation of 0.86 implies that a minimum variation amongst
the respondents meaning that majority consistently used the logical framework approach in aiding monitoring and evaluation.

Using the logical framework approach (LFA) aids in identifying the logic behind project elements and performance measurement, how they are related and the underlying assumptions. Use of the LFA makes the planner’s of the project to think from the onset in terms of measuring performance i.e. monitoring and evaluation, by identifying the measures and criteria for success during the planning stage (Vannopen, 1994: as cited by Aune, 2000). This finding can be explained by the fact that majority of the donors insist that the NGOs use the LFA to design their projects as condition to funding (Aune, 2000: Reidar, 2003: and Kaplan and Garent, 2005).

**Project schedule**

Question 2.9 sought to determine whether monitoring and evaluation activities were part of the project schedule. With a mean score of 2.10, it is evident that this practice was inconsistently done by the respondents. A standard deviation of 1.17 implies a wide variation between the respondents. Whereas some respondents consistently included monitoring and evaluation activities in the project schedules, others did not.

Inconsistence in the practice of scheduling monitoring and evaluation activities may have an implication of having the activities missed out. This is because the activities are done at the discretion of the project manager. This would result in ineffective and inadequate monitoring and evaluation of projects.

- **Stakeholder involvement**
The respondents were asked which stakeholders were involved in the design of the monitoring and evaluation plans for the projects they implemented and how often they were involved. Table 4.10 shows the findings.

Table 4.10: Mean scores for the involvement of stakeholders.

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Mean scores</th>
<th>Standard Deviation</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donors</td>
<td>1.55</td>
<td>0.81</td>
<td>Consistently involved</td>
</tr>
<tr>
<td>Staff</td>
<td>2.81</td>
<td>0.98</td>
<td>Inconsistently involved</td>
</tr>
<tr>
<td>Community</td>
<td>3.22</td>
<td>0.96</td>
<td>Inconsistently involved</td>
</tr>
<tr>
<td>Beneficiaries</td>
<td>2.58</td>
<td>1.31</td>
<td>Inconsistently involved</td>
</tr>
</tbody>
</table>

Source: Own

Donors

Table 4.10 shows that the involvement of the donors in the design of the monitoring and evaluation had a mean score of 1.55. This means that donors were consistently involved on all projects in this process and with a standard deviation of 0.81 implies a small variation within the respondents. This can be explained by the fact that since donors finance the project activities of these NGOs to a large extent then they always dictate how the projects should be monitored and evaluated. This is as a way of tracking the use of their resources.

Project staff

The table shows that the involvement of project staff in the design of the monitoring and evaluation had a mean score of 2.81 which implies that their involvement was inconsistent on the projects implemented by the respondents. With a standard deviation of 0.98 there was a small variation between the respondents. The implication of this is that staffs do not have adequate input into this process. All that they do is implement the
project activities and collect monitoring and evaluation data as passive participants. The opportunity to incorporate the perspective of the staff that is at the forefront in implementing project activities is not fully optimized.

**Community**
The involvement of the community in the design of monitoring and evaluation had a mean score of 3.23 implying that this practice was never done and with a standard deviation of 0.97 means that there was a minimum variation between the respondents implying that majority of the NGOs did not involve the community in the design of their projects.

**Beneficiaries**
The involvement of beneficiaries in design of monitoring and evaluation plans had a mean score of 2.58 implying that it was inconsistently done on the projects done by the respondents. The standard deviation of 1.31 implies a wide variation between the respondents. The implication of this is that the beneficiaries were mostly only a source of monitoring and evaluation data, without any meaningful input. Their inconsistent involvement in the design of monitoring and evaluation meant that the projects did not fully demonstrate downward accountability to the beneficiaries (Aune, 2000).

It is evident that most of the stakeholders were not consistently involved in the design of monitoring and evaluation plans with the exception of the donors. Non involvement of the other stakeholders meant that the project implementers lost an opportunity of fully demonstrating downward accountability to all the other stakeholders most especially the community and the beneficiaries (CORE 2006: and Bradley *et al.*, 2002) The project staff did not optimally benefit through learning since in the majority of the projects they were
not actively involved in planning the monitoring and evaluation and the input from the staff was also missed.

- **Content of the plans**

  The respondents were asked what aspects constituted their monitoring and evaluation plans and how often they were specified in the plans. Table 4.11 shows the findings to this question and the discussions follow next.

  Table 4.11: Mean scores for the aspects that constitute monitoring and evaluation plans

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Mean</th>
<th>SD</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data to be collected</td>
<td>1.83</td>
<td>1.23</td>
<td>Consistently specified</td>
</tr>
<tr>
<td>An in charge of M&amp;E</td>
<td>1.87</td>
<td>1.23</td>
<td>Consistently specified</td>
</tr>
<tr>
<td>Frequency of data collection</td>
<td>2.84</td>
<td>1.32</td>
<td>Inconsistently specified</td>
</tr>
<tr>
<td>Schedule of M&amp;E activities</td>
<td>2.10</td>
<td>1.35</td>
<td>Inconsistently specified</td>
</tr>
<tr>
<td>Dissemination of findings plan</td>
<td>3.03</td>
<td>1.29</td>
<td>Not specified</td>
</tr>
<tr>
<td>Individuals for M&amp;E activities</td>
<td>2.30</td>
<td>1.29</td>
<td>Inconsistently specified</td>
</tr>
</tbody>
</table>

Source: Own

**Data to be collected**

Table 4.11 shows that the specification of the data to be collected had a mean score of 1.83, meaning that this aspect was consistently specified in monitoring and evaluation plans of the projects implemented by the respondents. However a standard deviation of 1.23 implies a wide variation in practice by the respondents. It is imperative that the monitoring and evaluation data to be collected is specified in the plan before the project commences. This will ensure that project officials make prior provision to access the data when it is due, for example attendance forms can be printed and distributed before hand, focus group discussion groups can be arranged, effective questionnaires can be designed and tested.
Individual in charge of monitoring and evaluation
Specification of an individual in charge of monitoring and evaluation had a mean score of 1.87 implying that this practice was consistently done by the respondents. However the standard deviation of 1.23 implies a wide variation between respondents meaning that whereas some respondents identified an individual in charge of monitoring and evaluation others did not. Specifying an individual in charge of monitoring and evaluation ensures that when the monitoring and evaluation activities are due some one ensures that they are done.

Frequency of data collection
The table also shows that the aspect of frequency of data to be collected had a mean score of 2.84 implying that this aspect was inconsistently specified in the monitoring and evaluation plans of the projects. The standard deviation of 1.32 implies a wide variation between the respondents: whereas some of the projects had this aspect specified others did not. Inconsistence in the specification of the frequency of data collection implies that the collection of monitoring and evaluation data was not consistently done: this meant that some vital data could have been missed and hence ineffective monitoring and evaluation of the projects.

Individuals for monitoring and evaluation activities
The specification of individuals for monitoring and evaluation activities had a mean score of 2.30 implying that this aspect was inconsistently specified in the plans. With a standard deviation of 1.29, there was a wide variation among the respondents, with some specifying it and others not specifying it. Inconsistence in this practice had the implication that when monitoring and evaluation activities were due there may not have been anybody available to carry them out hence they may have been missed out.

Schedule for monitoring evaluation activities
The specification of a schedule for monitoring and evaluation activities had a mean of 2.10, implying that it was inconsistently done. The standard deviation of 1.35 implies there was a wide variation amongst the respondents. Failure to schedule these activities would increase the chances of missing some of them. It would also imply that monitoring and evaluation activities would be done at the impulse of the project manager which predisposes the projects to inadequate and ineffective monitoring and evaluation.

**Budget for monitoring and evaluation**

The respondents were probed for whether monitoring and evaluation activities had a separate budget with a special vote within the project budget. Figure 4.3 shows the findings to the question.

![Pie chart showing monitoring and evaluation budgets](image)

**Figure 4.5: Monitoring and evaluation budgets**

*Source: Own*

Figure 4.5 shows that 66.7% of the respondents did not have a separate budget with a special vote arrangement for monitoring and evaluation activities. This means that the
majority of the NGOs did not have a clear and separate financial provision for monitoring and evaluation activities. The implication of this is that monitoring and evaluation activities were not given the due recognition they disserved (Gyorkos, 2003: and McCoy et al., 2005) and were only done at the whims of the project managers, this would result in some activities not being done at all. This would result in ineffective and inadequate monitoring and evaluation of the projects.

*Constitution of monitoring evaluation budget*

The respondents were probed for the percentage constitution of the monitoring and evaluation budget to the overall project budget. The findings to this question are shown in Figure 4.6:

![Figure 4.6: Monitoring and evaluation budget constitution to total budget](source: Own)

Figure 4.6 shows that 56.7% of the respondents did not have a specific percentage of budgetary allocation to monitoring and evaluation of their projects. This was the majority
of the respondents. 20% of the respondents had budgetary allocations of less than 5% assigned to monitoring and evaluation. Only 13.4% (6.7% +6.7%) had the recommended budgetary allocations range of 5% to 10% (Kelly and Magongo, 2004; IFRC, 2001; and AIDS alliance, 2006).

It is evident that majority of the respondents did not allocate the optimum budget to monitoring and evaluation. This had the effect that monitoring and evaluation activities suffered a risk of being missed since majority of the respondents did not have any specific allocation to them.

Planning for monitoring and evaluation was found to be inadequate among the respondents. Majority of the projects did not have adequately designed plans: neither did they consistently involve all the stakeholders in the design of these plans. The contents of the plans were also found wanting, with most of the vital aspects not consistently specified in all the projects they implemented. The implication is that the projects were not adequately and effectively monitored and evaluated with this low quality of planning for monitoring and evaluation.

4.5.2 Implementing the monitoring and evaluation process
This section presents findings to questions that sought to determine the respondents’ practices related to how they implemented the monitoring and evaluation process of the projects.

- Monitoring project finances
Figure 4.7 shows findings to the question that sought to determine how often the respondents monitored the finances on the projects they implemented. It sought to
determine how often they compared the actual expenditure on the project against the planned budget.

Figure 4.7: Comparison of planned budget against actual budget
Source: Own

Figure 4.7 shows that 25.8% of the respondents compared their actual expenditure against planned expenditure at least every month. The figure also shows that 74.3% (9.7%+32.3%+9.7%+22.6%) of the respondents never monitored the project finances or monitored them every 3 months and less frequently.

Comparing the actual expenditure against the planned alerts the project manager to the performance of the project in terms of cost i.e. whether the project is within budget or over budget. This enables the project manager to take corrective action. That the majority of the respondents did not regularly carry out this practice meant the projects were at risk of going over budget without the knowledge of the project manager and hence inability to have any timely remedy action.
Monitoring activities of field staff

The respondents were probed for how often they monitored the activities of their field staff. 77.4% of the respondents had field staff. Figure 4.8 shows the findings of those respondents that had field staff.

Figure 4.8: Monitoring activities of peer educators
Source: Own

Figure 4.8 shows that 41.7% of the respondents that had field staff received reports from them on a monthly basis. The findings also indicate that 58.4% (29.2% +29.2%) of the respondents with field staff either received the reports every three months or at the end of the projects. It is clear that majority of the respondents did not receive reports from their field staff regularly. Failure to receive field staff reports regularly means that project managers were not up update with implementation of the project activities. In case of poor project implementation the project managers would not be in position to detect the problem timely for remedy action.
Monitoring the project schedule

Question 3.3 sought to determine how often the respondents managed their project activity schedules on the projects they implemented. The mean score for the question 3.3 was 2.36, implying that this practice was inconsistently used on the projects implemented by the respondents. However, a standard deviation of 1.14 implies a wide variation in practice on the projects, whereas on some projects this practice was used on others it was not.

Figure 4.9: Control of project assets and equipment
Source: Own

Figure 4.9 shows that 41.9% of the respondents did not have any assets registers. Only 25.8% of the respondents updated their asset registers within six months. The other 32.3% (9.7% + 22%) updated their registers either every year or at the end of the project.

This was bad practice in that in absence of a regular update of project assets registers, custody of project equipment and assets in good condition cannot be ensured. This was assumed that the projects exceeded a year.
Data collecting methods

The respondents were probed for the data collecting methods they used to collect monitoring and evaluation data and how often they used them. Table 4.12 shows the findings to this question.

Table 4.12: Data collecting methods

<table>
<thead>
<tr>
<th>Method</th>
<th>Mean</th>
<th>SD</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance forms</td>
<td>1.65</td>
<td>1.11</td>
<td>Consistently used</td>
</tr>
<tr>
<td>Participant observation</td>
<td>2.23</td>
<td>1.31</td>
<td>Inconsistently used</td>
</tr>
<tr>
<td>In-depth interviews</td>
<td>2.77</td>
<td>1.23</td>
<td>Inconsistently used</td>
</tr>
<tr>
<td>Material distribution registers</td>
<td>2.42</td>
<td>1.43</td>
<td>Inconsistently used</td>
</tr>
<tr>
<td>Questionnaires</td>
<td>3.03</td>
<td>1.14</td>
<td>Not used</td>
</tr>
<tr>
<td>Focus Group Discussions (FGD)</td>
<td>3.07</td>
<td>0.99</td>
<td>Not used</td>
</tr>
</tbody>
</table>

Source: Own

Attendance forms

Table 4.12 shows that the mean score for the use of attendance forms on projects to collect monitoring and evaluation data was 1.65, implying consistent use of this method by the respondents. Use of attendance forms consistently enables the project managers to determine the reach of the project activities in terms of the numbers of people accessing the project services (FHI, 2004). This information is very vital in evaluating the project at end to determine the total number of people reached by the project services. Since this method was used consistently on projects, the project managers were in position to determine coverage of their services in terms of numbers of people reached. However with a standard deviation of 1.11, there was a wide variation in practice by the respondents.

Participant observation
The score for the use of participant observation as a method collecting monitoring and evaluation data was 2.23. This implied that this method was inconsistently used on the projects. A standard deviation of 1.31 implies a wide variation in response by the respondents. Inconsistent use of this method means that the full picture on how the project activities transpired was not fully captured on the projects. Just recording the attendance does not give the full information how the project activity such as training transpired.

In-depth interviews
The mean score for the use of in depth interviews as a method for data collection was 2.77 implying this method was inconsistently used on the projects implemented by the respondents. However a standard deviation of 1.23 denotes a wide variation amongst the respondents. Inconsistent use of this method means that the full picture of how the project activities transpired was not fully captured on the projects. The in-depth interviewing of project beneficiaries, wider community, and staff would have given the project managers the fuller picture and in depth understanding of the project implementation. Inconsistent use of this method means that the project managers missed this opportunity.

Material distribution registers
The mean score for the use of material distribution registers was 2.42 implying that method was not consistently used as a data collecting method by the respondents. This method is very vital in collecting data of materials distributed during the implementation of project activities such as IEC materials, condoms, supplies and gloves. Inconsistent use of this method means that the respondents did not adequately keep a record of the
materials they deployed on the projects. The standard deviation of the 1.43 implies a wide variation in response among the respondents.

Questionnaire
The table also shows that the questionnaire method of collecting monitoring and evaluation data had a mean score of 3.03 implying that this method was not used on projects implemented by the respondents. However a standard deviation of 1.14 denotes a wide variation among the respondents with some not using it on any projects and others using it on some projects. The questionnaire method can be very handy in determining the views, perceptions and knowledge of a representative sample of the beneficiaries and the wider community about the project activities (Shao, 1997). That the respondents did not use this method, statistically generalizable knowledge, views and perceptions of the wider community about the project activities were not readily available to the project managers. This meant that this information could not be made use by the project managers in order to improve performance of the projects.

Focus group discussions
The use of focus discussion groups as a monitoring and evaluation data collecting method had a mean score of 3.07 interpreted to mean that this method was not used by the respondents. Focus group discussion method is a qualitative data collecting method that enables the project managers to have an in-depth understanding of the issues pertaining to the implementation of their projects (Branigan and Mitchel, 2002: and World Bank, 2004). That the respondents did not use this method on all the projects they implemented implies a gap in monitoring and evaluation. The project managers did not get the full picture of the implementation of their projects from the perspectives of the different
stakeholders. The standard deviation of 0.99 implies a small variation among the respondents meaning that majority of them did not use this method of collecting monitoring and evaluation data.

It is evident that quantitative data collecting methods were more frequently used by the respondents. The quantitative methods frequently used by the respondents were attendance forms, that were consistently used, material distribution registers that were inconsistently used. However the qualitative data collecting methods were no frequently used by the respondents, with FGD not used, participant observation, in-depth interviews were in-consistently used. This can be explained by the obsession with numerical data such as numbers of people, amount of materials distributed. The implication of this is that the full picture of project implementation was not fully unravelled. For example a Behavioural Change Communication (BCC) projects that reached 100 people, without a benefit of any qualitative data collecting method would not be able tell the project manager on the quality of the training, level of interaction which would be essential in monitoring the quality of implementation of project activities.

- **Use of computers**

The respondents were probed for whether they used computers to aid monitoring and evaluation of the projects they implemented and what they used the computers for. The findings of the study showed that 87% of the respondents used computers for monitoring and evaluation. Table 4.13 shows the responses to what monitoring and evaluation function they used computers for.

Table 4.13: Use of computers for monitoring and evaluation
Table 4.13 shows that 100% of the respondents that used computers for monitoring and evaluation used them for report writing. The least used function by the respondents was collection of monitoring and evaluation data. Only 25.9% of the respondents used computers for this function.

It is evident that majority of the respondents used computers for monitoring and evaluation of their projects. Computers can be of immense value in monitoring and evaluation process. Computers make the task of managing monitoring and evaluation data and information more effective and efficient (Kelly and Magongo, 2004).

Table 4.14 shows response to questions related to how evaluation of projects was carried on the projects implemented by the respondents.

Table 4.14: Practices related to evaluation of projects

<table>
<thead>
<tr>
<th>Practice</th>
<th>Mean</th>
<th>SD</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.7 (a)</td>
<td>3.07</td>
<td>0.93</td>
<td>Not done</td>
</tr>
<tr>
<td>3.7 (b)</td>
<td>1.94</td>
<td>1.24</td>
<td>Consistently done</td>
</tr>
<tr>
<td>3.8</td>
<td>2.52</td>
<td>1.29</td>
<td>Inconsistently done</td>
</tr>
<tr>
<td>3.9</td>
<td>2.32</td>
<td>1.19</td>
<td>Inconsistently done</td>
</tr>
</tbody>
</table>

Source: Own
- **Midterm evaluations**

  Question 3.7 (a) sought to determine how often the respondents carried out midterm (interim evaluations) of the projects they implemented. This question had a mean of 3.07, implying that this practice was not done by the respondents. The standard deviation of 0.93 implies that there was a minimum variation amongst the respondents with majority of them not carrying out these evaluations.

  Midterm evaluations enable the project manager to assess the performance of the project midstream before its completion. It may seek to determine whether the project will achieve its objectives, the continued relevance. Failure to carry out midterm evaluations means that the projects were not assessed midway before completion to enable the project managers to determine issues such as continued relevance, probability of achieving project objectives, performance with a view of rectifying any problems that could have arisen.

- **Summation evaluations**

  Question 3.7 (b) sought to determine how often the respondents carried out summation (end of project evaluations). The mean score for this question was 1.94, implying that this type evaluation was done consistently on the projects implemented by the respondents. Summative evaluations are carried out at the end of the project with objective of determining how the project progressed, what went right and what went wrong, capture any lessons learned and also determine the impact and success in achieving the objectives of the project. The respondents consistently carried out these evaluations on their projects giving them an opportunity to capture any lessons learned to benefit future projects. A standard deviation of 1.29 implies a wide variation amongst respondents.
**External facilitators**

Question 3.8 sought to determine how often they involved external facilitators during evaluation of the projects they implemented. With a mean of 2.52, it implied a practice that was inconsistently done by the respondents. The involvement of an external facilitator would benefit the project in that it will introduce an objective perspective to the evaluation and hence identify issues that may not be captured by the other stakeholders. Inconsistence in this practice means that some of the project evaluations lacked the objective perspective that could be provided by an external facilitator.

The findings also showed that 38.7% respondents involved external facilitators during evaluation of their projects. These were then further probed for the reasons why they did so. The responses were analysed and categorized around the key recurring themes. Table 4.15 shows the findings to the probing.

**Table 4.15: Reasons for involvement of external facilitators**

<table>
<thead>
<tr>
<th>Reason</th>
<th>N(12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objectivity</td>
<td>66.7%</td>
</tr>
<tr>
<td>Donor requirement</td>
<td>16.7%</td>
</tr>
<tr>
<td>Tap into expertise</td>
<td>33.3%</td>
</tr>
</tbody>
</table>

Source: Own

Table 4.15 shows that objectivity was identified by 66.7% of the respondents that answered this question: tapping into the expertise of the facilitator was another reason which was identified by 33.3% respondents. Donor requirement was the least frequently identified by the respondents with only 16.7% of them. It is evident that reasons why most the respondents involved an external facilitator was because the sought to have an objective, external and independent opinion on their projects.
**Documentation of lessons learned**

Table 4.14 shows the findings to question 3.9. This question sought to determine how often the respondents documented lessons learned on their projects. It had a mean score of 2.32 implying that this practice was not consistently done by the respondents. The standard deviation of 1.19 implies a wide variation amongst the respondents.

Capturing and documenting the lessons learned on the projects enables the project manager and project staff to learn from the project and incorporate the same into subsequent projects. Inconsistency in this practice means that the project stakeholders did not optimally learn from the previous projects they implemented and this could have resulted in repeating the same mistakes.

The findings show that 45.2% of the respondents indicated that they documented the lessons learned on the projects they implemented. These were further probed for the motivation behind this practice. The responses were analysed and categorized around the key recurring themes. Table 4.16 shows the findings:

**Table 4.16: Motivation for documenting lessons learned on projects**

<table>
<thead>
<tr>
<th>Reason</th>
<th>N(14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Share experiences with others</td>
<td>45.2%</td>
</tr>
<tr>
<td>Improve future performance</td>
<td>45.2%</td>
</tr>
<tr>
<td>Learning purposes</td>
<td>28.6%</td>
</tr>
<tr>
<td>Review strength and weaknesses</td>
<td>14.3%</td>
</tr>
</tbody>
</table>

*Source: Own*
Table 4.16 shows that 45.2% respondents each identified sharing experiences and improving future performances as the motivation behind documenting lessons learned on the projects. Learning purposes was identified by 28.6% respondents. It is evident that documenting lessons is mainly motivated by the desire to learn from the previous projects, which could be used to improve future implementation by using it as a record of reference or sharing these lessons with others.

The evaluation of the projects implemented by the respondents was not effectively done. Other than the end of project evaluations that were consistently done by the respondents, the midterm evaluations were generally not carried out on the projects implemented by the respondents. Some of the ingredients of effective evaluation such as an external facilitator, documentation of lessons learned were not consistently done on the evaluations.

Question 2.10 probed respondents for the modes they used to disseminate monitoring and evaluation findings of the projects to stakeholders. Table 4.17 shows the findings:

<table>
<thead>
<tr>
<th>Dissemination mode</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report to donors</td>
<td>24</td>
<td>82.8%</td>
</tr>
<tr>
<td>Report to field staff</td>
<td>18</td>
<td>62.1%</td>
</tr>
<tr>
<td>Community meetings</td>
<td>16</td>
<td>55.2%</td>
</tr>
<tr>
<td>Report to beneficiaries</td>
<td>13</td>
<td>44.8%</td>
</tr>
<tr>
<td>News letter</td>
<td>2</td>
<td>6.9%</td>
</tr>
<tr>
<td>Notice boards</td>
<td>1</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

Source: Own
Table 4.17 shows that respondents had more than one mode of disseminating their findings. The table shows that majority of the respondents disseminated the findings by way of a report to the donor. The findings of the study further show that 82.8% of the respondents used this mode. Report to field staff was used by 62.1% of the respondents. The least frequently used mode of dissemination was the notice board with only 3.4% of the respondents using this mode of dissemination.

It is evident from the modes that majority of the respondents disseminated monitoring and evaluation findings to stakeholders. It is however evident that a lot of emphasis was to the donors at the expense of other beneficiaries. The emphasis with the donor could be explained by the fact that it was a donor requirement as a condition to funding to the NGOs. Disseminating the findings to all stakeholders facilitates ownership for the projects, and is a learning opportunity for the stockholder’s strategies (Gyorkos, 2003: and McCoy et al., 2005). Since not all the beneficiaries received monitoring and evaluation findings, the projects missed the full benefits of such a practice.

All in all the implementation of the monitoring and evaluation process was not effectively done by the respondents. There wasn’t consistent use of all the best practices on all the projects they implemented.

4.6 Challenges Faced By NGOs during M&E

The respondents were asked questions related to the environment under which they carried out monitoring and evaluation of the projects they implemented. The probing was done by way of statements that the respondents had to complete to describe a specific monitoring and environmental issue that best described their situation. The probing for the environment using statements was done in order to identify the challenges they faced
without biasing the respondents. Different environmental issues were highlighted. The responses were analysed using means and standard deviations. The findings are shown in Table 4.18 and the discussions follow next.

Table 4.18: Findings to the monitoring and evaluation environmental issues

<table>
<thead>
<tr>
<th>Question 4.1</th>
<th>Mean</th>
<th>SD</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 4.2</td>
<td>1.29</td>
<td>0.46</td>
<td>Strong agreement on reporting</td>
</tr>
<tr>
<td>Question 4.3</td>
<td>1.32</td>
<td>0.48</td>
<td>Very strict donor requirements</td>
</tr>
<tr>
<td>Question 4.4</td>
<td>2.32</td>
<td>0.83</td>
<td>Mixed opinions</td>
</tr>
<tr>
<td>Question 4.5</td>
<td>1.90</td>
<td>0.89</td>
<td>Very demanding</td>
</tr>
<tr>
<td>Question 4.6</td>
<td>3.10</td>
<td>1.17</td>
<td>Expertise not available</td>
</tr>
</tbody>
</table>

Source: Own

- Availability of adequate funds

Question 4.1 sought to determine the availability of finances amongst the respondents to carry out monitoring and evaluation activities. Table 4.18 shows that the mean score was 3.03 interpreted to mean that the NGOs faced a challenge of inadequate finances to carry out monitoring and evaluation activities on the projects they implemented. These findings were consistent with the findings of Gibbs et al., 2002: and Gilliam et al., 2003. However a standard deviation of 1.20 implied a wide variation in responses with some reporting that they had adequate finances and others to the contrary.

Without adequate finances the NGOs would be forced to scale back on some of the monitoring and evaluation activities they were supposed to carry out. This would have an implication of inadequate and ineffective monitoring and evaluation of the projects the respondents implemented.
Monitoring and evaluation reporting requirements

Question 4.2 sought to determine the opinion of the respondents on the monitoring and evaluation reporting requirements of different donors. The table shows that the mean score was 1.29 interpreted to mean that there was strong agreement that different donors had different reporting requirements. The standard deviation of 0.46 implies a small variation amongst the respondents with majority of them strongly agreeing.

Multiple donor requirements would translate into excessive burden to the NGOs to conform to these different requirements, this exerts the problem of stretched capacity on the project in terms of manpower. This would result in monitoring and evaluation being looked at as a burden, not as an opportunity to learn.

Question 4.3 was related to 4.2, it sought to determine how strict the donor reporting requirements were. The table shows that the mean score for this question was 1.32 interpreted to mean that the respondents agreed that monitoring and evaluation reporting requirements were very strict. A standard deviation of 0.48 denotes a small variation amongst the respondents with majority of them agreeing that the requirements were very strict.

This issue is related to the previous one of multiple reporting requirements. Very strict reporting requirements exerts the problem of stretched capacity on the project in terms of manpower. This is as a result of the NGOs having to invest a lot of resources and time in order to meet the donor reporting requirements. This would be at the detriment of other project activities (Gilliam et al., 2003). These stringent donor funding requirements also perpetuate the practice of emphasis on upward accountability to the donor with minimum or no accountability to other stakeholders including the beneficiaries. This would result in
lack of ownership of the project which is a very critical factor in project sustainability (Ramesh, 2002). Stringent reporting requirements also make monitoring and evaluation to be looked as a burden, not an opportunity for learning by the stakeholders.

- **Demonstrating long term impact of projects**
  Question 4.4 sought to determine from the respondents the ease of demonstrating the long-term impact of the projects they implement. The table shows that the mean score for this issue was 2.32 interpreted to mean a mixed opinion amongst the respondents. There is no clear opinion on whether they considered it straightforward to demonstrate long-term impact of the projects they implemented or not. A standard deviation of 0.83 implies a minimum variation amongst the respondents. The findings are inconsistent with those of Riddell *et al.*, (1997) as cited by Rick, (2001). He found that NGOs had a big challenge of demonstrating impact of projects for which they sought funding.

Failure to demonstrate impact of projects, more especially long term, has implications that the NGOs find it hard to source more funding from the donors who may be of the view that the projects were not effective. The community and other stakeholders may also look at the project as a money wasting venture that was conceived in their names without any long term impact. This would exerbates the problems of lack of ownership and lack of sustainability for the project.

- **Collecting data from people affected by HIV/AIDS**
  Question 4.5 sought to determine the ease of collecting monitoring and evaluation data from people affected by HIV/AIDS. The table shows that the mean score was 1.90 interpreted to mean that it was very demanding to collect this data. The standard deviation of 0.89 implies a small variation among the respondents.
It is evident that collecting monitoring and evaluation data from People Living with HIV/AIDS (PLWHA) and other people affected by HIV/AIDS is not easy. They look at the data collection from them as an intrusion into their lives with minimum benefit: the situation may be made worse if other organizations are carrying out the same activities amongst the same communities (Health link, 2006). This issue is made worse by the high stigma associated with HIV/AIDS.

- **Availability of expertise**
  
  Question 4.6 sought to determine opinion of respondents on the level of availability of monitoring and evaluation expertise amongst the NGOs. The table shows that the mean score for this question was 3.10 interpreted to mean that the expertise was not available amongst the NGOs. However a standard deviation of 1.17 implies a wide variation amongst the respondents.

  Lack of adequate monitoring and evaluation expertise or capacity among the local NGOs is one area that has been highlighted by several scholars (Hughes d’ach, 2002: Gibbs *et al.*, 2002: and Kelly and Magongo 2004). Monitoring and evaluation requires specific skills and expertise such as monitoring and evaluation design skills particularly log frame design, indicator setting: both qualitative and quantitative, design of data collecting instruments including questionnaires, focus discussion guides (Hughes d’Aeth, 2002 and Gibbs *et al.*, 2002).

  Kelly and Magongo (2004) noted that skills such as advanced data analysis, conducting of focus groups, qualitative indicator setting are very scarce amongst local NGOs in Swaziland. The local NGOs may not be in position to procure them implying that these areas that require these skills are not done and hence monitoring and evaluation are not
effectively done. Gillian et al. (2003) argues that this translates into shortage of quality data which makes decision making on the project to be based on intuition not solid data.

The respondents were further probed for any other issues that could be of interest about the environment in which they were conducting monitoring evaluation of the projects. This was an open ended question. Some of the issues highlighted earlier were repeated, but were omitted during the analysis. The issues were analysed and coded over the main recurring themes. Table 4.19 shows the findings

Table 4.19: Other monitoring and evaluation issues

<table>
<thead>
<tr>
<th>Identified issue</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of trained personnel due to high staff turnover</td>
<td>1</td>
</tr>
<tr>
<td>Need for training, it is a new concept</td>
<td>4</td>
</tr>
<tr>
<td>Much emphasis is on implementation not M&amp;E</td>
<td>1</td>
</tr>
<tr>
<td>M&amp;E is time consuming and labour intensive</td>
<td>3</td>
</tr>
<tr>
<td>PLWHA not actively involved just used as statistics</td>
<td>2</td>
</tr>
<tr>
<td>PLWHA are over researched and are fatigued</td>
<td>1</td>
</tr>
<tr>
<td>Baseline data from government not accurate</td>
<td>1</td>
</tr>
<tr>
<td>Donors don’t offer much support in this area</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: Own

- **Need for training in monitoring and evaluation**

The table shows that the most frequently cited issue was that monitoring and evaluation was a new concept amongst the NGOs, as a result they needed some training in order to be able to carry it out. Some of the respondents observed that they lacked understanding in the use of the tools that the donors prescribed. The findings show that four respondents identified this issue.
- **Time consuming and labour intensive**
The other issue identified was that monitoring and evaluation was a time consuming and labour intensive function. One of the respondents went further to describe it as “necessary evil that had to be done”. The labour intensiveness is seen in light of the fact that the NGOs were not well resourced in terms of personnel. This issue was identified by three respondents.

- **Lack of active involvement of PLWHA**
The other issue was that PLWHA were not actively involved in monitoring and evaluation. They are just used as a statistics. This was identified by three respondents. Associated with this but contradictory was the issue raised by one of the respondents that the PLWHA are an over researched community and as a result are fatigued. This is related and made worse by the high levels of stigma associated with HIV/AIDS in the communities.

- **Donor support**
Donors do not offer much support in this area to the NGOs, yet they have strict requirements. This issue was identified by three respondents. Some of the respondents suggested that the donors should attach monitoring and evaluation officials with the NGOs to assist them in this area.

- **Loss of trained personnel**
Associated with the earlier issue of lack of monitoring and evaluation expertise within the NGOs is one of loss of trained personnel due to high staff turn over. This could be associated with lack of financial resources to adequately remunerate the staffs who opt for greener pastures. This issue was identified by one of the respondents.
Inaccurate baseline data

Inaccurate baseline data that the NGOs use to design their projects was another issue raised. This was raised by one of the respondents. Designing a project using inaccurate baseline data would make the project defective and hence monitoring and evaluation suboptimal.

It is evident that the local NGOs had some challenges in the monitoring and evaluation of the projects they implemented. The challenges identified by the respondents affected the way they monitored and evaluated the projects they implemented. The adequacy and effectiveness of monitoring and evaluation of the projects implemented was severely hampered by the challenges identified by the respondents.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the recommendations and conclusions of the study and then makes recommendations for further study.

5.2 Recommendations of the study

It is imperative that findings of the study are briefly reiterated before recommendations are made. The following were the research findings.

The NGOs were heavily reliant on donors in terms of financing the projects they implemented. The mostly frequently implemented projects were Behavioural Change Communication projects and Care and Support of the Sick. The Human Rights and Advocacy projects are least frequently implemented projects although ensuring the basic
human rights the HIV/AIDS vulnerable groups is very critical in fight against the pandemic. The monitoring and evaluation practices of the NGOs were found wanting in comparison with the recommended best practices. Most of the best practices were inconsistently done on the projects. Some of the best practices such as use of qualitative indicators were generally not used by majority of the NGOs. This can be explained by the fact that they 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. The adequacy and effectiveness of monitoring and evaluation of the projects implemented was severely hampered by the challenges identified by the respondents. The researcher makes the following recommendations to address some of the key findings of the study.

- **Generation of own income**

It is imperative that the NGOs start or involve themselves more in income generating activities in order to reduce their over reliance on the donors for funding their activities as means of ensuring sustainability of their activities in event that the donors cease funding. The findings of the research also highlight the fact that there is not much involvement of PLWHA in the activities of the NGOs particularly M&E. As a means of fostering sustainability the PLWHA should be more involved in activities of the NGOs, particularly setting the agenda.

- **More funding to NGOs**

Much as there are a lot of funds being invested in the fight against HIV/AIDS, very little is trickling down to the grass root NGOs that are at the forefront of combating HIV/AIDS. There is need for the donors to provide more resources to the NGOs, so that
their activities can have impact. With insufficient funds, monitoring and evaluation is
looked at as a luxury and hence the projects do not benefit from it. With more funds the
NGOs can train and retain the critical skills that they are lacking especially in monitoring
and evaluation.

- **Training**
The findings found a critical lack of expertise in monitoring and evaluation of projects
implemented by the NGOs. There is need for training in this aspect of monitoring and
evaluation. Donors in conjunction with government should institute programmes to
impart HIV/AIDS projects monitoring and evaluation skills amongst the local NGOs. It is
imperative that the implementers of these projects have skills in monitoring and
evaluating them.

- **Relax the reporting requirements**
Donors need to relax the reporting requirements. Most the donors have stringent, time
consuming and laborious reporting requirements. There is need for donors to identify
simpler and friendlier reporting formats for the recipients of their funds without
compromising their interests but at the same time not overburdening the NGOs.

- **Need for a more participatory approach**
There is need for the NGOs to involve all the stakeholders in the design of the HIV/AIDS
projects. The beneficiaries should not be passive recipients of the services the project is
offering. An active involvement of the beneficiaries such as PLWHA will mitigate the
challenges of collecting monitoring and evaluation data from them. It has got an added
advantage of demonstrating accountability to them and also ensuring sustainability of the
project when the donors withdraw funding.
5.4 **Recommendations for Future Studies**

The research study was limited to comparing the monitoring and evaluation practices of local NGOs with the best practices in order to determine how effectively the HIV/AIDS projects were monitored and evaluated. It also determined the challenges the NGOs faced in monitoring and evaluating the projects they implement.

Further research would be required to determine empirically the actual impact on the performance of the projects and hence the fight against HIV/AIDS by the inadequacies identified in the monitoring and evaluation practices of the NGOs.

Since monitoring and controlling projects and evaluating them should be an integrated with project planning and design. Further research should try investigating the project design and planning practices of the NGOs.

5.5 **Conclusions**

The study investigated the monitoring and evaluation practices and challenges faced by the NGOs implementing HIV/AIDS projects in Botswana. The study findings showed that the project implemented by the NGO were not effectively monitored and evaluated. The study also unearthed the lack of funding faced by the NGOs in this area of HIV/AIDS. This was mainly as a result of lack of expertise in this area. Recommendations were made in order to improve the monitoring and evaluation of projects implemented by the NGOs.
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World Bank: Washington, DC
Appendix 1: Logical framework for Behavioural change communication projects showing monitoring and evaluation indicators

<table>
<thead>
<tr>
<th>Behavioral change communication project</th>
<th>Indicators for monitoring and evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPUTS</strong></td>
<td><strong>ACTIVITIES</strong></td>
</tr>
<tr>
<td>• Funds</td>
<td>• Developing of IEC materials</td>
</tr>
<tr>
<td>• Visual equipment</td>
<td>• Selecting of communities and schools</td>
</tr>
<tr>
<td>• Trainers(resource persons</td>
<td>• Recruitment of peer educators</td>
</tr>
<tr>
<td>Testing facilities</td>
<td>• Training of peer educators</td>
</tr>
<tr>
<td></td>
<td>• Staging of the workshops, drama</td>
</tr>
<tr>
<td></td>
<td>competitions</td>
</tr>
<tr>
<td></td>
<td>• Distribution of condoms</td>
</tr>
<tr>
<td></td>
<td>• Distribution of IEC material</td>
</tr>
<tr>
<td></td>
<td>Household visits</td>
</tr>
<tr>
<td></td>
<td><strong>OUTPUTS</strong></td>
</tr>
<tr>
<td></td>
<td>• Trained peer educators</td>
</tr>
<tr>
<td></td>
<td>• Formed peer groups</td>
</tr>
<tr>
<td></td>
<td>• Community members trained</td>
</tr>
<tr>
<td></td>
<td>• IEC materials distributed</td>
</tr>
<tr>
<td></td>
<td>• Condoms distributed</td>
</tr>
<tr>
<td></td>
<td>• More accurately informed community on</td>
</tr>
<tr>
<td></td>
<td>HIV/AIDS issues (transmission,</td>
</tr>
<tr>
<td></td>
<td>prevention etc)</td>
</tr>
<tr>
<td></td>
<td>• More skilled and assertive people on</td>
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<tr>
<td></td>
<td>HIV/AIDS e.g. girls saying no or</td>
</tr>
<tr>
<td></td>
<td>negotiating for safer sex</td>
</tr>
<tr>
<td></td>
<td>• Budget</td>
</tr>
<tr>
<td></td>
<td>(actual expenditure against planned</td>
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<tr>
<td></td>
<td>expenditure)</td>
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<tr>
<td></td>
<td>• Human resource plans</td>
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<td></td>
<td>• Schedule</td>
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<tr>
<td></td>
<td>(actual schedule against planned</td>
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<tr>
<td></td>
<td>schedule)</td>
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<tr>
<td></td>
<td>• Number of IEC material distributed</td>
</tr>
<tr>
<td></td>
<td>• Number of peer trainers trained</td>
</tr>
<tr>
<td></td>
<td>• Number of peer groups started</td>
</tr>
<tr>
<td></td>
<td>• Number of condoms distributed</td>
</tr>
<tr>
<td></td>
<td>• Number of BCC workshops and talk shows</td>
</tr>
<tr>
<td></td>
<td>held</td>
</tr>
<tr>
<td></td>
<td>• Number of people reached with BCC</td>
</tr>
<tr>
<td></td>
<td>information</td>
</tr>
<tr>
<td>OUTCOMES</td>
<td>GOAL/OBJECTIVE</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Less risky behaviours</td>
<td>• Reduction in HIV/AIDS prevalence in the area.</td>
</tr>
<tr>
<td>• More condom use</td>
<td>• Prevalence of HIV/AIDS in the area</td>
</tr>
<tr>
<td>• Delayed sex debut</td>
<td>• Prevalence of STI infections.</td>
</tr>
<tr>
<td>• Less stigma in community</td>
<td></td>
</tr>
<tr>
<td>• More use of health services</td>
<td></td>
</tr>
<tr>
<td>• More people testing for HIV/AIDS status</td>
<td></td>
</tr>
<tr>
<td>• Reduced sexual partners</td>
<td></td>
</tr>
<tr>
<td>• Fewer STDs</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>• Number of people seeking health services such as STI treatment.</td>
<td></td>
</tr>
<tr>
<td>• Demand of condoms.</td>
<td></td>
</tr>
<tr>
<td>• Number of people self reporting use of condom at last sexual act</td>
<td></td>
</tr>
<tr>
<td>• Number of zero discrimination behaviour liking willingness to share a meal with a PLWA</td>
<td></td>
</tr>
<tr>
<td>• Percentage of people reporting to delaying sexual debut</td>
<td></td>
</tr>
</tbody>
</table>
### Appendix 2: Logical framework for Community home based care projects for people living with HIV/AIDS showing monitoring and evaluation indicators

<table>
<thead>
<tr>
<th>Community Home based care for people living with AIDS (PLWA) projects</th>
<th>Indicators for monitoring and evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Community Home based care for people living with AIDS (PLWA)</td>
<td></td>
</tr>
</tbody>
</table>

#### INPUTS
- Funds
- Resource persons (care givers, counselors, and trainers)

#### ACTIVITIES
- Recruitment of volunteers or staff
- Identification of PLWA that need support and care.
- Identification of PLWA care and support needs.
- Identification of training needs
- Training of the volunteers with care and counseling skills
- Establishment of support groups
- Nutritional partnerships established
- Establishment of spiritual links with FBOs to offer spiritual support.
- Conducting vocational training for PLWA.

#### OUTPUTS
- PLWA taken care of physically, spiritually, and counseled
- Households of PLWA supported
- PLWA support groups established
- PLWA offered with vocational skills.
- Support to start small income generating businesses.

#### OUTCOMES
- Improved health for PLWA.
- Better support for the affected and the infected.
- PLWA vocational skills put to resulting in more income for them

#### GOAL/OBJECTIVE
- Extended life span of PLWA
- Better quality of life for PLWA

#### Indicators for monitoring and evaluation
- Budget (actual expenditure against planned expenditure)
- Human resource plans
- Schedule (actual schedule against planned schedule)
- Number of volunteers recruited and trained in PLWA care
- Number of family members trained in the care of PLWA
- Number of households served
- Number of PLWA support groups started
- Number of PLWA provided with care
- Percentage of PLWA regaining health and living longer

---

### Appendix 3: Logical framework for Socio-economic impact mitigation projects showing monitoring and evaluation indicators
### Socio-economic impact mitigation projects
- Support for Orphans and vulnerable children (OVCs), child headed homes and elderly
- Support for widows

### Indicators for monitoring and evaluation
- Budget (actual expenditure against planned expenditure)
- Human resource plans

<table>
<thead>
<tr>
<th>INPUTS</th>
<th>ACTIVITIES</th>
<th>OUTPUTS</th>
<th>OUTCOMES</th>
<th>GOAL/OBJECTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Funds &lt;br&gt; • Resource persons (care givers, counsellors and trainers) &lt;br&gt; • Equipment</td>
<td>• Identification of OVCs, and grand parents and widows who need support &lt;br&gt; • Identification of trainers &lt;br&gt; • Training OVCs care givers &lt;br&gt; • Setting up shelter for the OVCs &lt;br&gt; • Training of OVCs in vocational skills &lt;br&gt; • Support and mentoring of older OVCs to start income generating activities &lt;br&gt; • Identification of foster parents if possible &lt;br&gt; • Scheduling of the OVCs to get essential services like education etc</td>
<td>• A number of OVCs supported &lt;br&gt; • Child headed homes supported &lt;br&gt; • Trained OVCs care givers and vocational trainers &lt;br&gt; • Shelter for OVCs set up &lt;br&gt; • OVCs placed with foster parents &lt;br&gt; • OVCs accessing school and other services</td>
<td>• Wellbeing of the OVCs &lt;br&gt; • Education capacity of OVCs &lt;br&gt; • Economic capacity of the OVCs and their care givers &lt;br&gt; • Protection OVCs from exploitation</td>
<td>• Improved quality of life for AIDS orphans</td>
</tr>
</tbody>
</table>
Appendix 4: Logical framework for HIV/AIDS advocacy and human rights projects showing monitoring and evaluation indicators

<table>
<thead>
<tr>
<th>HIV/AIDS advocacy and human rights projects</th>
<th>Indicators for monitoring and evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INPUTS</strong></td>
<td>• Funds</td>
</tr>
<tr>
<td></td>
<td>• Resource persons</td>
</tr>
<tr>
<td></td>
<td>• Visual audio Equipment</td>
</tr>
<tr>
<td></td>
<td>• Budget</td>
</tr>
<tr>
<td></td>
<td>(actual expenditure against planned expenditure)</td>
</tr>
<tr>
<td></td>
<td>• Human resource plans</td>
</tr>
<tr>
<td></td>
<td>• Schedule</td>
</tr>
<tr>
<td></td>
<td>(actual schedule against planned schedule)</td>
</tr>
<tr>
<td><strong>ACTIVITIES</strong></td>
<td>• Selection of stakeholders to be trained on HIV/AIDS human rights</td>
</tr>
<tr>
<td></td>
<td>• Preparation of training materials</td>
</tr>
<tr>
<td></td>
<td>• Conducting the trainings.</td>
</tr>
<tr>
<td></td>
<td>• Engaging media with HIV/AIDS human rights</td>
</tr>
<tr>
<td></td>
<td>• Legal clinics set up for PLWA and OVCs</td>
</tr>
<tr>
<td></td>
<td>• Lobbying activities for government to come up with HIV/AIDS policy and legislation</td>
</tr>
<tr>
<td></td>
<td>• Number of trainings done</td>
</tr>
<tr>
<td></td>
<td>• Number of people trained</td>
</tr>
<tr>
<td></td>
<td>• Advocacy activities done</td>
</tr>
<tr>
<td></td>
<td>• Media adverts placed</td>
</tr>
<tr>
<td></td>
<td>• Manuals and tools developed to aid HIV/AIDS human rights amongst stakeholders.</td>
</tr>
<tr>
<td><strong>OUTPUTS</strong></td>
<td>• Stakeholders and policy makers equipped with knowledge on HIV/AIDS human rights</td>
</tr>
<tr>
<td></td>
<td>• PLWAs supported with legal aid</td>
</tr>
<tr>
<td></td>
<td>• Population reached with information on HIV/AIDS human rights</td>
</tr>
<tr>
<td></td>
<td>• Number of trainings done</td>
</tr>
<tr>
<td></td>
<td>• Number of people trained</td>
</tr>
<tr>
<td></td>
<td>• Advocacy activities done</td>
</tr>
<tr>
<td></td>
<td>• Media adverts placed</td>
</tr>
<tr>
<td></td>
<td>• Manuals and tools developed to aid HIV/AIDS human rights amongst stakeholders.</td>
</tr>
<tr>
<td><strong>OUTCOMES</strong></td>
<td>• Human rights of PLWA protected in research, at work, confidentiality attesting etc</td>
</tr>
<tr>
<td></td>
<td>• More HIV/AIDS friendly policies enacted</td>
</tr>
<tr>
<td></td>
<td>• More funding of HIV/AIDS and government held accountable for its programmes on HIV/AIDS</td>
</tr>
<tr>
<td></td>
<td>• Number of Human rights custodians that can appreciate importance of protecting human rights</td>
</tr>
<tr>
<td></td>
<td>• Number and quality of HIV/AIDS policies enacted</td>
</tr>
<tr>
<td></td>
<td>• Level of government involvement and responsibility in the HIV/AIDS struggle.</td>
</tr>
<tr>
<td><strong>GOAL/OBJECTIVE</strong></td>
<td>• Friendlier environment in terms of human rights and legislation for PLWHA.</td>
</tr>
<tr>
<td></td>
<td>• Reduction in stigma and discrimination of PLWA.</td>
</tr>
<tr>
<td></td>
<td>• Number of human rights violation complaints related to HIV/AIDS</td>
</tr>
<tr>
<td></td>
<td>• Number of HIV/AIDS friendly policies ,laws and practices</td>
</tr>
</tbody>
</table>
Appendix 5: Population of study: List of NGOs

<table>
<thead>
<tr>
<th>Name of NGO</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Molepolole home based care</td>
<td>Molepolole</td>
</tr>
<tr>
<td>2. House of men theatre group</td>
<td>Molepolole</td>
</tr>
<tr>
<td>3. Bakgatla Bolokang Matshelo</td>
<td>Mochudi</td>
</tr>
<tr>
<td>4. Flying mission</td>
<td>Broadhurst</td>
</tr>
<tr>
<td>5. Gae la Tidimalo burial society</td>
<td>Gabane</td>
</tr>
<tr>
<td>6. Ghetto artists</td>
<td>Gaborone</td>
</tr>
<tr>
<td>7. Hope World Wide Botswana</td>
<td>Gaborone</td>
</tr>
<tr>
<td>8. Kamogelo Association of Botswana</td>
<td>Gaborone</td>
</tr>
<tr>
<td>9. Kentswana Youth Centre</td>
<td>Gaborone</td>
</tr>
<tr>
<td>10. Kgothatso AIDS prevention Care and Programme</td>
<td>Gaborone</td>
</tr>
<tr>
<td>11. Centre for Youth of Hope</td>
<td>Gaborone</td>
</tr>
<tr>
<td>12. Child to Child Network of Botswana</td>
<td>Gaborone</td>
</tr>
<tr>
<td>13. COCEPWA</td>
<td>Gaborone</td>
</tr>
<tr>
<td>14. Ditswanelo</td>
<td>Gaborone</td>
</tr>
<tr>
<td>15. Holy Cross Hospice</td>
<td>Gaborone</td>
</tr>
<tr>
<td>17. Nurses Association of Botswana</td>
<td>Gaborone</td>
</tr>
<tr>
<td>18. YWCA</td>
<td>Gaborone</td>
</tr>
<tr>
<td>19. Olorato Orphanage Centre</td>
<td>Kanye</td>
</tr>
<tr>
<td>20. HIV/AIDS Orphans and Vulnerable Children</td>
<td>Mogoditshane</td>
</tr>
<tr>
<td>21. Botswana Council of Women and AIDS project</td>
<td>Gaborone</td>
</tr>
<tr>
<td>22. Botswana Family Welfare Association</td>
<td>Gaborone</td>
</tr>
<tr>
<td>23. Botswana Federation of Trade Unions</td>
<td>Gaborone</td>
</tr>
<tr>
<td>24. Health Promotions International</td>
<td>Gaborone</td>
</tr>
<tr>
<td>25. Kagisano Society</td>
<td>Gaborone</td>
</tr>
<tr>
<td>26. Lifeline Botswana</td>
<td>Gaborone</td>
</tr>
<tr>
<td>27. Society of women against AIDS</td>
<td>Gaborone</td>
</tr>
<tr>
<td>28. Women and The Law in Southern Africa*</td>
<td>Gaborone</td>
</tr>
<tr>
<td>29. Humana people to people*</td>
<td>Gaborone</td>
</tr>
<tr>
<td></td>
<td>Name</td>
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<tr>
<td>30.</td>
<td>Emang Basadi</td>
</tr>
<tr>
<td>31.</td>
<td>Tsholofelo Trust</td>
</tr>
<tr>
<td>32.</td>
<td>Bona Lesedi Community Based project</td>
</tr>
<tr>
<td>33.</td>
<td>Kanye seventh day Adventist hospital</td>
</tr>
<tr>
<td>34.</td>
<td>Kweneng rural development association trust</td>
</tr>
<tr>
<td>35.</td>
<td>Family children caring centre</td>
</tr>
<tr>
<td>36.</td>
<td>Otse Home Based Care</td>
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<tr>
<td>37.</td>
<td>Shelter for the Hopeful Community</td>
</tr>
<tr>
<td>38.</td>
<td>Ramotswa Hospice</td>
</tr>
<tr>
<td>39.</td>
<td>Emmanuel Counseling Centre</td>
</tr>
<tr>
<td>40.</td>
<td>BAPR</td>
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<tr>
<td>41.</td>
<td>Botswana Retired Nurses Society</td>
</tr>
<tr>
<td>42.</td>
<td>Siga Community Home based Care</td>
</tr>
<tr>
<td>43.</td>
<td>Bopanganag Theatre Group</td>
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<tr>
<td>44.</td>
<td>Kopong Home Based Care</td>
</tr>
<tr>
<td>45.</td>
<td>Family Orphan AIDS Caring centre</td>
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<tr>
<td>46.</td>
<td>Compassionate Foundation Centre</td>
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<tr>
<td>47.</td>
<td>Moedi Care Centre</td>
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<tr>
<td>48.</td>
<td>Nkaikela Youth Group</td>
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<tr>
<td>49.</td>
<td>Kgatleng Brigade</td>
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<td>50.</td>
<td>YOHO</td>
</tr>
<tr>
<td>51.</td>
<td>Botswana Scout Association</td>
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<tr>
<td>52.</td>
<td>AISEC</td>
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<tr>
<td>53.</td>
<td>Tirisanyo Catholic Commission</td>
</tr>
<tr>
<td>54.</td>
<td>Society for Women Against AIDS</td>
</tr>
<tr>
<td>55.</td>
<td>CEYOHO</td>
</tr>
<tr>
<td>56.</td>
<td>Baikamogedi Support Group</td>
</tr>
<tr>
<td>57.</td>
<td>Kokgotleng</td>
</tr>
<tr>
<td>58.</td>
<td>Botswana Christian Council</td>
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<tr>
<td>59.</td>
<td>Lobaste Christian AIDS centre</td>
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<tr>
<td>60.</td>
<td>Salvation Army Psychological Support Initiative</td>
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<tr>
<td>61.</td>
<td>Evangelical Fellowship of Botswana</td>
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<tr>
<td></td>
<td>Name of Organization</td>
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<tr>
<td>---</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Love Botswana Outreach Mission</td>
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<td></td>
<td>World Divine World Wide Ministries</td>
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<td>Associations of Medical Missions of Botswana</td>
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<td></td>
<td>Associations of Teachers Against AIDS</td>
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<tr>
<td></td>
<td>Eagle African HIV/AIDS Trust</td>
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<td></td>
<td>Jesus Harvesters Ministries</td>
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<td>Mabongo Dinku</td>
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<tr>
<td></td>
<td>Luzwe Development Trust</td>
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<td></td>
<td>Love Botswana Outreach Mission</td>
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<td></td>
<td>Agape Youth Centre</td>
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<td></td>
<td>Emanang borolong</td>
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<td></td>
<td>Women Against Rape</td>
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<td></td>
<td>Long life Support Group</td>
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<td>Kgalagadi Desert Support Group</td>
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<td>Bobirwa Home Based Care</td>
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<td></td>
<td>Christian Intervention Community</td>
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<td>Bana Ba Lestsatsi</td>
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<td>Fair Lady Care Centre</td>
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<td></td>
<td>True love waits</td>
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<td>Perrmaculture trust of Botswana –Ghanzi</td>
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<td></td>
<td>Lephephe Home Based Care</td>
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<td></td>
<td>Boatlaname Home Based Care</td>
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<td>Cresta Marang</td>
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<td>Art amazing (pty)</td>
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<td></td>
<td>Botshelo Project</td>
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<td></td>
<td>Botswana Child Minding Associations</td>
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<td></td>
<td>Children of Soil</td>
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<td></td>
<td>House of Hope Trust</td>
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</tr>
<tr>
<td>90. Monana Iteke Resource Education</td>
<td>Francistown</td>
</tr>
<tr>
<td>91. Mothers Union</td>
<td>Mahalapye</td>
</tr>
<tr>
<td>92. Mowana Safari Lodge</td>
<td>Kasane</td>
</tr>
<tr>
<td>93. Parwe Counseling Centre</td>
<td>Mahalapye</td>
</tr>
<tr>
<td>94. Siga Community Home based Care</td>
<td>Ramostwa</td>
</tr>
<tr>
<td>95. Galabagwe Counseling Centre</td>
<td>Masunga</td>
</tr>
<tr>
<td>96. Maitegwe Home Based Care</td>
<td>Maitegwe</td>
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<tr>
<td>97. Mmadinare Community Based Care</td>
<td>Mmadinare</td>
</tr>
</tbody>
</table>
Appendix 6: QUESTIONNAIRE

An assessment of monitoring and evaluation practices of local NGOs implementing HIV/AIDS projects in Botswana

1.0 Activities and resources

1.1 What is coverage of your services in terms of districts?
(Please tick more than area if your area of operation is more than one)

- South East District [ ]
- Kweneng District [ ]
- Central District [ ]
- North East District [ ]
- Southern District [ ]
- Kgatleng District [ ]
- Ghanzi District [ ]
- Kgalagadi District [ ]
- North West District [ ]

1.2 Is your organization founded or associated to any religious body? YES [ ] NO [ ]

1.3 If the answer to 1.2 is YES please state the religious body ………………………………………………………

1.4 When was your organization registered with BONASO?
- 2002 [ ]
- 2003 [ ]
- 2004 [ ]
- 2005 [ ]
- 2006 [ ]
- 2007 [ ]

1.5 Which type of HIV/AIDS projects does your organization implement?
(Please tick more than one option if you implement more than one project)

- Behavioural communication change projects [ ]
- Care and support of the sick [ ]
- Social-economic mitigation (care of orphans, widows) [ ]
- Human rights and advocacy [ ]

1.6 For how long (in years) has your organization been carrying out these projects
- 0-3 [ ]
- 4-6 [ ]
- 7-9 [ ]
- Over 9 [ ]

1.7 What was the total budget in Pula that you spent on HIV/AIDS projects last year?

- Less than 50,000 [ ]
- 50,000-99,999 [ ]
- 100,000-149,999 [ ]
- 150,000-199,999 [ ]
- 200,000-249,999 [ ]
- 250,000 and over [ ]

1.8 The organizations that fund your HIV/AIDS projects include the following:
(Please tick more than one if you have several donors)

- International Donor agencies (e.g. UNDP, Global fund, USAID, etc) [ ]
- Government bodies (e.g. NACA, parliamentary, AIDS committee etc) [ ]
- Corporate companies [ ]
- Private individuals [ ]
- We don’t receive any donor funding [ ]

Please mention any other source if not included ………………………………………………………
(If you do not receive any donor funding go to section 2, otherwise continue with question 1.9)
1.9 What was the contribution in percentage of donors to the total budget you spent on HIV/AIDS projects last year?

- 0%-25%  
- 26%-50%  
- 56%-75%  
- 76%-100%

1.9 Which of the following equipment/assets do you own for implementing your projects?

- Computers  
- Video equipment  
- Public address system  
- Cars  
- Motor-cycles  
- HIV testing equipment  
- Agricultural land

Please mention any other assets or equipment if not included

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1.10 What is the total number of the staff that your organization has?

- Permanent staff
- Volunteer staff

Less than 7  
7-12  
13-18  
Over 18

2.0 Monitoring and evaluation plan

2.1 Before embarking on an HIV/AIDS project you normally conduct a study to establish baseline data or condition of the community on:

- All projects  
- Some projects  
- Very few projects  
- Never

2.2 You normally have a plan that guides monitoring and evaluation when implementing the HIV/AIDS projects that you carry out on:

- All projects  
- For some projects  
- Very few projects  
- Never

(If your response is never go to question 2.5 otherwise continue to question 2.3)

2.3 If your response above is never what is the reason that prompts not to have the plan

- Projects are too small  
- We do not know how to design one

Please mention any other reason if not included

---------------------------------------------------------------------------------------------------------------------------------------

2.4 Normally the following stakeholders are involved in planning the monitoring and evaluation of the projects

- Donors  
- Project implementation staff  
- Community  
- Project beneficiaries e.g. orphans  
- We do not involve any stakeholders

- For all projects  
- For some projects  
- For few projects  
- Never

2.5 The following aspects are normally specified in the plan that guides monitoring and evaluation (M&E)
2.6 Monitoring and evaluation activities have:
A separate budget with a special vote
No special vote arrangement

2.7 Monitoring and evaluation activities are normally allocated a percentage of the total project budget. This is in the region of:
Less than 5% 5-9% 10% More than 10% % No specific

2.8 (a) We normally use the logical framework approach (log frame) in aiding the monitoring and evaluation of projects we carry out
For all projects For some projects Very few projects Never

2.8 (b) If you do not use the log frame please mention any other framework you use ……………………….

2.9 Monitoring and evaluation activities are part of the project schedule:
For all projects For some projects For a few projects Never

2.10 How do you disseminate monitoring and evaluation findings? (please tick more than one if you have more than one way of dissemination)
No dissemination Report to donor Community meetings
On the notice board Newsletter Report to beneficiaries Report to field staff

3.0 Project monitoring and evaluation process implementation

3.1 The project finances are normally monitored by comparing the planned budgeted expenditure against actual expenditure
Every month Every 3 months Every 6 months Every 12 months Never

3.2 We normally monitor and control the activities of the field staff (e.g. peer educators)
Every week Every month Every 3 months Project end Never
We don’t have field staff

3.3 How often do you compare planned project activities schedule against actual schedule in order to determine project schedule performance?
3.4 We normally monitor the use the organizations’ equipment employed on the project

3.5 We normally use the following methods in collecting monitoring and evaluation data on for:

<table>
<thead>
<tr>
<th>Method</th>
<th>All projects</th>
<th>Some projects</th>
<th>Very few projects</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance forms</td>
<td></td>
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<tr>
<td>Questionnaires</td>
<td></td>
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<tr>
<td>Participant observation</td>
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<tr>
<td>In-depth interviews</td>
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<td>Material distribution registers</td>
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<tr>
<td>Focus group interviews</td>
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<td></td>
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</tbody>
</table>

Please mention any other data collecting methods you use that is not mentioned

3.6 We use computers for monitoring and evaluation activities in the following ways

<table>
<thead>
<tr>
<th>Activity</th>
<th>All projects</th>
<th>Some projects</th>
<th>Very few projects</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analysis of data</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Storage of monitoring and evaluation data</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Communication of findings through email</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Collection of data</td>
<td></td>
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</tr>
</tbody>
</table>

Please mention any other uses if not included

3.7 Which type of evaluations do you normally carry out on the projects you implement

<table>
<thead>
<tr>
<th>Type of Evaluation</th>
<th>All projects</th>
<th>Some projects</th>
<th>Very few projects</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Mid term (interim) evaluations</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>b) Summation evaluations (end of project)</td>
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</tr>
</tbody>
</table>

3.8 (a) If you carry out evaluations of your projects, how often do involve an external facilitator?

(b) If you involve an external facilitator briefly explain why

3.9 How often do you document lessons learned on the project implementation?

(b) If you document the lessons learned on the projects briefly explain why

4.0 The monitoring and evaluation environment of HIV/AIDS projects

4.1 The finances to carry out monitoring and evaluation activities are

<table>
<thead>
<tr>
<th>Adequacy</th>
<th>All projects</th>
<th>Adequate</th>
<th>Rarely adequate</th>
<th>Never adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always adequate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rarely adequate</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Never adequate</td>
<td></td>
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</tbody>
</table>
4.2 Different donors have different reporting requirements

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>

4.3 Monitoring and evaluation reporting requirements from donors are

<table>
<thead>
<tr>
<th>Very strict</th>
<th>Strict</th>
<th>Lenient</th>
<th>Very lenient</th>
</tr>
</thead>
</table>

4.4 Demonstrating the long term impact of the projects to donors is

<table>
<thead>
<tr>
<th>Very straightforward</th>
<th>Straightforward</th>
<th>Rarely straightforward</th>
<th>Never straightforward</th>
</tr>
</thead>
</table>

4.5 Collecting monitoring and evaluation data from people affected by HIV/AIDS is not easy due to stigma attached to the disease

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>

4.6 There is lack of monitoring and evaluation expertise within NGOs

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>

4.7 Please mention any other monitoring and evaluation issues that may not have been covered above

**Additional issue 1**

..................................................................................................................................................................................
..................................................................................................................................................................................

**Additional issue 2**

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**Additional issue 3**

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**Additional issue 4**

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..................................................................................................................................................................................

5.0 Please indicate below if you would be interested in the receiving a copy of the findings of this
research in August when I complete the report.

YES ☐   NO ☐

After completing the questionnaire please put it in the self-addressed stamped envelope and posts it to the researcher, please call 71744148 to pick it from your office.

THANK YOU FOR YOUR COOPERATION