

**DETERMINANTS OF EFFECTIVE MONITORING AND EVALUATION SYSTEMS IN
HIV AND AIDS PROGRAMS IN PUBLIC DISPENSARIES WITHIN KISUMU
COUNTY, KENYA**

BY

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DECLARATION

I declare that the work presented herein is my original work and has never been presented to any other University for any academic award.

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DEDICATION

I dedicate this work to my dad Mr. David Juma for his deep love for education and general community development. The gentleman deemed it fit to defy all the odds and financial constraints to ensure that I built a strong educational foundation that would later turn vital for my further academic advancement. Accomplishment of this great milestone is the culmination of his primary effort and the deep passion for matters education. God's blessings to him.

ABSTRACT

HIV and AIDS is a pandemic that contributed to 70% of the global deaths between 2001 and 2012. About 1.6 million people were estimated to be living with HIV and AIDS by the end of 2013. There is a concerted global effort to address the HIV and AIDS epidemic through bilateral and project funding. The expected outcomes of these projects are typically ascertained through monitoring and evaluation. However, studies have revealed that there is a big challenge in the implementation of effective M&E systems for HIV and AIDS programs. The accuracy of the data generated from compromised M&E systems is questionable and decisions based on such inaccurate data can be grossly misleading. The purpose of the study was therefore to investigate the determinants of effective M&E systems in HIV and AIDS programs. The main objective of this study was to establish the determinants of effective M&E systems in HIV and AIDS Programs in dispensaries within Kisumu County. The specific objectives were; to examine budgetary allocation for M&E activities in HIV and AIDS programs in public dispensaries within Kisumu County, to determine the M&E capacity and expertise in HIV and AIDS programs in public dispensaries within Kisumu county and to examine the extent of stakeholders engagement during M&E processes in HIV and AIDS public programs in dispensaries within Kisumu County. The study adopted a cross sectional study design which targeted public dispensaries from which a sample of 59 facilities was drawn using Yamane's formula. Multistage sampling was used in the study and data obtained was analyzed using descriptive statistics. The study established that most (78.7%), facilities had a budget for M&E but in many cases these budgets were inadequate (75.7%), the funds were not availed in good time (73.0%), and they were not put into intended uses (74.5%). There was understaffing in most facilities (74.1%) despite the presence of M&E in charges and coordination units in most of the facilities. The staff who executed the M&E activities in almost half of the facilities (44.7%) were not trained in M&E process and of the trained staff, only a handful (3.8%) had a formal training at certificate level and above. There was frequent collaboration with external M&E officers in most facilities (87.2%) but involvement of the key stakeholders during M&E process was not equal. The study concludes that budgetary allocation and inadequate staff capacity and expertise for M&E activities have negatively influenced the effectiveness of the M&E systems. The study recommends that M&E budgets should be increased and the management of the funds improved. It also recommends that staff for M&E be increased and their capacity enhanced. Further, the engagement of stakeholders during M&E process should be widened and that methods of disseminating M&E information should be varied.

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LIST OF ABBREVIATIONS

CRS:	Catholic Relief Services
FHI:	Family Health International
FBO:	Faith Based Organization
NGO:	Non-Governmental Organization
GOK:	Government of Kenya
MOH:	Ministry of Health
HIV:	Human Immuno Virus
KNASP:	Kenya National Aids Strategic Plan
MDGs:	Millennium Development Goals
M&E:	Monitoring and Evaluation
MMWR:	Mobility and Mortality Weekly Review
NAC:	National Aids Commission
NACC:	National Aids Control Council
NASA:	National Space Agency
NASCOP:	National AIDS & STI control program
NGOs:	Non-Governmental Organizations
PLWHA:	People living with HIV and AIDS
RST:	Regional Support Team
SPSS:	Statistical Package for Social Sciences
TB:	Tuberculosis

UNAID: United Nations & AIDS

LFA: log frame Approach

UNFPA: United Nations Fund Population Agency

MUERC Maseno University Ethics Review Committee

NBS: National Bureau of statistics

IEBC: Independent Electoral Boundaries Commission

OPERATIONAL DEFINITION OF TERMS

Prevalence:	The number of cases of a disease (HIV/AIDS) present in a particular population at a given time
Pandemic:	A disease or condition that has spread worldwide
Monitoring:	It is the systemic and routine collection of data about the performance of a project
Evaluation:	It is a systematic and objective assessment of a completed or a phase of an ongoing project
Stakeholder:	Person(s) whose action affects or is affected by a project.
Effective:	Capable of producing the intended results
M&E system:	A collection of people, procedures, data and technology that interact to provide timely information for authorized decision-makers.
M&E framework:	It is a guide to monitoring and evaluation that explains how the project should work by laying the steps needed to achieve the desired results. It is sometimes called an operational plan.
Dispensaries:	They are health facilities at the lowest level of the public health system and are the first point of contact with patients. They are devoted to treating outpatients which is not intended to be used for more than 12 hours
Determinant:	A factor that decisively affects the nature or outcome of something e.g. Monitoring and evaluation
Goals:	Observable and measurable result having one or more objectives to be achieved within timeframe.
Participatory M&E:	Process through which various stakeholders are involved in the monitoring or evaluating a particular project, program or policy. Conventional M&E

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CHAPTER ONE: INTRODUCTION

1.1 Background of the study

HIV and AIDS continue to be a major global public health issue. More than 70 million people have been infected with the HIV virus and about 35 million people have died of HIV since the beginning of the epidemic (World Health Organization (WHO, 2016). It is approximated that 36.7 million people were living with HIV at the end of 2016. Sub-Saharan Africa remains the most severely affected region. Nearly 1 in every 25 adults (4.2%) were living with HIV and accounting for nearly two-thirds of the people living with HIV worldwide (WHO, 2016). Kenya is one of the six HIV ‘high burden’ countries in Africa and fourth in the world with about 1.5 million people living with HIV by the end of 2015. Kenya’s national HIV and AIDS prevalence is about 5.9 per cent. Kisumu County ranks third amongst the 47 counties in Kenya with an adult HIV prevalence of 19.3 per cent (National AIDS Control Council, 2014). By the end of 2013, about 134,826 people were living with HIV in Kisumu County of which 12% of were children.

There has been an unprecedented commitment to the global fight against HIV/AIDS. This has been through various international partners like the Global fund. The United Nations through the 6th Millennium Development Goal, United Nations General Assembly Special Session (UNGASS) among others (United Nations, 2014). The Global Fund for instance, had allocated close to \$ 10.3 billion for the fight against HIV between 2002 and May 2013 with Kenya obtaining close to USD 177,091,374 during that period (WHO, 2011). In April 25, 2004, there was the launch of the ‘Three Ones principle’ in Washington by UNAIDS and other agencies to harmonize the HIV and AIDS epidemic response globally. The Three Ones Principle declared that in order to respond comprehensively and efficiently to the HIV epidemic, a country needs one national HIV strategic plan, one national HIV coordinating authority and one national HIV monitoring and evaluation (M&E) system (Joint United Nations Program on HIV and AIDS (UNAIDS), 2000b). Kenya is one of the countries that adopted the three ones principle. As a result there is one coordinating authority known as the National Aids Control Council (NACC), one Monitoring and Evaluation Framework with twelve components, and HIV/AIDS Strategic

Action Plans implemented through 5 year strategic actions plans since the year 2000 to date (National AIDS Control Council, 2014).

It is important for the M&E systems in HIV/AIDS programs to work effectively. An effective M&E systems for HIV/AIDS programs helps to track; how efficiently resources are utilized, the effectiveness with which the programs are implemented, whether the implementation of the activities are within schedule and whether the programs are making intended impact or not. Effective M&E system enables the stakeholders to determine whether the interventions are making a difference among the beneficiaries, and whether the changes are attributable to the interventions and are within the timeframe (Kenya, Republic of, 2005).

M&E systems are likely to be effective when there is adequate budgetary allocation for M&E activities to be carried out effectively. UNAIDS (2014) posits that M&E budget is adequate when the allocation 5-10% of the total budget. An effective M&E system is also characterized by sufficient capacity and expertise for M&E (World Bank, 2006). When there adequate staff who are well trained on M&E, the overall effectiveness of M&E system will be achieved. An effective M&E system is also characterized by wide stakeholder engagement during M&E process (NACC, 2014). Engagement of the key stakeholders during implementation of M&E activities contributes to the overall success of M&E system.

Despite the obvious importance of M&E system in HIV/AIDS programs, implementation of the same has not been very successful across the globe including Kenya. The ‘Three Ones principle’ was not yet fully operational in all countries. Findings from 2006 United Nations General Assembly Special Session (UNGASS) report indicated that only 50 per cent of countries reporting, had a national M&E plan which is an important prerequisite for a national M&E system (UNAIDS, 2006). An assessment conducted by the UNAIDS Regional Support Team (RST) for East and Southern Africa in 2006 indicated that 13 out of 20 countries in sub-Saharan Africa had national HIV M&E systems that were only partially functional. Establishing one national HIV M&E system is challenging since the system needs to function across different sectors. Poor coordination and high cost of operation are some of the factors that have contributed to ineffective M&E systems (Holzscheiter, Walt, & Brugha, 2012). In Kenya, the coordination, recognition and ownership of the HIV/AIDS M&E systems are weak and need to be

strengthened at both National and the county levels (National Aids Control Council, 2014). Several factors have been associated with the ineffectiveness of M&E systems in HIV/AIDS programs. Those are the factors that this study sets out to investigate.

Adequate budgetary allocation for M&E is important for it to operate effectively (UNAIDS, 2014). The Global Fund and the Catholic Relief service (CRS) describes M&E budget to be adequate when the allocation is 5 to 10%. The funds allocated for M&E should be used for its intended purpose (CRS, 2010). Studies have shown that inadequate budgetary allocation for M&E contributes to ineffective M&E system. For instance, a report by UNAIDS (2014), indicates that most HIV Programs do not allocate adequate funds for monitoring and evaluation of HIV/AIDS Programs leading to their failure. An assessment of the Malawi HIV/AIDS M&E system revealed that inadequate budgets for M&E led to ineffectiveness of most of the HIV Programs (Görgens et al, 2006). A separate study by Kalambayi (2013) confirmed that inadequate budgetary allocation contributed to the failure of M&E systems for Romanian NGOs implementing HIV Programs. Inadequate M&E budget also contributed to failure of the Nigeria National HIV/AIDS M&E system (Ogungbemi et al, 2012). Even though a lot of studies has been done to establish how the budgetary allocation determines the effectiveness of M&E systems of HIV and AIDS programs in other African Countries, there is paucity of this information in Kenya on the state of budgetary allocation for M&E activities. The influence that budgetary allocation for M&E has on the effectiveness of M&E system in public health dispensaries within Kisumu County is also unknown hence the need for this study.

An effective M&E system for HIV and AIDS programs is determined by adequate capacity and expertise for M&E. (World Bank, 2006). The NACC (2014) also recommends for adequate capacity and expertise for an effective M&E system. Presence of adequate staff that are well trained on M&E process ensures that the activities are carried out properly hence contributing to the overall effectiveness of M&E system. An assessment of M&E system for HIV/AIDS in Moldova identified critical shortage of qualified human resources to be a major contributor to weak M&E systems (Chisinau, 2009).

Studies in Ethiopia and Malawi identified lack of human capacity for M&E to be a major factor contributing to weakness of M&E systems of HIV/AIDS Programs. The World Bank report indicates that the M&E capacity in most countries is weak contributing to failure of their M&E systems (World Bank, 2006). It is not clear whether there is adequate M&E capacity and

expertise for HIV and AIDS programs in Dispensaries within Kisumu County. It is therefore difficult to tell whether the M&E systems are effective or not hence the need for this study. Wide stakeholder engagement is another determinant for effective M&E system in HIV and AIDS programs during M&E process. The NACC (2014) recommends that various stakeholders need to be engaged in the M&E process for it to be effective. However, literature indicates that a number of M&E systems have collapsed due to lack of sufficient engagement of the key stakeholders.

A study in Uganda found out that implementation of monitoring and evaluation systems were weak due to inadequate engagement of the key stakeholders in the project cycle (Ekodeu, 2009). UNAIDS (2014) asserts that no matter how sound an M&E system may be, it is likely to fail if there is no widespread stakeholder 'buy-in'. The extent to which the key stakeholders are engaged during M&E process and in dispensaries within Kisumu County is unknown. Therefore the influence that stakeholder engagement has on the effectiveness of M&S system is also unclear hence the need to conduct this study.

An effective M&E system is determined by budgetary allocation for M&E, capacity and expertise for M&E as well as wide stakeholder engagement during M&E process. This study therefore shall attempt to establish these determinants of an effective M&E system of HIV and AIDS programs within public dispensaries within Kisumu County and to large extent determine whether the M&E systems are effective or not.

1.2 Statement of the problem

Despite the obvious need for an effective M&E system in HIV and AIDS programs, M&E activities has only been treated as a peripheral agenda in many circumstances. In most cases, there is inadequate allocation for M&E budget, inadequate capacity and expertise for M&E as well as lack of wide stakeholder engagement during M&E process hence effectiveness of M&E system in HIV and AIDS programs cannot be guaranteed. The accuracy of the data generated from ineffective M&E systems is questionable and decisions based on such inaccurate data can be grossly misleading.

Monitoring and Evaluation helps to measure performance of programs or projects. Huge resources have been invested on the HIV and AIDS programs by various partners to curb the HIV and AIDS pandemic. The programs have M&E system to help track changes in implementation and outcomes by the concerned stakeholders. There is need for the M&E systems in HIV and AIDS programs to work effectively to help determine whether the huge

investments of resources on HIV intervention programs is worth. An effective M&E system is characterized by an adequate M&E budget, adequate capacity and expertise for M&E as well as wide stakeholder engagement during M&E process.

It is important to establish whether the M&E systems in HIV and AIDS programs in public dispensaries within Kisumu County are effective or not. However, it is difficult to pass this judgement because the determinants of an effective M&E system are unknown. This study will therefore determine the adequacy of M&E budget, capacity and expertise for M&E and stakeholder engagement during M&E process in order to determine whether M&E system in HIV and AIDS programs in public dispensaries within Kisumu County are effective as expected.

1.3 Objectives

1.3.1 General objective

The main objective of the study was to establish the determinants of effective Monitoring and Evaluation systems in HIV and AIDS programs in public dispensaries within Kisumu County, Kenya.

1.3.2 Specific objectives

The specific objectives for this study included:

- i. To examine budgetary allocation for M&E activities in HIV and AIDS programs in public dispensaries within Kisumu County, Kenya
- ii. To determine the M&E capacity and expertise in HIV and AIDS programs in public dispensaries within Kisumu County, Kenya
- iii. To examine the extent of stakeholders engagement during M&E processes in HIV and AIDS public programs in dispensaries within Kisumu County, Kenya.

1.4 Research questions

- i. What is the state of budgetary allocation for M&E activities in HIV and AIDS programs in public dispensaries within Kisumu County, Kenya?
- ii. What is the level of M&E capacity and expertise in HIV and AIDS programs in public dispensaries within Kisumu County, Kenya?
- iii. What is the extent of stakeholders' engagement during M&E processes in HIV and AIDS public programs in dispensaries within Kisumu County, Kenya?

1.5 Justification of the study

Monitoring and evaluation is core to any successful implementation of intervention programs and development plans. HIV and AIDS intervention programs play a critical role in the overall reduction of the HIV prevalence. There is need therefore that these programs be effectively monitored and evaluated. If this is not the case then the constraining factors should be established and proper recommendations made to the relevant authorities. Despite the obvious importance, it is not taken very seriously in a number of programs as has been revealed a few studies in other countries. When the Monitoring and evaluation are done, then they are not carried out effectively.

There is scarcity of information on whether the M&E systems in HIV and AIDS programs are effective or not. This study therefore described the determinants of effective monitoring and evaluation systems in HIV and AIDS Programs in public dispensaries in Kisumu County. The state of budgetary allocation for M&E activities, the level of capacity and expertise for M&E and the extent of stakeholders engagement during M&E system in HIV and AIDS programs in public dispensaries within Kisumu County are unknown hence the compelling need for this study. Furthermore, Kisumu County is among the counties with highest HIV prevalence ranked third highest at 19%. Given that dispensaries are the majority in the region and that they are first sites to be visited by the patients, the researcher opted to narrow this study on the same. This is also a point of interest given that most of such facilities face related challenges like understaffing, inadequate funding among others that would definitely hinder effective implementation of M&E systems.

1.6 Significance of the study

Resource allocation and funding of HIV and AIDS Programs just like others depends on the ability of the project implementers to demonstrate that the interventions are making a difference in reducing new infections and improving life for people infected with and affected by HIV. This is only possible if the existing monitoring and evaluations systems are effective. This study was therefore significant to all the stakeholders in HIV/AIDS intervention Programs since effective monitoring and evaluation systems set a center stage for better bargain for resource allocation and funding.

Improvements on the effectiveness of how Programs are monitored and evaluated would enable the project managers and officers to justify the expenditure of resources and enable them to grow to the levels that will ultimately have a sustained impact. It would also enable the beneficiaries and other stakeholders to appreciate their role in effective monitoring and evaluation.

Among the project staff, this study would assist in creating awareness of monitoring and evaluation process and its necessity within the Programs. The findings from this study would also be shared with the project managers with the purpose of improving monitoring and evaluation that was implemented, in order to improve performance and the accountability. The finding also would also give a sense of direction to show whether the Programs were within track or not.

1.7 Scope and Limitation of the study

This study was limited to Kisumu County. The facilities considered in this study were the dispensaries that form the bulk of the health facilities in the region. Only public facilities designated under Ministry of Health were included in the study

CHAPTER TWO: LITERATURE REVIEW

2.1 The HIV and AIDS Monitoring and Evaluation Systems

Monitoring and Evaluation are two distinct terms that are related but not identical (Kusek & Rist, 2004). Whereas monitoring is the routine tracking and reporting of priority information for a program or a project, in terms of its input and intended output and outcomes evaluation on the other hand is the episodic or periodic assessment of relevance, effectiveness and efficiency of the project intervention and their impact in relation to stated objectives (NACC, 2009).

An M&E system is a collection of several components that interact to produce timely information for decision making. The components help in tracking the implementation and results of a project (South African Management Development Institute (SAMDI), 2007). An M&E system is made up of four interlinked stages, which including setting up of the M&E system, implementation of the M&E system, involvement of the project stakeholders, and communication of the M&E results (UNAIDS, 2009).

An effective M&E system makes it possible to track whether the Programs funds are used as intended and learn whether the project/intervention made a difference. M&E system should be straightforward and work as a paper-based system since electronic data capture may not be feasible at all levels. The more complex an M&E system, the more likely it is to fail (UNAIDS, 2000a). HIV The global fund recommends that M&E systems should be built into public health programs from the design phase and carried out through the lifetime of the project (Bernescut, Grubb, Jürgens, & Hacopian, 2011).

HIV/AIDS has a deep global and regional history. By the end of 2000, 36.1 million people worldwide were living with HIV/AIDS of which 90% were in developing countries and 75% in Africa. On 25th to 27th June 2001, Heads of State and Representatives of Governments met at the United Nations General Assembly Special Session (UNGASS) to declare their commitments to HIV/AIDS (UNAIDS, 2002). Through international commitment in 2004, various countries were encouraged to adopt the three ones principle while responding to the HIV pandemic. The three principles entails One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners, One National AIDS Coordinating Authority, with a broad

based multi-sector mandate and One agreed country level Monitoring and Evaluation System(UNAIDS, 2000b). From the International Conference on AIDS and STIs in Africa (ICASA) held in Nairobi, Kenya, in September 2003, there was strong consensus on three principles applicable to all stakeholders in the country-level HIV/AIDS response (UNAIDS, 2004).

Kenya is one of the countries that committed to adhere to the three ones principle. There is a national body that co-ordinates that HIV activities called the National Aids Control Council (NACC), that was established under the State Corporations Act by a Presidential Order in Legal Notice No. 170 of 26th September 1999 to provide leadership and coordinate a multi-sectoral response to the epidemic (National Aids Control Council, 2009). The country also had a good track of developing Strategic Action Plans to guide the implementation of HIV Programs in the country. The first one was the Kenya National Aids Strategic Plan One (KNASP I) 2000 – 2004. The second plan was KNASP II (2005- 2009). The third plan was KNASP III (2010-2014) while the forth strategic plan is currently running from 2015-2019.

The global HIV monitoring and evaluation reference group (MERG), recommends a 12 component M&E framework for HIV programs (Karani, Bichanga, & Kamau, 2014).This framework has been adopted in Kenya and it consist of the 12 components including organization structure for HIV M&E, Human capacity for M&E, M&E partnerships, M&E plan, costed M&E work plan, M&E advocacy, communication and culture, routine program monitoring, supervision, M&E database, surveys and surveillance, HIV evaluation, research and learning and national HIV database and data dissemination and data use(UNAIDS, 2009).

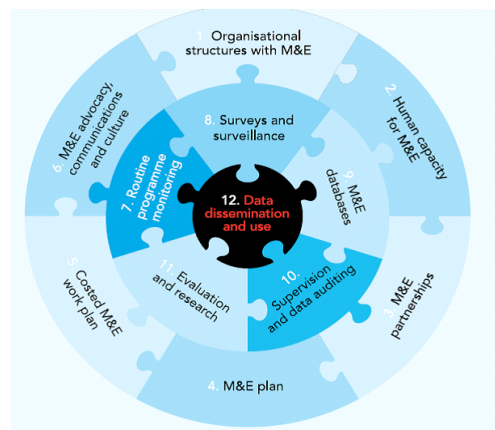


Figure 1: National HIV/AIDS Framework (Source: World Bank, 2006)

2.2 Budgetary allocation for M&E in HIV and AIDS Programs

A project should have adequate budget provision for monitoring and evaluation activities. For the monitoring and evaluation to be given the due recognition, the M&E budget should be clearly delineated within the overall project budget (McCoy, 2012). The costs of operationalizing the M&E Plan should be included in the budgeting processes (Chaplowe, 2008).

Global fund recommended that five to ten percent should be allocated for M&E activities (Duran & Silverman, 2013). This almost compares with the UNAIDS (2000) that recommends that about 10 percent of the HIV/AIDS project budget should be used for monitoring and evaluation activities. The same arguments are held by the Catholic Relief Services (CRS) that affirms that M&E budget should be 5- 10%, recommendations that are held by the World Bank as well (Krause, Philip, & Keith, 2012). However, various studies have shown that many countries have limited funding for monitoring and evaluation activities (UNAIDS, 2000d). Another report by UNAIDS (2009), further agreed that most HIV Programs do not allocate adequate funds for monitoring and evaluation of HIV/AIDS Programs leading to their failure. An assessment of the Malawi's HIV/AIDS M&E system revealed that inadequate budgets for M&E led to ineffectiveness of most of the HIV Programs in that country. This study was done in public health facilities as opposed to the one done Kalambayi (2013) that also established that inadequate budgetary allocation contributed to the failure of M&E systems for Romanian NGOs implementing HIV Programs. A study by in Botswana on practices and challenges about NGOs implementing HIV/AIDS Programs revealed one the factors that impede effective implementation of M&E systems in such Programs is limited allocation of funds for monitoring and evaluation activities (Mark, 2007). According to another study, 'Strengthening the Monitoring and Evaluation System of HIV and AIDS Programs in ChildFund Uganda' lack of adequate funds was one of critical factors that affected implementation of the M&E systems in the Programs alongside lack of M&E expertise and inadequate stakeholders engagement (Ediua, 2012). In a study conducted in HIV research Programs, it was revealed that M&E capacity and expertise, management involvement and financial availability were established to have influence on such the monitoring and evaluation of such Programs (Magondu, 2013).

An effective M&E system for HIV and AIDS should therefore have an M&E budget, which should be delineated from the main program budget. The M&E budgetary allocation should be adequate, usually between 5-10%. The funds should be availed in good time so that the M&E

activities can be implemented without any hitches. The funded allocated for M&E should also out into the intended purpose. M&E system for HIV and AIDS program without any or all the criteria set above would have its effectiveness compromised from the onset.

Most of these studies were premised within nonpublic facilities. Again most of these studies in other countries other than Kenya. The level of budgetary allocation for M&E in HIV and AIDS programs in public health facilities in Kenya also remains unknown. This study therefore determined the state of budgetary allocation for M&E activities in HIV and AIDS programs in public dispensaries within Kisumu County, Kenya.

2.3 Human Capacity and Expertise for M&E in HIV and AIDS Programs

Human resource is vital in implementation of Monitoring and Evaluation activities. The personnel allocated should also have sufficient skills on monitoring and evaluation (UNAIDS, 2000c). There should be effective human resource capacity with regards to quantity and quality for M&E system (World Bank, 2006). The staff assigned for M&E responsibilities should also have clearly specified terms of reference or job descriptions which should stipulate what is required of the staff undertaking monitoring and evaluation activities (UNAIDS, 2008).

Data collection, data analysis and reporting skills are some of the gaps that have been identified in monitoring and evaluation in most of HIV/AIDS Programs (World Bank, 2006). Lack of standardized skill building for monitoring and evaluation officials has been found to be a major factor contributing to ineffectiveness of monitoring and evaluation systems in HIV/AIDS Programs in Moldova. As a result, there was critical shortage of qualified human resources for the M&E systems (Chisinau, 2009). Given that M&E is a relatively new field; Word Bank (2006) observes that it is faced with a number of challenges in effective delivery of results. Therefore capacity building for M&E systems and harmonization of training courses as well as technical advice is highly required. Findings by UNAIDS (2008) confirms that although there are capacity building courses in M&E, the courses tend to focus on monitoring and evaluation concepts and not on building practical skills. Consequently, the M&E staff lacks the practical skills to undertake M&E activities.

The UNAIDS (2000a) suggests that M&E units should have access to an epidemiologist, a statistician, a social scientist and a data manager. Additionally, the team should also include a professional communications specialist/lobbyist since available data are often poorly packaged and communicated. In a separate study, it is observed that there is documented lack of

uniformity in approaches, tools and methods used in developing the framework (Ramothamo, 2013). This makes it very difficult for the M&E officers to monitor such programs.

Supportive supervision and data auditing go to the heart of data credibility and therefore data use. Supportive supervision is important to ensure that the staff dedicated for monitoring and evaluation activities deliver effectively. It is however noted that supportive supervision of data collection processes at the implementer level is weak in most of the countries (Global Fund, 2011). This has led to failure in of the M&E systems in some of the HIV/AIDS Programs. There is also documented evidence that analytical capacity M&E officers is weak and there is need to be strengthened to effectively address the strategic data needs at the level (NACC, 2009).

An effective M&E system is determined by the presence of adequate staff for M&E. There should be a unit for M&E and an in-charge to help in coordination of M&E activities. An effective M&E system should also have clearly job descriptions for those handling M&E activities and adequate time allocation for M&E activities. The staff handling M&E activities should be well trained with practical skills on M&E. For sustainability of an effective M&E system, there should be capacity building programs for M&E.

Different studies have indicated that there are gaps in human capacity and expertise for monitoring and evaluation activities. An assessment of M&E system for HIV/AIDS in Moldova identified critical shortage of qualified human resources to be a major contributor to weak M&E systems (Chisinau, 2009). Studies in Ethiopia and Malawi further identified lack of human capacity for M&E to be a major factor contributing to weakness of M&E systems of HIV/AIDS Programs. The World Bank report also cemented that fact that the M&E capacity in most countries is weak contributing to failure of their M&E systems (World Bank, 2006). It is not clear whether the there is adequate M&E capacity and expertise for HIV and AIDS programs in Dispensaries within Kisumu County. It is therefore difficult to tell whether the M&E systems are effective or not hence the need for this study

2.4 Stakeholders engagement during M&E process in HIV and AIDS Programs

M&E stakeholders are those people who have a stake in the project monitoring and evaluation. Such stakeholders may include the beneficiaries, community members, the project staff, the national coordinators or government, the donors among others (Shah, et al, 2004).

Generally, there are two types of monitoring and evaluation with regards to the extent of stakeholders' engagement that is participatory M&E and Conventional M&E. Participatory

monitoring and evaluation is more effective than the conventional monitoring and evaluation. Participatory monitoring and evaluation ensures that funding is relevant to local situation, instills a sense of ownership among the stakeholders, increases stakeholders understanding of the project strategy, and improves accountability (Aubel, 2009). Conventional monitoring and evaluation on the other hand emphasizes on upward accountability. This limits the participation of the beneficiaries in the M&E process (Aune, 2010). It is argued that in the conventional monitoring and evaluation, the beneficiaries do not stand to benefit optimally from the monitoring and evaluation since M&E information is not shared with them hence it reduce the chances of learning and improving the project implementation techniques.

According to Mark (2007), participatory monitoring and evaluation should be part of a participatory project design and planning to fully optimize its benefits. However, he admits that it is not easy to have a fully participatory M&E in order to reap its benefit since it requires a lot of skills and time. If Aubel, (1999) argument is anything to go by, there are limited documented references on participatory monitoring and evaluation in health sector unlike other fields like agriculture, environmental rural agriculture among others.

There is need for working relation between national and county government in co-ordination of HIV activities as provided for in the Article 189 of the Kenya constitution to harness multi-sectoral HIV/AIDS response at various levels (National Aids Control Council, 2009). The constitution of Kenya 2010 has fundamentally changed the governance framework for the multi-sectoral response (Republic of Kenya, 2010). The co-ordination mechanism established especially at the decentralized levels lacks synergy in terms of service delivery and effective M&E systems. The report by NACC (2009) indicates that the HIV/AIDS in Kenya is also characterized by lack of adequate stakeholder engagement. No matter how sound an M&E system may be, it will fail without widespread stakeholder buy-in (UNAIDS, 2009). A monitoring and evaluation process that is participatory ensures that the spirit of ownership and sustainability are inculcated in the project monitoring and Programs hence their ultimate success. An effective M&E system is achieved through active stakeholder engagement. The engagement of the key stakeholders should be wide and should be done at every stage of the programs during M&E processes. There should be frequent collaboration with external M&E evaluators to give the M&E system the sense of credibility. There should be a mechanism of support supervision

for continuous improvement of the M&E system. An effective M&E system should also disseminate M&E information using methods that are accessible to most of the stakeholders. Several studies in other countries other than Kenya have shown that inadequate engagement of stakeholders during M&E process contributes to ineffective M&E system in HIV and AIDS programs. A study in Uganda by (Romathano, 2013) found out that implementation of monitoring and evaluation did not adequately engage the key stakeholder in identification of community needs, project design, determining project interventions and budgeting. It is emphasized that it is important to engage the key stakeholders during the process of Monitoring and evaluation. UNAIDS (2014) asserts that no matter how sound an M&E system may be, it is likely to fail if there is no widespread stakeholder 'buy-in'. The extent to which the key stakeholders are engaged during M&E process in HIV and AIDS programs in Kenya is unknown. This study therefore examined the extent of stakeholder's engagement during M&E processes in HIV and AIDS public programs in dispensaries within Kisumu County, Kenya.

2.5 Theoretical framework

Human service programs are designed to make a difference in the lives of people or to improve the society. Program theory explains how a program intends to achieve its outcomes, outputs and impact then looks at the factors that determine its success. It is as a set of explicit or implicit assumptions by stakeholders about what action is required to solve a social, educational or health problem and why the problem will respond to this action (Chen, 2005). From a program theory, the evaluator is able to explain what went right or wrong, that is, why the program failed to achieve the desired effect. Program theory was favored for this for study because it would help to elaborate how budgetary allocation, capacity and expertise for M&E as well as stakeholder engagement would influence the effectiveness of M&E system for HIV and AIDS programs in public dispensaries within Kisumu County, Kenya.

Program theory is important in many aspects. It is significant when attempting to determine why a program is succeeding or failing and if and where program improvement should be focused. It helps identify weakness and strength of program design as well as the weakness of program implementation. It makes it possible to show how the outside factors affect the program as well as acting as a guide to program activities. Additionally, it guides the evaluation plan and helps elucidate what went right or wrong and why program failure occurred. According Wanjiru

(2013) program theory can also demonstrate the capability of the program to fix a problem by addressing the needs identified through need assessment

Program theory forms the tenet of theory-driven evaluation (Chen, 2005). As such, it is a systematic configuration of stakeholders' prescriptive assumptions and descriptive assumptions underlying programs, whether explicit or implicit. Descriptive assumptions- change model, deal with what causal processes are expected to happen to attain program goals. Prescriptive assumptions,-action model, deal with what actions must be taken in a program in order to produce desirable changes. Theory-driven evaluation uses the action model and change model to address contextual factors and planning and implementation issues that are greatly interested to stakeholders.

There is a fundamental difference between theory-driven evaluation and other forms of evaluations. For instance, the black-box evaluation mainly focuses on whether an intervention has an impact on outcomes without further interest in the transformation process between the intervention and outcomes. Likewise, theory-driven evaluation is also different from method-driven evaluation. Method-driven evaluation utilizes a research method as a basis for conducting an evaluation. It is mainly guided by the predetermined research steps required by a particular method, quantitative, qualitative, or mixed. Method-driven evaluation also tends to ignore stakeholders' view and concern in evaluation.

Program theory utilizes three components to elucidate the program namely the program activities/ inputs, the intended outcomes / outputs, and the mechanisms through which the intended outcomes are achieved. A program theory should be developed before the beginning of the program. However, even if the program is underway, it is important for a program theory to be developed. Therefore, program theories can be developed during the operation of the program or prior to evaluating a program.

2.6 Conceptual framework

A conceptual framework is a diagram that depicts the relationships among variables that may influence the achievement of objectives (Wanjiru, 2013). It shows how the dependent and independent variables interact to influence the outcome. Programs theory attempts to explain why a program or a system would fail or succeed. This study was set out to establish the factors that determine the effectiveness of M&E systems in HIV/AIDS Programs in Kisumu County. The determinants examined included the M&E budget, M&E training and expertise, stakeholders

engagement, which in this case were the independent variables while the effective M&E systems was the dependent variable as illustrated below.

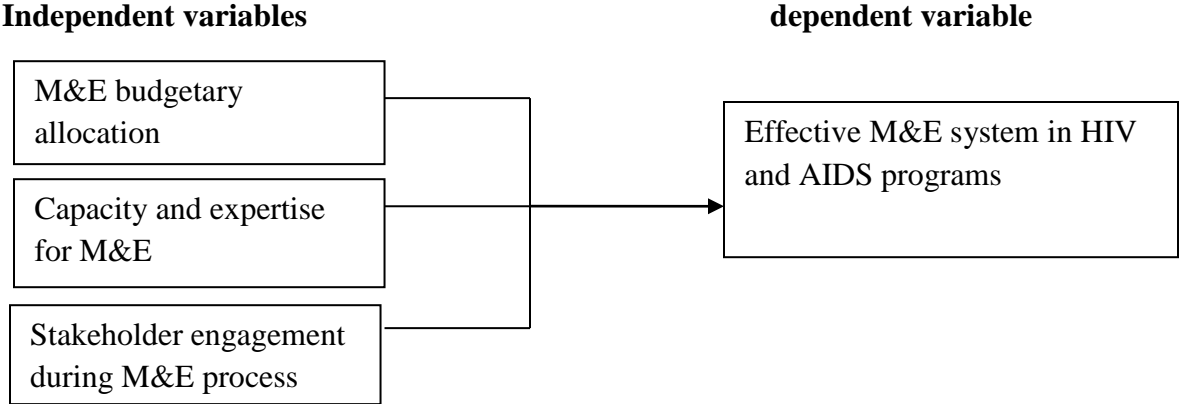


Figure 2: Conceptual framework

CHAPTER THREE: METHODOLOGY

3.1 Overview

This section describes how the research will be done. It covers the study area, study population, sampling procedure, and data collection tools and data analysis techniques. It basically shows how data will be collected to respond to the research questions.

3.2 Location and Size

Kisumu County is one of the 42 counties and it is located in the western part of Kenya. It lies within longitudes 33° 20'E and 35° 20'E and latitudes 0° 20'South and 0° 50'South. The County covers a total land area of 2009.5 km² while about 567 km² covered by water. Kisumu County neighbors Siaya County to the West, Vihiga County to the North, Nandi County to the North East, Kericho County to the East, to the South is Nyamira County and Homa Bay County is to the South West. The county has a shoreline on Lake Victoria, occupying northern, western and a part of the southern shores of the Winam Gulf.

Kisumu County hosts the third largest city in Kenya together with other urban areas such as Maseno, Ahero, Muhoroni, Sondu and Awasi. For administrative purposes, the county is divided into 7 sub-counties namely Kisumu East, Kisumu West, Kisumu Central, Seme, Muhoroni, Nyando and Nyakach. The sub-counties are further divided into 35 wards with a total population of 1.2M people according to 2009 national Census. About 400,000 of the population live in Kisumu City alone while the rest in the rural areas and the small urban areas stated above.

Commercial cane farming is dominant in Muhoroni sub county with 4 sugar factories, at Chemelil, Muhoroni, Kibos and Miwani and light industries that include textiles, molasses, fish processing plants and agricultural produce processors located within the city. In terms of tourism, the County is fast developing into a major tourist destination in the Western Tourism Circuit of Kenya. Features like the shoreline of Lake Victoria, Kit Mikayi and other rocks of similar stature, Ndere Island National Park, the God Mesa viewpoint in Nyabondo provide a great attraction for tourists.

Kisumu County is one of the 42 counties in Kenya. It an area of about 2085.9 square kilometers. Its headquarters in the Kisumu City with Latitude and longitude coordinates of -0.091702,

34.767956 respectively. It has a total of 6 sub counties namely Kisumu Town East, Kisumu Town west, Seme, Muhoroni, Nyando and Nyakach. It borders several counties namely Vihiga to the North, Nandi to the North East, Kericho to the East, Nyamira to the south, Homabay to the South west, and Siaya to the West.

3.3 Study area

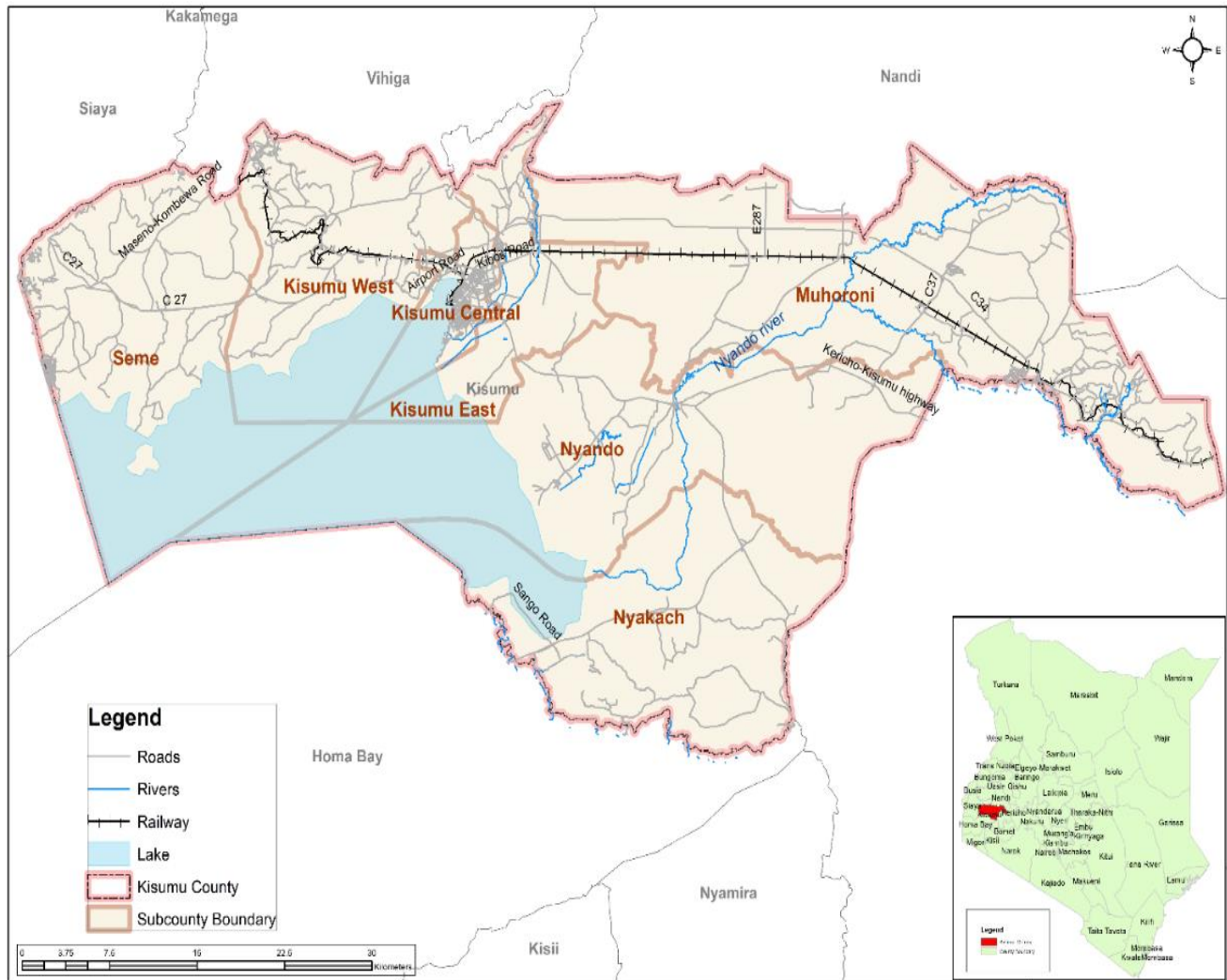


Figure 3: Map of Kisumu County as located in Kenya

(Source: Republic of Kenya, 2010)

3.4 Demographics

Kisumu County constitutes 3% of the national population of 968, 909 and is ranked 12 out of 47. The female population constitutes 51% while that of male is (Commission on Revenue

Allocation, 2011). The county's age distribution is 20% between 0-5 years, 24% (6 – 14 yrs), 12% (15-19yrs), 13% (20-25 yrs), majority 29% (26-65 yrs) and 35% are above 66 years old. The population density is 465 people per Km² against the national 401.6 people per Km². There are about 226, 719 households (Kenya National Bureau of Statistics, 2009).

61.15% of the hospitals in the county are public and are government owned. (Division of Health Information Systems (HIS), 2010).

16.2% of the population is HIV positive. The antenatal care patients ranked 44 out of 47 and 10.3% higher than the national population on care. The HIV prevalence is 19.3% which is way above the 6.1% national prevalence (NACC, 2014). By end of 2011, children constituted 15% of those living with HIV in the county. 69% of those testing HIV positive delayed in joining a care and treatment program. 64% of children living with HIV in the county are in need of ART but are not under treatment. Only 41% of pregnant women attended the recommended four antenatal visits and in the other hand 57% of HIV pregnant women do not deliver in health facilities.

3.5 Study design

A cross sectional study design was used. This was because the data was only collected at a particular point in time (Shao, 2003). This study design enabled the researcher to collect the required data within a relatively short time. It was not resource intensive and was not consuming many respondents time hence higher response rate was predicted. The data types collected were both qualitative and quantitative.

The cross sectional study design was used to examine the determinants of effective M&E system like budgetary allocation for M&E, capacity and expertise for M&E as well as stakeholders engagement during M&E process in HIV/AIDS Programs within public dispensaries within Kisumu County.

3.6 Study population

A target population is the complete set of subjects that can be studied like people, objects, animals, plants, organizations from which a sample may be obtained (Shao, 2003). The population of the study was drawn from the 69 public dispensaries in Kisumu County that implemented HIV and AIDS programs (Division of Health Information Systems (HIS) & Department of Standards and Regulatory Services (DSRS), 2010). The sampling frame was the

public dispensaries and consisted of 59 public dispensaries that were sampled using cluster and purposive sampling techniques.

3.7 Sample size and sampling procedure

Using 69 dispensaries designated under the Ministry of Health as the study population, according to Israel (2013), a sample size was determined from the Yamane's formula as shown below:

$$n = \frac{N}{1 + N(e)^2}$$

Where

n= the sample size,

N =population size, and

e =the level of precision ($\pm 5\%$)

By using Yamane's formula of sample size with an error 5% and with confidence coefficient of 95% (Yount, 2006), the calculation from a population of 69 came up with 59 dispensaries from all the 6 sub counties.

$$n = (69) / 1 + 69(0.05)^2$$

$$n = 69 / 1 + 69 * 0.0025$$

$$n = 69 / 1 + 0.1725$$

$$n = 69 / 1.1725$$

$$n = 58.85 \text{ (85.2\% of 69 which is the target population)}$$

$$n = 59$$

Cluster sampling method was used to divide the Kisumu County into 5 clusters, according to former constituencies (Kenya National Bureau of Statistics, 2010). This was the basis of classifying health facilities as extracted in the Master Facility List in 2014 during proposal for research. These included Kisumu Town, Kisumu Rural, Muhoroni, Nyando and Nyakach. The researcher included a proportional number of dispensaries from each cluster. Since the sample

size (59) is 85.2% of the study population (69), the researcher sampled 85.2 % of dispensaries from each sub county. Purposive sampling strategy was then be used to include the dispensaries from each sub county as indicated in the table below:

Table 4. 1: Number of dispensaries in Kisumu County

Constituency	MOH dispensaries (population)	Sampled dispensaries
Kisumu Town	13	11
Kisumu rural	17	14
Muhoroni	16	14
Nyakach	13	11
Nyando	10	9
Total	69	59

(Source: Division of Health Information Systems (HIS) & Department of Standards and Regulatory Services (DSRS), 2010)

3.8 Data collection tools

Data was collected mainly using questionnaires. The respondents targeted included the facilities managers or data officers/ M&E officers. These officers were the one responsible for data management in the facilities. The questionnaires comprised of questions that were convenient and easy to answer. The questions were based on the objectives of the research. The questionnaire consisted of both open ended and closed ended questions. This gave the researcher an opportunity to collect both qualitative and quantitative data. Closed ended questions were convenient in that the respondents were provided with options that they ticked. This saved a lot of time and increased the chances of participation. It also made it easy for the researcher to analyze the findings. However, closed ended questions limited the respondents from giving additional information that was not captured within the range of options provided in the questionnaire. Open ended questions were important in that they allowed the respondents to give in-depth information about an issue under investigation. They were disadvantageous in that they consumed a lot of time when responding to the questions. It was also very cumbersome and time consuming during analysis. The questionnaires were delivered and administered by the researcher himself which improved the response rate. The researcher also held key informant interview with the Sub County (7) and County (1) M&E/ data officers using interview schedule

3.9 Procedure of data collection

The researcher sought ethical clearance letter from the Maseno University Ethics and Review Committee (MUERC), letter annexed. The Ethical clearance letter was used to seek administrative approval letter from the Director of Health, Kisumu County. It was the administrative approval letter (annexed) that was used to visit the sampled facilities and key informants. The ethical requirements appertained to this study was followed as discussed under the ethical consideration. The questionnaires were administered to the respondents, the purpose of the study and what was expected of them was outlined.

3.10 Pilot study

The questionnaires were piloted first before the data collection process began. The facilities used for the pilot study did not form part of the sample. A total of 5 public facilities were considered for the pilot study. The feedback from the pilot study was used to make the needful adjustment to minimize any suspected flaws during the actual data collection process.

3.11 Validity and reliability

Validity is the degree to which results obtained from the analysis of data actually represent the phenomena under study (Mugenda & Mugenda, 1999). A valid instrument should accurately measure what it is supposed to measure. Validity check ensures that the tools measures what they are expected to measure. Construct validity was used to ensure that the questionnaire actually measured what it was intended to measure (i.e. the construct).It was done to check whether there were any inbuilt errors in the questionnaires for data collection. Any ambiguous and incomprehensive items were revised in order to elicit the required information and to improve the quality of the instruments. This was done through consultation with the supervisor just to ensure that the objectives of the study were captured within the questionnaires.

Reliability is the measure of the degree to which a research instrument yields consistent results or data after repeated trials (Mugenda & Mugenda, 1999).The reliability of the questionnaire was done by conducting a pilot study before the actual data collection. The 5 programs that were used for the pilot study were not eventually included in the actual study.

3.12 Data presentation and analysis

The primary data from the field was edited first. The edited data was coded. Coding of data ensured that the responses were translated into specific categories. This substantially reduced and

organized data into manageable summaries. Both qualitative and quantitative techniques were used to analyze the data. The quantitative data collected were analyzed, using descriptive statistics while qualitative data was analyzed using thematic analysis techniques. Descriptive statistics such as frequencies and percentages were used to describe the data. The budgetary allocation for M&E, capacity and expertise for M&E and the stakeholder engagement during M&E process were determined to establish whether the M&E system for HIV and AIDS are effective or not. The quantitative data was analyzed through thematic or content analysis. The analyzed data was presented through tables and figures like pie charts, bar graphs.

3.13 Ethical Considerations

3.13.1 Informed Consent and Assent

Potential participants were given consent forms that comprehensively addressed their rights and welfare as participants in the study. They were permitted to ask questions about the study for clarification. Each participant was to confirm their acceptance to participate in the study by either appending a signature or a finger print. Participants were to be informed before the start of the interview that if they were uncomfortable, they could stop the interview at any time. All information collected during the study were kept confidential. The guidelines for the protection of human subjects were followed as prescribed by the Maseno University Ethics Review Committee (MUERC).

The research procedures were explained to the participants and written informed consent obtained before any participant was screened for eligibility. These consents were sought after written and verbal information about the purpose and procedures of the study was given in English or Kiswahili as appropriate. In addition, participants were informed that participation was voluntary and they could decline participation at any time.

Given that this study aimed at collecting data from senior employed staff that are above 18 years of age, they were to consent themselves directly. Ethical approval for the study was sought from the MUERC and the consent forms for each study tool are annexed as appendices.

3.12.2 Confidentiality

Study participants were not identified by name during and after the research process. Any tools or documents containing identifying information were destroyed after the data entry. Data collection tools were kept in lockable shelves to ensure confidentiality. Data was maintained in electronic database that is password-protected and to which only authorized study personnel (Principle and Co-investigators) had access. A copy of the informed consent documents were given to the participants for their records. The rights and welfare of the participants were protected by emphasizing to them that their jobs were not to be affected if they declined to participate in this study.

3.12.3 Risks to Participants

No samples were collected in this study therefore there were no direct risks involved. However, there were inconveniences involved in taking time to obtain consent or assent to participate in the study from the participants.

3.12.4 Benefits to Participants

The main benefit to participants was free sharing of findings of this study in order to improve the effectiveness of monitoring and evaluation system for HIV programs in the sampled sites. The benefit of participation in this study therefore outweighed the risks.

2.12.5 Vulnerable Populations

No direct harm was anticipated in this study. The vulnerable population that was included in the study if they formed part of potential participants were the pregnant women. The investigator assumed that it posed psychological anxiety upon them due to hormonal imbalance experienced during pregnancy. The researcher dealt with this group by obtaining their consent, and took the least time possible during interview process.

This study however, did not include vulnerable like the children and prisoners.

2.12.6 Compensation and Incentives

Since no major risks were anticipated from this study no compensation or incentives were given to participants for willingly taking part in the study.

2.12.7 Expected Application of Results

The study was aimed at identifying the factors that determine the effectiveness of M&E in HIV programs in the selected health facilities. Findings of this study were shared with study participants, members of the local community, as well as presented at professional conferences, and in peer-reviewed journals. Publication of the results of this study was governed by Maseno University research policies.

CHAPTER FOUR: RESULTS AND DISCUSSIONS

4.1 Overview

This section entails the presentation of findings and discussions based on the objectives of the study. The main objective of the study was to establish the determinants of effective Monitoring and Evaluation systems within HIV programs in Kisumu County dispensaries. The specific objectives were; (1) To examine budgetary allocation for M&E activities within the HIV and AIDS programs in dispensaries in Kisumu County, Kenya; (2) To determine the M&E capacity and expertise in HIV and AIDS programs dispensaries in Kisumu County, Kenya; (3) To examine the extent of stakeholders engagement in M&E processes within HIV and AIDS programs in dispensaries within Kisumu County, Kenya.

4.2 Findings for examination of Budgetary allocation for M&E activities

The first specific objective of the study was to examine budgetary allocation for M&E activities within the HIV and AIDS programs in dispensaries in Kisumu County. The study therefore sought to determine how budget allocated for M&E activities influences the effectiveness of monitoring and evaluation systems within HIV and AIDS programs in dispensaries in Kisumu County. This was done by determining the presence of M&E budget, adequacy of the M&E budget, availability of the funds in good time, use of the funds for intended purpose and the general feeling on effect of budget on effectiveness on M&E system. Table 4.2 indicates that most (78.7%) of the facilities had a budgetary allocation for M&E but more than 75% of the respondents thought that the budgetary allocations were adequate. It was further established that funds were not availed in good time in most facilities (73.0%) and those funds were not strictly used for M&E activities in most facilities (74.5%).

Table 4. 2: Budgetary allocation for M&E

Parameter	Response n (%)		
	Yes	No	Do not know
Budget for M&E available	37 (78.7)	7 (14.9)	3 (6.4)
Budget for M&E adequate	9 (24.3)	28 (75.7)	-
Funds for M&E availed in good time	10 (27.0)	27 (73.0)	-
Funds strictly used for M&E activities	12(25.5)	35(74.5)	-
Whether budgetary allocation affect M&E effectiveness	27 (73.0)	10 (27.0)	-

4.2.1 The presence of M&E budget

It was established that 78% of the facilities had M&E budgets, 14.9% did not have M&E budgets while 6.4% did not know whether there was a budget for M&E. Previous studies around this subject matter revealed that some facilities did not have budgetary allocation for M&E activities. For instance, a report by UNAIDS (2014), indicated that HIV Programs do not have budget for monitoring and evaluation of HIV and AIDS Programs. Magondu (2013) established that lack of M&E budget in most facilities offering HIV and AIDS programs in Nairobi, contributed to the failure of M&E systems. According to the Key informants (Health information officers at sub county levels), lack of budgetary allocation impedes the implementation of M&E activities. Availability of a budget for M&E is a requirement for effective M&E system. Monitoring and Evaluation (M&E) related activities should be planned and properly budgeted for at the early stages of program implementation planned since M&E is an integral part of the project (Sedrakian, 2006).The absence of M&E budget contributes to ineffectiveness of Monitoring and Evaluation system in HIV& AIDs projects (UNAIDS, 2014).

4.2.2 Adequacy of the M&E budget,

, Majority of the facilities 28 (75.7%) that had M&E budget did not have adequate budgetary allocation while the rest 9 (24.3%) felt that the funds were adequate for M&E activities. The

Key informants stated that most of the facilities were operating on inadequate budgets and that most budgets were less than 5%.

A critical examination of other studies revealed that a number of facilities did not allocate adequate resources for M&E activities. Inadequate budgetary allocation led to failure of such programs. For instance, an assessment of the Malawi HIV/AIDS M&E system showed that inadequate budgets for M&E led to ineffectiveness of most of the HIV Programs (Görgens et al, 2006). A separate study by Kalambayi (2013) confirmed that inadequate budgetary allocation contributed to the failure of M&E systems for Romanian NGOs implementing HIV Programs, gaps that were also established in Nigeria National HIV/AIDS M&E system (Ogungbemi et al, 2012). Budget for M&E is considered adequate if the allocation is between 5% and 10% (UNAIDS 2000). The same thoughts are held by other reputable bodies like CRS (2010) and Global fund (2011). Other organizations recommend that the M&E budget can be 3% to 10% (Sedrakian, 2006). The same thoughts are advanced by (Chaplowe, 2008). Inadequate allocation of M&E budget in the HIV and AIDs programs would lead to failure of M&E systems.

4.2.3 Availability of the funds for M&E in good time

Of the 37 facilities that had budget for M&E, it was established that funds for M&E were not released in good time in majority of the facilities 27 (73.0%). while only 10 (27.0%) reported that that the funds were disbursed in good time for M&E use . According to the key informants, delay in availability of funds for M&E in the facilities was caused by untimely release of funds from the national and county governments. Studies done previously are in tandem with findings of this research and showed that delay in release of funds affected the implementation of project activities and the evaluation of the project itself (UNAIDS 2014). A study in Botswana by Mark (2007) established that delay in release of funds for M&E contributed to failure of M&E systems in the HIV and AIDS programs. The World Bank (2006) recommends that the funds should be released to the facilities in good time at the beginning of every financial year. Delayed release of funds would lead into implementation of the M&E activities behind schedule and this contributes to ineffectiveness of M&E system in HIV&AIDs projects.

4.2.4 Use of the funds for intended purpose

With regards to whether the funds allocated for M&E activities were used as intended, it was established that most of the facilities 35(74.5%) reported that M&E funds were not used as were intended while 12(25.5%) facilities stated that their funds for the intended M&E activities were put into strict M&E use. A study by Mark (2007) in Botswana on practices and challenges about NGOs implementing HIV&AIDS Programs showed that funds released for monitoring and evaluation activities were not used as was intended. Reportedly, this was a serious challenge in establishment and sustenance of an effective M&E system. When funds for M&E activities are put into other uses, M&E activities cannot be taken up as was planned. According to the key informants, use of M&E funds for other unintended purposes was caused by overall inadequacy of funding from the relevant authorities. According to the UNAIDS (2000b), the funds for M&E activities should be used as prescribed to avoid any possible failures attributable to diversion of funds to other unintended activities. Use of M&E funds to implement other project activities other than the intended purpose contributes to ineffectiveness of M&E system in HIV&AIDS projects.

Finally, the respondents representing the facilities were asked to give their opinion on whether budgetary allocation had an influence on the effectiveness of an M&E system. Most of the facilities 27 (73.0%) were of the opinion that budgetary allocation influenced the effectiveness of M&E system while 10 (27.0%) facilities did not feel that budget allocation had any influence of effectiveness of M&E system. According to the key informants, budgetary allocation is a major factor that dictates the overall performance of M&E system such that adequate, timely disbursement of funds and correct appropriation of funds contributes to an effective M&E system in HIV & AIDS system. According to Global fund (2011); budgetary allocation determines the effectiveness of M&E system such that sufficient allocation of funds contributes to a strong M&E system while limited allocations lead to failure and possible collapse of an M&E system.

4.3 Discussion for the findings on the budgetary allocation for M&E activities

An effective M&E system requires that there should be budgetary allocation for M&E activities. The budget for M&E budget should be adequate, preferably between 5-10% of the total budget for program,. (Global fund, 2011). The funds allocated for M&E should be released in good time and such funds should be used for intended purpose (UNAIDS, 2000b).

A study in Kenya by Magondu (2013) established that there was inadequate allocation of funds for implementation of M&E activities in HIV and AIDS programs in Nairobi. According to the study, inadequate allocation of the funds contributed to ineffective M&E system. This is in agreement with another study done by Kalayambi (2013) on the Romanian NGOs implementing HIV Programs. The study established that inadequate budgets for M&E led to the failure of M&E systems.

In a separate study by Mark (2007) in Botswana on practices and challenges about NGOs implementing HIV and AIDS Programs, it was revealed that limited financial allocation was a major factor that impeded the effective implementation of M&E systems in such Programs. That study recommended that there should be adequate funds allocation for purposes of an effective M&E system. Another study in Uganda on the state of M&E systems of HIV and AIDS Programs in Child Fund further confirmed that lack of adequate funds was one of the critical factors that affected implementation of the M&E systems in the Programs (Ediua, 2012). A similar study by Romadhamo (2013) on Monitoring and evaluation of HIV and AIDS donor funded projects in Maseru: an analysis of six organizations established that inadequate funding for M&E activities was a major contributor to failures in M&E systems in such projects.

This study established that in as much as most of the facilities (78.8%) had budgets for M&E, the allocations of the funds were not adequate to implement an effective M&E system in most of the facilities (75.7%). Monitoring and Evaluation budget is considered adequate if the allocation is between 5%-10% of the overall budget (UNAIDS, 2001; CRS, 2010; Global fund, 2011). Most of the facilities 28 (75.7%) did not comply with this requirement. The finding from this study is therefore in agreement with the above cited studies that inadequate budgetary allocation for M&E activities contributes to an ineffective M&E system.

Furthermore, this study went ahead to establish the influence that the availability of the funds in good time and use of the funds had on the effectiveness on M&E system. This study established that funds were not availed to most of the facilities in good time and further that the funds allocated were not strictly used for M&E activities as was intended. Delay in release of funds meant for M&E activities contributes to failure of M&E systems (World Bank, 2006). The funds for M&E were also not used as prescribed. This is a recipe to M&E failure (UNAIDS, 2000b).

Examination of budgetary allocation for M&E activities in HIV and AIDS programs in public dispensaries within Kisumu County, Kenya reveals that the M&E systems may not be effective. Despite the fact that most of the facilities had budgets for M&E, It was established that there was inadequate M&E budget for M&E activities. Most facilities (75.7%) had M&E budget below 5%. This is against the ideal state that recommends that M&E budget should be 5%-10% (Global fund, 2011). , It was also established that release of M&E funds were delayed in most facilities (74.5%). The UNAIDS (2000b) recommends that funds for M&E funds should be released in good time for optimal operation of an effective M&E system for HIV and AIDS. The study further revealed that M&E funds were not put into their intended uses. This is against the requirements of an effective M&E system (UNAIDS, 2000b4.4 Capacity and Expertise for Monitoring and Evaluation

4.4 Findings for determination of the M&E capacity and expertise

The second specific objective of the study was to determine the M&E capacity and expertise in HIV and AIDS programs in public dispensaries within Kisumu County, Kenya. Capacity in the context of this research refers to number of persons working in the facility to undertake the M&E activities. The study therefore sought to established capacity to implement effective M&E system by determining the number of employees in the facility, whether there was an individual in charge of M&E and a unit for coordinating M&E activities existence of job descriptions for M&E officers, and time dedicated for M&E activities. Table 4.3 provides the results.

Table 4. 3: Capacity for Monitoring and Evaluation

Parameter	Frequency (Percentage)
Number of employees	
1-2 Employees	11 (23.4)
3-4 Employees	14 (29.8)
5-6 Employees	15 (31.9)
Over 7 Employees	7 (14.9)
Total (n)	47
Individuals in charge of M&E activities	
Yes	29 (61.2)
No	18 (38.8)
Availability of job description for M&E staffs	
Yes	24 (51.1)
No	23 (48.9)
No. of weeks dedicated for M&E by staffs	
3-4 weeks	17 (36.2)
1-2 weeks	7 (14.9)
Less than one week	11 (23.4)
None	12 (25.5)
Presence of a unit that coordinates M&E activities	
Yes	30 (63.8)
No	17 (36.2)
Adequacy of staff number of staffs for M&E	
Yes	9 (19.1)
No	38 (80.9)

4.4.1 The number of employees in the facility

Most of the facilities had between 1 to 6 employees with only 7(14.9%) having over 7 employees. Asked whether the staffing was adequate, majority of facilities 38 (80.9) expressed

that they did not have enough staff for M&E activities. Consequently, most facilities did not allocate adequate time for M&E activities, only 36.2% allocated between 3 to 4 weeks for M&E activities. According to the key informants, understaffing in the facility has a negative influence on the effectiveness of M&E system because competing tasks would not allow the few staff to concentrate fully on the M&E activities. A study done by Nabris (2008) showed that most of the facilities dealing with HIV and AIDS were understaffed and this led to failure of M&E systems. An effective M&E system requires adequate number of staff to handle related activities for its success (NACC, 2014).

4.4.2 Whether there was an individual in charge of M&E

When asked whether there were individuals in charge of M&E activities, 29 (61.2%) facilities agreed while 18 (38.8%) indicated that they did not have individuals charged with the responsibility of overseeing the M&E activities. According to the key informants, lack of coordinators for M&E system leaves the M&E activities to be responsibility of nobody and this is a recipe for failure. Lack of personnel to co-ordinate M&E activities contributes to ineffectiveness of M&E system (Chisinau, 2009). This was further confirmed by Magondu (2013) that also asserted that lack of M&E in-charges can contribute to ineffective M&E system since there is no one to take the leading role of coordinating M&E activities. An effective M&E system requires that there should be M&E in-charges to help in co-ordination of related activities (NACC, 2009).

4.4.3 Existence of job descriptions for M&E staff,

On availability of job descriptions for M&E staff, almost half of the facilities 23 (48.9%) facilities indicated that they did not have job descriptions for M&E activities. Job descriptions outlines what an employee is expected to do (UNAIDS 2008). Key informants observed that lack job description translates to lack of guidance on clear expectations of M&E system hence contributes to failure. It was also established that a significant number of facilities 17 (36.2%) did not have a unit for coordination of M&E. This would make it difficult for effective implementation of M&E activities. These findings are close to that of Chisinau (2009) that established that the effectiveness of M&E systems in most HIV and AIDS facilities was compromised due to lack of job descriptions for M&E officers. Mulandi (2013) observed that lack M&E coordination units led to failure of most M&E systems in a number of NGOs in

Nairobi. It is recommended that to establish an effective M&E system, there should be M&E coordination units headed by competent in-charges. The M&E in-charges need to have job descriptions to guide their work (World Bank, 2006).

4.4.4 Time dedicated for M&E activities

From the findings, it was established that only 17 (36.2%) dedicated 3- 4 weeks of their time on M&E activities. The 18 facilities (38.3%) of the facilities spent between less than two weeks to less than one week to implement the M&E activities. It was further noted that 12 facilities (25.4%) did not dedicate any day for M&E activities. The Key informants cautioned that when little time is dedicated for M&E activities then the accuracy of data generated is compromised which further affects the effectiveness of M&E system. In an assessment of the Nigeria's M&E system for HIV and AIDS, it was reported that M&E was only a peripheral job and that it was allocated very minimal time leading to failure (Ogungbemi et al, 2012). It is a requirement that to have an effective M&E system, the staff should dedicate maximum time for the related activities preferably on full time basis (UNAIDS, 2009).

4.4.5 The adequacy of staff for M&E activities

This research also established that the adequacy of expertise for M&E activities by determining whether the staff were trained or not, nature of training, existence of capacity building on M&E issues in the facilities. The results are in the table 4.4 that follows.

Table 4. 4: Expertise for Monitoring and Evaluation

Parameter	Frequency (percentage)	
	Yes n (%)	No n (%)
Employees trained on M&E	21(44.7)	26 (55.3)
Capacity building on M&E	26(55.3)	21(44.7)
Employees undertaking M&E trained		
Nature of the training	Yes	No, n (%)
On job	16 (61.5)	12 (46.2)
Workshops	4 (15.4%)	13 (50.0)
Certificate and above	6 (23.1)	1 (3.8)

4.4.6 Number of employees trained on M&E

The study established that 21(44.7%) of the facilities had employees trained on M&E while 26 (55.3%) did not have staff trained on M&E. This implies that majority of the facilities lacked the requisite expertise to handle M&E activities. The key informants said that lack of expertise on M&E was a major factor contributing to ineffective M&E system in a number of facilities due to lack of proper know-how. In a study to determine factors influencing implementation of Monitoring and Evaluation, it was established that lack of adequate staff trained on M&E led to failure of M&E systems in HIV Research Programs in Kenya (Magondu, 2013). There should be adequate staff trained for the overall success of the M&E systems (UNAIDS, 2009).

4.4.7 Existence of capacity building programs for M&E

When asked whether there was a program on capacity building on M&E, it was established that 26 (55.3%) had such a program in place while 21(44.7%) did not have an M&E capacity building program. The key informants advised that such a program is important in capacity building of the staff on issues related to M&E to improve the overall effectiveness. In a study by Kalayambi (2013) had similar findings and concluded that lack of capacity building programs in facilities undertaking HIV and AIDS activities led to poor performance of M&E systems. The UNAIDS (2014), therefore recommends that there should be programs for capacity building on monitoring and Evaluation of HIV and AIDS for the overall success of M&E systems. Lack of capacity building programs for M&E might contribute to ineffective M&E system in numerous facilities.

4.4.8 Nature of M&E training

When asked on the nature of training attended, it emerged that staff in 16 (61.5%) had been trained on job, 4 (15.4%) got M&E training through workshops, 6 (23.1%) had attended certified courses in M&E attaining certificates or diplomas in the same. The key informants further confirmed that most of the facilities did not have qualified staff to handle M&E activities.

Lack of training is a major contributing factor to poor implementation of M&E activities (Mulandi, 2013). It is noted by the UNAIDS (2008) that, not only is it vital to have dedicated and adequate numbers of M&E staff, but also essential to have staff with the right skills for the

monitoring and evaluation. A large number of the facilities 21(44.7%) stated that they did not have opportunities for capacity building on M&E. This is contrary to the arguments held by Acevedo et al. (2010) there is need for opportunities for both formal training and on the job experience to ensure effective M&E system. Given the complexity and the advancing knowledge on M&E issues, UNAIDS (2008) recommends that the staff for M&E should posse technical skills and relevant experience.

4.5 Discussion for the findings on the M&E capacity and Expertise

The M&E staff should have the requisite capacity and expertise. The M&E capacity means that the staff should be adequate in terms of numbers to be able to take up the M&E activities. The M&E expertise means that the staff handling the M&E issues should be sufficiently trained. An assessment report by Chisanau (2009) on HIV and AIDS M & E system in Republic of Moldova revealed that there was lack of national technical expertise for M&E. The report revealed that Monitoring & Evaluation responsibilities were frequently an afterthought. It is a recommended practice that there should be a unit for coordinating M&E activities and that the unit should be headed by a competent in charge. Also that the staff tasked with the responsibility of coordinating or implementing M&E activities should dedicate sufficient time for the assigned duties (UNAIDS, 2008). The World Bank (2006) observed that it is good practice that those charged with the responsibility of executing M&E activities to be having job descriptions to guide their work.

This research established that overwhelming majority of facilities 38 (80.9%) indicated that they did not have adequate staff to handle the M&E activities in the programs as required. It further found out that only 29 (61.2%) of facilities had M&E in-charges while 18 (38.8%) facilities did not have anybody tasked with M&E responsibilities. This is against the recommendations by the UNAIDS (2008). It was also reported that a sizable number of facilities 17 (36.2%) did not have M&E coordination units, further complicating the implementation of M&E activities. In terms of time dedicated, the study further established that most facilities (63.8%) did not dedicate adequate time for M&E activities. This may further contribute to failure of M&E system.

Capacity building and training on M&E is important for an effective M&E system. Nabris (2008) observed that Monitoring and Evaluation carried out by untrained and inexperienced people is bound to be time consuming, costly and the results generated could be impractical.

Therefore, there is need to have a capacity building program to equip the staff handling M&E activities with the requisite skills. UNDP (2011) supports this argument that there is need to possess even a rudimentary knowledge of, and ability to utilize reporting, monitoring and evaluation system. Muia (2013) suggests that capacity building programs gives opportunity for individual development for sustainable shift in performance and collective behavior.

In this study however, it was established that a sizable number of the facilities 21(44.7%) did not have capacity building programs on M&E. Muia (2013) cautions that lack of capacity building programs denies the staff opportunity to gain knowledge, understanding, skills and attitudes that be used for sustainable changes in the collective performance and effective M&E systems. This study however revealed that most facilities 26 (55.3%) did not have staff trained on M&E with less than half of the half of the facilities 21(44.7%) interviewed admitting to have basic skills on M&E. This is a clear recipe of failure of M&E system as observed by UNIADS. Mulandi (2013) established that one of the main factors that led to effective M&E system in NGOs in Nairobi Kenya was presence of adequate capacity for M&E. The study further established that out of those facilities that reported to have trained staff on M&E, only 6 them had formally trained staff at certificate and diploma level with the rest having their staff strained either on job or in workshops which could not be very extensive. This is against the recommendations of Romodhamo (2013) that organizations need to have staff with sufficient M&E skills in order to sustain an effective M&E system for HIV and AIDS programs. In his study of challenges facing M&E systems in HIV and AIDS programs in Gabarone, Mark (2007), observed that one of the key factors was critical lack of M&E capacity and expertise and recommended establishment of capacity building programs in such programs for staff handling M&E activities.

This study was to determine the staff capacity and expertise for M&E in HIV and AIDS programs in Kisumu County dispensaries. The study established that a number of factors were at play to reduce the effectiveness of M&E. In terms of M&E capacity, the level of staffing in the facilities was reported to be inadequate by 80.9% of the facilities, presence of M&E in-charges and M&E coordination units was established to be missing in 36.2 of facilities, job descriptions for M&E was also lacking in almost half (48.9%) of facilities, time dedicated for M&E which was determined to be insufficient due in 63.8% of the facilities due to competing tasks. With regards to M&E expertise, the number of staff trained on M&E issues was determined to be inadequate in over a half (55.3%) of the facilities, programs for capacity building on M&E was

lacking in 44.7% of the facilities, and on the nature of training on M&E, an overwhelming majority of facilities (96.2%) did not have staff with formal training with certificates or diplomas and above on M&E.

From this study, it can be concluded that capacity and expertise for M&E that contributed to ineffective M&E system in HIV and AIDS programs in Kisumu County in that there was lack of adequate staff to handle M&E activities, lack of designated personnel to co-ordinate M&E activities in various facilities, lack of M&E co-ordination unit within the facilities, and dedication of limited time for M&E related activities alongside other competing tasks. Further, most of the facilities lacked personnel that were trained on M&E issues and there was lack of capacity building programs for the staff handling M&E activities in the HIV and AIDS programs.

4.6 Findings on the extent of Stakeholders engagement during M&E process

The third specific objective of the study was to examine the extent of stakeholders' engagement during M&E processes in HIV and AIDS public programs in dispensaries within Kisumu County, Kenya. This entailed interrogating the kind of stakeholders engaged, stage of involvement, external M&E, support supervision and how M&E information was disseminated to the stakeholders.

The findings were as tabulated in table 4.5

Table 4. 5: Nature of stakeholders engaged and their stage of involvement

	Stakeholders involvement		P-Value
	Yes, n, (%)	No, n, (%)	
Stakeholders involved			
Donors	11 (26.8.0)	1 (16.7)	
Program Staff	5 (12.2)	4 (66.7)	0.007
Civil Society	1 (2.4)	0 (0.0)	
Beneficiaries	1 (2.4)	0 (0.0)	
Ministry of Health	23 (56.1)	1(16.7)	
Stage at which stakeholders are engaged during program M&E			
Program identification	20 (48.8)	2 (33.3)	

Planning and budgeting	11 (26.8)	2 (33.3)	0.165
Implementation	2 (4.9)	2 (33.3)	
Dissemination	5 (12.2)	0 (0.0)	
Decision	3 (7.3)	0 (0.0)	

4.6.1 The kind of stakeholders engaged

The Main stakeholder involved in project monitoring and evaluation in most facilities was the Ministry of Health (56.1%). This was followed by donors 11 (26.8%), program staff 5 (12.2%), beneficiaries and civil society both at 1%. According to the key informants, most organizations tend to see M&E as a basic requirement to get funding from the Ministry of Health. This explains why most facilities engaged MOH more than any other stakeholders. An evaluation report by NACC (2008) revealed that there was insufficient stakeholder engagement in management of most HIV and AIDS projects in Kenya leading to failure of the M&E systems.

When the stakeholders are not adequately engaged or when engaged partially, sense of project ownership is reduced. Program staff is responsible for implementation of the program activities. The civil society help to champion the interest of the special groups like People Living with HIV and AIDS (PLWHA). The beneficiaries are those who directly enjoy the program's services while the donor partner with the MOH for purposes of funding and consumption of data. All these stakeholders need to be actively engaged on the monitoring and evaluation of projects (UNAIDS, 2008). Active engagement of the stakeholders contributes to an effective M&E system of a project. The M&E systems in HIV and AIDs programs may fail due to failure to equal engagement of the key stakeholders during M&E process.

4.6.2 Stage of stakeholder involvement

Regarding the stage of engagement, it was established that most stakeholders were engaged at the project identification level (48.8%), followed by planning and budgeting at 11 (26.8%), dissemination at 5(12.2%), decision making at 3(7.3%) and finally implementation at 2 (4.9%). The key informants suggested that Stakeholders need to be engaged throughout the project life to ensure effective project implementation and evaluation. This study revealed that the stakeholders were more actively engaged during project identification but thereafter there was very limited

engagement during implementation of project activities, decision making and dissemination of results.

The findings of this study conforms to Romadhamo (2013) recommendations that there is need to involve all the stakeholders during M&E process. Lack of adequate stakeholder participation and engagement at every level of a project negatively affects the outcome of monitoring and evaluation and the M&E system in general (UNAIDS, 2008)The information generated from M&E should be used to better the performance of projects. This can be achieved best when the stakeholders are involved in various stages of the project (NACC, 2008) The M&E system in HIV and AIDS programs within Kisumu County dispensaries therefore may fail due to failure to due to involvement of key stakheolders at all project life cycle.

4.6.3 External M&E

The results of engagement of external M&E officers are tabulated in the table 4.6.

Table 4. 6: Collaboration with external M&E officers and frequency of engagement

Program collaborate with M&E officers for external evaluation	Yes, n=41 (87.2)	No, n=6 (12.8)	Do not know
If yes how frequently are external evaluations conducted		-	-
Monthly	14 (31.1)	N/A	N/A
Quarterly	17 (41.5)	N/A	N/A
Semi-annually	10 (24.4)	N/A	N/A

Regarding collaboration with external M&E officers, it was established that majority of the facilities 41(87.2%) had this arrangement while only 6 did not. The key informants highlighted that most facilities collaborated with the external evaluators since it was a requirement from most of the donors. Collaboration with external evaluators brings in objectivity and overall strengthening of an effective M&E system (UNAIDS, 2008). Most of the facilities engaged the stakeholders monthly and quarterly. Frequent engagement of external M&E system makes it possible to correct the mess early enough and this improves the general effectiveness of M&E

system (NACC, 2009). This finding contradicts that of Chisinau (2009) which established that one of the causes of M&E failure in HIV and AIDS programs in Moldova was due to lack of collaboration with external evaluators. Collaboration with external evaluators among most of the facilities is likely to improve the effectiveness of M&E systems in HIV and AIDS programs within Kisumu County.

4.6.4 Support supervision

The study also sought to find out whether the project received support supervision on M&E. The results are in the table 4.7 below.

Table 4. 7: M&E support supervision

	Response n (%)	
Does the project receive support supervision on M&E?	Yes, 43 (91.5)	No, 4 (8.5%)

Almost all the facilities 43 (91.5%) indicated that they received support supervision and only 4 facilities indicated that they did not receive such kind of support. Support supervision is important to the projects to enable the staff share their challenges and discuss how to overcome them (UNAIDS, 2008). According to NACC (2009), lack of support supervision on M&E contributed to M&E system failure in HIV and AIDS programs in Kenya. With support supervision, the efficiency with which monitoring and evaluation is conducted hence the effectiveness of overall M&E system. This study therefore posits that adequate supervision on M&E contributed to the effectiveness of M&E system in HIV and AIDS programs in public health dispensaries within Kisumu County.

4.6.5 How M&E information was disseminated to the stakeholders.

There were various methods used in dissemination of the M&E information in the programs. The results are in the table 4.8.

Table 4. 8: Dissemination of M&E information to stakeholders

How does the project disseminate M&E information to stakeholders?	
DHIS	30 (63.8)
Posters	4 (8.5)
Staff meeting and DQA reports	4 (8.5)
Chalkboards	6 (12.8)
Community dialog meetings	3 (6.4)

Regarding M&E information dissemination to stakeholders, it was established that most facilities 30 (63.8%) used District Health information system (DHIS). This method is good but the information does not reach a wide base of the stakeholders. Instead, it tends to serve more of the interest of the donors and MOH than the stakeholders at the facility and community level. Results of M&E should be disseminated by modes that can be accessible to most stakeholders (Rist, Boily & Martin, 2011). When the choice of dissemination of results is poor then only few stakeholders receive the M&E results (Cooke, Bill, &Uma, 2001). If the monitoring and evaluation results are not well disseminated, there will be a poor analysis of the project. This may have impact on the future of the project in terms of funding and other resource allocation. Therefore choice of particular result dissemination method that may not be accessible by all the key stakeholders may reduce the effectiveness of an M&E system of the HIV and AIDS programs in the public dispensaries within Kisumu County.

4.7 Discussion for the findings on the extent of stakeholders engagement during M&E process

There is need for involvement of all the key stakeholders for effective M&E system of HIV and AIDS programs (NACC, 2009). Effective M&E systems in HIV and AIDS programs inculcates accountability and dedication to beneficiaries. It also fosters sustainability of such projects (Romodhamo, 2013). In this study, it was established that not all the stakeholder were engaged in monitoring and evaluations. Instead, only the Ministry of Health 23 (56.1%) and donors 11 (26.8%) were actively engaged but the rest of the key stakeholders like other program staff, beneficiaries, and civil society were marginalized. This is against the standards established by the UNAIDS (2008), that recommends for a comprehensive engagement of all the key

stakeholders for an effective and sustainable M&E system in HIV and AIDS programs. The report by NACC (2009) indicates that the HIV and AIDS in Kenya is also characterized by lack of adequate stakeholder engagement. The findings from this study further affirm that report.

It is also a good practice that the stakeholders are engaged throughout the project life cycle for the success of the project itself and to sustain an effective M&E system (UNAIDS, 2008). This study however, established that this was never the case. Instead, the stakeholders were mainly involved at project identification 20 (48.8%) and project planning and budgeting 11 (26.8%) phases. There was minimal engagement of the stakeholders at other project stages like implementation, decision making and dissemination of project results. Failure to engage key stakeholders throughout the project cycle leads to failure of M&E system in the HIV and AIDS programs.

To establish an effective M&E system, there is need to engage external evaluators to supplement the efforts of the internal evaluators as well as to give the process of monitoring and evaluation the needed objectivity (NACC, 2009). It also recommended that the programs need to have a mechanism of support supervision on M&E issues. This presents the staff handling M&E activities with opportunity to share out their challenges and seek the necessary remedy (UNAIDS, 2008). A study by Chisanau (2009) established that one of the causes of failure in M&E system in HIV and AIDS programs in Moldova was due lack of supportive supervision. This study established that almost all the facilities 43 (91.5%) received supportive supervision. This has a positive impact towards implementation of an effective M&E system. With regards to engagement of external M&E experts, the study established that most of the facilities 41 (87.2%) had this arrangement with only a few of them 6 (12.8%) who reported to lack such systems in place. On this regard, it can be concluded that availability of support supervision and engagement of external evaluators had positive impact on effectiveness of M&E system in the programs.

The choice of reporting or dissemination of M&E results affects the overall effectiveness of M&E system (Romadhano, 2013). Mark (2007), observed that M&E information dissemination and use affect the M&E system. In his study of M&E practices and challenges in HIV and AIDS projects in Gaborone in Botswana he recommended that there was need to relax reporting

requirements or use more friendly disseminations methods. Romadhamo (2013) suggests that donors and other agencies need to lessen the stringency of reporting requirements to avoid consumption of time on reporting than doing the real work as some reporting requirements are very cumbersome. The reporting formats need to be friendlier and simpler reporting without overburdening the programs. This study revealed that the facilities used different methods in dissemination of M&E information. However, the most commonly used method was DHIS 30 (63.8%) while the other methods were least utilized like posters 4 (8.5%), staff meetings and DQA (Data Quality Assessment) 4 (8.5%), chalkboards 6 (12.8%), community dialogue meetings 3 (6.4%). DHIS (District Health Information System) is an effective way of information dissemination but it might not be accessed by the majority who are technologically challenged or those in remote areas. When programs ignore use of variety of effective methods to disseminate M&E information to the stakeholders, there is high likelihood that the overall effectiveness M&E systems would be compromised since the decision made will not be fully based on the M&E generated information. The results of this study reflects the opinions expressed by (Rist, Boily & Martin, 2011), who asserted that evaluation should be undertaken with an intention to use its results and that results should be used meaningfully to inform decision making processes. Rogito (2010), asserts it is important to use the results from M&E system to monitor progress of a projects. USAID (2010) further argues that if the results of an M&E system cannot be used widely in the project life then the intention of data collection should be questioned in the first place.

4.8 Distribution of factors affecting Monitoring and Evaluation

When the facilities were told to rate three factors in order in which they affected the effectiveness of M&E system most, majority stated that budgetary allocation was stated as the factor that affected the effectiveness of M&E most at 55.35%, followed by capacity and expertise at 38.3% and least was stakeholder engagement at 6.4%. This is shown on the table 4.9 and figure 4

Table 4. 9: Summary of the distribution of factors affecting M&E system

Factors affecting M&E	Frequency	Percent
Budgetary allocation	26	55.3
Capacity and expertise	18	38.3
Stakeholders engagement	3	6.4
Total	47	100.0

When asked to rank the factor that affected effectiveness of Monitoring and evaluation most, it was established that most facilities 26 (55.3%) rated budgetary allocation for M&E as the main factor followed by 18 (38.3%) facilities that rated capacity and expertise rated and finally 3 (6.4%) facilities that rated stakeholder engagement as the main factor. From these figures, it was summarized that factors affecting M&E in Kisumu County dispensaries are budgetary allocation, capacity and expertise and finally stakeholder engagement in that order as shown in figure 2 below.

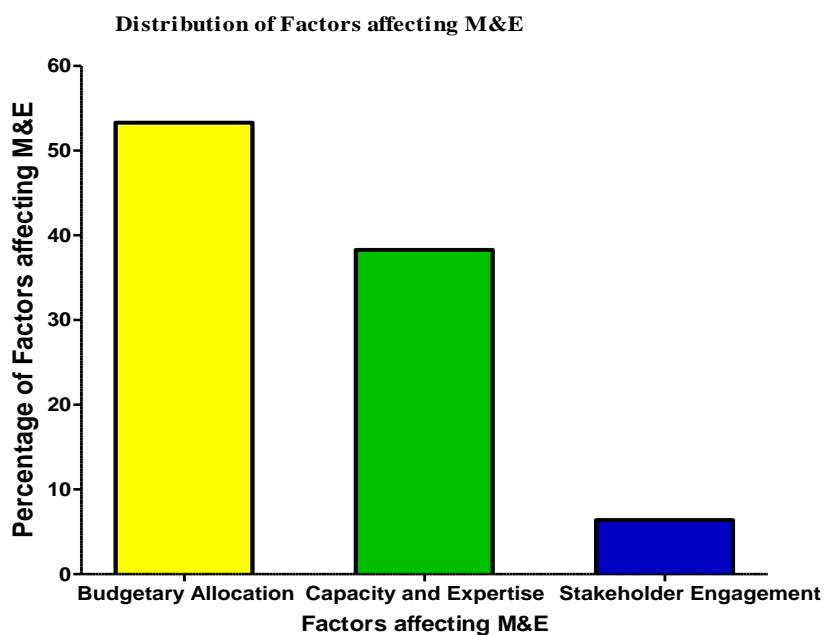


Figure 4: Factors affecting M&E activities

CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary of findings

The first specific objective of the study was to examine budgetary allocation for M&E activities in HIV and AIDS programs in public dispensaries within Kisumu County, Kenya. The study established that despite the presence of M&E budget in most (78.7%) of the facilities only 24% of the facilities indicated that the budgets were adequate. The majority (75.7 %) reported that the budgetary allocation was inadequate thus compromising the effectiveness of the M&E systems. M&E budget is considered adequate when the allocation is between 5% and 10% as recommended by UNAIDS, and World Bank among others who are authorities in HIV related M&E. In 73% of the facilities, it was established that there was delay in release of fund for implementation of the M&E activities which also compromised their effectiveness. Most (74.5%) of the facilities reported that the M&E funds were not used for the intended purpose so in spite of the existence of budgets there ended up being less funds for implementation. Finally, most facilities (73%) felt that budgetary allocation had influence on effectiveness of Monitoring and Evaluation system.

The second specific objective was to determine the M&E capacity and expertise in HIV and AIDS programs in public dispensaries within Kisumu County, Kenya. The study established that almost all facilities (85.1%) were not adequately staffed and could therefore not carry out effective M&E. A sizable number of the facilities (38.8%) did not have staff strictly dedicated for M&E activities. This is against the regulations by the UNAIDS and other authorities for an effective M&E system. Almost half of the facilities (48.9%) did not have job descriptions for the staff handling M&E activities as required meaning they could still be deployed to carry out other duties even at the expense of M&E activities thus compromising their effectiveness. A number of facilities (63.8%) did not dedicate enough time for the M&E activities with only 36.2% of the facilities dedicating three to four weeks in a month for the M&E activities. A sizable number of the facilities (36.2%) were reported to lack M&E co-ordination units despite the fact that this should be compulsory in all the facilities and that 38.8% of the facilities did not have individuals strictly dedicated for the M&E activities as recommended. An overwhelming majority of the

facilities (80.9%) reported that their staffing was inadequate. Therefore, most of the facilities lacked the necessary capacity to handle an effective M&E system.

With regards to expertise, slightly over half of the facilities (55.3%) did not have staff trained on M&E issues. About half (55.3%) of the facilities did not have capacity building programs for M&E. This is against the recommendations by the concerned authorities to offer the staff with opportunity to refresh their skills on M&E for an effective M&E system. Out of the 47 facilities interviewed, only 6 had formal training on M&E at certificate and diploma levels. UNAIDS and other bodies recommend that staff handling M&E should have sufficient training in order to have a running M&E system.

The third specific objective of the study was to examine the extent of stakeholders' engagement in M&E processes in HIV and AIDS programs in Public Dispensaries within Kisumu County. Facilities engaged the ministry of health more (56.1%) more than other stakeholders like project staff, beneficiaries, civil societies and donors (12.2%, 2.4%, 2.4%, and 26.8% respectively). An effective M&E system would require more engagement with the beneficiaries and civil society. On stage of engagement, it was established that the stakeholders were not actively involved during the entire life cycle of the project with disparities such that planning and project identification (48.8%), project planning and budgeting (26.8%), implementation (4.9%), M&E information dissemination (12.2%) and decision making (7.3%). It is a good practice to collaborate with external M&E officers to offer objectivity to evaluation process and to strengthen M&E system. Most facilities (87.2%) of the facilities complied with this requirement with an exception of only 12.8%. Support supervision is another key factor that strengthens the M&E system. This study revealed that majority of the facilities (91.5%) followed this guideline and only a deviation from 8.5% of the facilities. Finally, on how the projects disseminated their information to stakeholders, it was shown that the faculties did not embrace a wide range of methods that would be accessed by most of the stakeholders. The most commonly used mode was use of DHIS (District Health Information System) (63.8%) while the rest of the methods were rarely used e.g. posters (8.5%), Staff meetings and DQA reports (8.5%), chalkboards (12.8%), community dialogue meetings (6.4%)

5.2 Conclusions

The main objective of the study was to establish the determinants of effective Monitoring and Evaluation systems in HIV and AIDS programs in public dispensaries within Kisumu County, Kenya. It established the adequacy of budgetary allocation for M&E activities, as well the M&E Capacity and Expertise and determined the extent of stakeholder's engagement during M&E process. From the findings, the study concludes that:

- i) Even though there was allocation of M&E budget in most of the facilities (78.7%), the M&E budgets were inadequate in most facilities (75.7%), the funds for M&E activities were also not availed in good time in most facilities (73.0%) and that the M&E funds were not put into originally intended M&E uses in most facilities (74.5%).
- ii) There was inadequate Capacity and Expertise for M&E systems. Despite the presence of M&E in charges and coordination units in most of the facilities, the M&E personnel were understaffed in most of facilities (80.9%), time allocated for M&E activities was inadequate in a number of facilities (63.8%) and there was lack of job descriptions for the M&E activities in almost half of the facilities. Further, the staff that undertook the M&E activities were not trained on M&E process and that almost half of the facilities did not have in place M&E capacity building programs.
- iii) Even though there was stakeholder engagement during M&E process as was evidenced by frequent collaboration with external M&E officers in most facilities (87.2%), and the presence of M&E support supervision in most facilities (91.5%), not all the key stakeholders were adequately involved during the M&E process and project life cycle. Furthermore, choice of methods for dissemination M&E data was found to be narrow.

5.3 Recommendations

5.3.1 Recommendations of the study

Based on the findings, this study recommends that the budget for M&E activities should be increased to between 5% and 10% of the project cost. The funds for M&E activities should also be released in good time to avoid delays in implementation of M&E activities and the funds meant for M&E activities should only be put into correct use across the HIV and AIDS programs in the public facilities.

The capacity and expertise for M&E should be improved by recruiting more M&E staff who are well trained. The staff need to have job descriptions to guide their work and mechanism put in place to ensure that sufficient time is allocated for M&E activities. There is also need to have M&E capacity building programs across all the HIV and AIDS programs to impart the necessary skills on staff handling M&E issues.

The engagement of the key stakeholders during M&E process should be widened and this should be spread across the entire project cycle. The methods used to disseminate M&E information should be varied to reach all the key stakeholders during M&E process.

5.3.2 Areas for further research

The current study aimed to establish the determinants of effective Monitoring and Evaluation systems in HIV and AIDS programs in public dispensaries within Kisumu County, Kenya. Further studies should be undertaken to determine how budgetary allocation for M&E, human capacity and expertise for M&E, and stakeholder engagement influence the effectiveness of M&E systems in health facilities run by Non-Governmental Organizations (NGOs) This should be done in both lower level facilities (dispensaries and health centers) as well as in higher level facilities

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APPENDICES

Appendix 1: Consent form

Written consent for facility/ project in-charges or HIV/AIDS M&E officers.

1. Purpose of research:

The researcher is conducting a study about the effectiveness of Monitoring and Evaluation systems of HIV/AIDS programs in Kisumu County. The results from this study will help to establish factors that determine the effectiveness of M&E systems in HIV/AIDS programs.

2. What we will do:

If you agree to be in this study, you will be asked questions about the monitoring and Evaluation System for the program. This will be through administration of a questionnaire that will last for about 15 minutes.

3. Potential benefits:

The findings about the factors that determine the effectiveness of Monitoring and Evaluation systems within HIV projects will be shared with the relevant stakeholders. This will aim at improving the effectiveness of M&E system in the projects for accuracy of reporting and planning.

4. Potential risks:

There will be no risks involved in the process of data collection. The participants will not be subjected to any form of injury or pain. Data will be collected through questionnaires which will take limited time to fill.

5. Privacy and confidentiality:

The high level of privacy and confidentiality will be maintained throughout the research. The data collected will be stored in locked cabinets and on password-protected computers. The information collected will be used for research only. The name or participant will not appear anywhere in the research tools. At the end of the study, any identifiers will be removed from the data collection tools to avoid any form of identification

7. Your rights to participate or withdraw:

Participation in this study is completely voluntary. You can withdraw from this study at any time. Any participant who withdraws from the study or refuses to participate will not be disadvantaged in any way.

8. Contact information for questions and concerns:

If you have any questions about this study or feel that you have been harmed in this study, you can contact the researcher on 0723129682 or send an email to alfredjuma2015@yahoo.com or post a letter to P.O. BOX 341, SONDU. If you want to talk about the study with someone who is not directly involved with this study or have questions about your rights, please contact the Secretary, Maseno University Ethics Review Committee, Private Bag, Maseno; Telephone numbers: 057-51622, 0722203411, 0721543976, 0733230878; Email address: muerc-secretariate@maseno.ac.ke; muerc-secretariate@gmail.com.

Participant Sign Date.....

Researcher SignDate.....

Appendix 2: Questionnaire to the facility in charges/ M&E officers of HIV Programs in the MOH dispensaries

Introduction

This questionnaire is meant to collect information about the determinants of effective monitoring and evaluation in HIV/AIDS programs in Kisumu County, Kenya. The respondents required are person(s) responsible for monitoring and evaluation activities in the programs. These may include the Facility in charges, or data/ M&E officers. The information will be treated with high level of confidentiality and used solely for academic purposes. Thank you in advance for taking your time to fill in this questionnaire.

Section 1: Background information

- 1.1 Facility name.....
- 1.2 Sub county name
- 1.3 Position of respondent.....
- 1.3 Donors supporting the project
- 1.4 For how long (in years) has the program been in operation in the facility
 - a) less than 2 b) 2- 4 c) 5- 7 d) over 8

Section 2: Budgetary allocation for Monitoring and evaluation activities

- 2.1 Is there a budgetary allocation for monitoring and evaluation activities in the HIV program?
 - a) Yes b) No c) don't know
- 2.2 If yes, is the budgetary allocation adequate (5-10%) for M&E activities?
 - a) Yes b) No
- 2.3 Are the funds availed in good time for M&E activities?
 - a) Yes b) No
- 2.4 Are the funds allocated for M&E used strictly for M&E activities?
 - a) Yes b) No

2.5 Is the effectiveness of M&E system affected by budgetary allocation in the project?

- a) Yes b) No

Explain.....

Section 3: Human capacity and expertise for monitoring and evaluation activities

3.1 How many employees are there in the project?

- a) 1-2 b) 3-4 c) 5- 6 d) over 7

3.2 Are/ is there individual(s) in charge of the monitoring and evaluation activities?

- a) Yes b) No

If No, explain.....

3.3 Is there is a unit that co-ordinate the monitoring and evaluation activities in the project?

- a) Yes b) No

3.4 Are there job descriptions for the staff handling monitoring and evaluation data?

- a) Yes b) No

3.5 What duration in a month does the staff dedicate for monitoring and evaluation activities besides other duties?

- a) 3- 4 weeks b) 1-2 weeks c) less than 1 week d) None

3.6 Do you think the number of staff for monitoring and evaluation activities is adequate?

- a) Yes b) No

3. 6 Is/are the employee (s) undertaking monitoring and evaluation activities in the project trained?

- a) Yes b) No

3.7 If yes, what is the nature of the training?

e) Others (specify).....

4.3 Does the project collaborate with external M&E officers for external evaluation?

- a) Yes b) No

4.4 If Yes, how frequently are the external evaluations conducted?

- a) Monthly b) quarterly c) semi-annually d) annually

4.4 Does the project receive support supervision on monitoring and evaluation activities?

- a) Yes b) No

Explain

4.5 At what stages are stakeholder engaged during program monitoring and evaluation activities?

a) Problem identification yes () No ()

b) Planning and budgeting yes () No ()

b) Implementation yes () No ()

d) Dissemination yes () No ()

e) Decision making yes () No ()

4.6 How does the project disseminate the information to the stakeholders?

a) DHIS (District Health Information System) yes () No ()

b) Posters/ notice boards yes () No ()

c) Staff meetings / DQA yes () No ()

d) Chalk board yes () No ()

e) Community Dialogue meetings yes () No ()

Other means (specify).....

Section 5: Effectiveness of M&E system

5.1 Please indicate the extent to which the following factors determine the effectiveness of M&E system in the program by ticking 1 for most, 2 for moderate and 3 least affective.

Determinant	1	2	3
Budgetary allocation for M&E activities			
Capacity and expertise for M&E activities			
Stakeholder engagement during M&E process			

THANK YOU!

Appendix 3: Interview Guide for Sub County and County M&E coordinators

1. Do you think the budgetary allocation in the facilities is adequate to take up the M&E activities? Is there a separate M&E budget for the same? Please comment

2. Do you think the number of personnel in the facilities assigned to undertake M&E activities is adequate? Please comment

3. Are the persons assigned the role in the facilities to undertake M&E activities are properly trained on Monitoring and Evaluation System? Please comment

4. Are the stakeholders adequately involved in the M&E system, process and activities? Which stakeholders are usually engaged?

5. How does M&E contribute in the decision made in the facilities?

6. Does the organization engage in training of the employees on monitoring and evaluation Systems at the facility level? If yes, How often?

7. Please rate the following factors as the main determinants of the effectiveness of a monitoring and evaluation system for the HIV/AIDS projects. Where 1 is high, 2 is moderate and 3 is least.

Determinant	1	2	3
Budgetary allocation for M&E activities			
Capacity and expertise for M&E activities			
Stakeholder engagement during M&E process			

Explain your rating above

Thank you

Appendix 4: Budget

Item	Quantity	Unit cost	Cost
Stationary, printing and photocopying	100 questionnaires, 10 proposals and 10 research reports	-	20,000/=
Communication and Internet access	-	-	20,000/=
Pilot study cost		-	20,000/=
Accommodation during distribution and collection of questionnaires	30 days	2000/=	60,000/=
Transport fuel cost during distribution and collection of questionnaires	30 days	2000/=	60,000/=
Allowance for research assistants	6 persons	10 000/=	60,000/=
Total budget			240,000/=

Appendix 5: Work plan

Month / Activity	Thesis proposal	Proposal defense	Proposal correction	Data collection	Data analysis	Report writing	Defence and Submission of final Thesis
Jan – Nov 2015							
Dec 2015							
Jan- Oct 2016							
Nov 2016 – Feb 2017							
March- May 2017							
June - July 2017							
June – Sep 2018							

Appendix 6: Consent letter

ALFRED JUMA,
ST. JOSEPH'S NYABONDO MTC,
P.O. BOX 341,
SONDU
August 1, 2016

TO THE DIRECTOR OF HEALTH,
THE COUNTY GOVERNMENT OF KISUMU,
P.O. BOX 86 -40100,
KISUMU,

Dear Sir/Madam,

RE: REQUEST FOR ADMISTRATIVE APPROVAL TO COLLECT DATA

I am a student at Maseno University pursuing a master's degree in Monitoring and Evaluation. I have a study to conduct on the HIV and AIDS programs offering care to the residents of County for my thesis. This was after a careful analysis of the HIV prevalence and trends in Kisumu County. My study shall focus on the determinants of effective Monitoring and Evaluation systems in HIV programs in dispensaries within Kisumu County. Literature reveals that the M&E systems in such programs have been largely ineffective even though such a study has never been conducted in Kisumu County.

This letter intends to place a humble request for permission to conduct the study in this region which is under your jurisdiction. The data collection is scheduled to begin in November 2016.

Thank you in advance.

Yours faithfully,

JUMA ALFRED