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Monitoring and Evaluation of HIV/AIDS programmes by Non-Governmental Organisations: A case study of uMngeni Local Municipality, KwaZulu Natal, South Africa.

A RESEARCH PROJECT

BY

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Abstract

South Africa is facing a universe challenge in managing HIV/AIDS epidemic as it is the worst affected country in the world with the largest number of people affected and infected with HIV/AIDS. While significant numbers of stakeholders have come on board to help the South African government fight the disease, the setting up of effective and efficient Monitoring and Evaluation (M&E) systems has been a challenge.

The study focussed on Monitoring and Evaluation (M&E) systems of Non-Governmental Organisations (NGOs) managing HIV/AIDS in the uMngeni Local Municipality. NGOs normally operate using resources from funders who in turn requires robust accountability of their fund utilisation. Robust accountability can only be achieved by reporting with the aid of an effective and efficient M&E system. The aim of the study was to evaluate the current M&E systems of NGOs implementing HIV/AIDS programs in the uMngeni Local Municipality; investigate the reporting mechanism of NGOs implementing HIV/AIDS programmes; identify monitoring and evaluation challenges faced by NGOs implementing HIV/AIDS programmes in the uMngeni Local Municipality, KwaZulu Natal; and to make recommendations for the improvement of M&E implemented by NGOs.

A questionnaire was distributed to senior managers at NGO's in the uMngeni Local Municipality, KwaZulu Natal, South Africa. The data collected were analysed with SPSS version 22.0.The results were presented in the form of graphs and cross tabulations, with other figures being used for data collected from open ended questions.

The study revealed that NGOs managing HIV/AIDS in the uMngeni Local Municipality face a number of challenges including a lack of statistical skills; a shortage of qualified staff; a lack of M&E knowledge; a dearth of M&E systems within organisations; inadequate resources; a lack of commitment by staff members; poor stakeholder involvement; poor quality data; and a lack of appropriate M&E tools. The results of the study also revealed that NGOs managing HIV/AIDS programmes in the uMngeni Local Municipality were not referring to best practices when managing M&E systems for their programmes.

Recommendations were drafted using the findings of the research, literature reviewed and best practices for monitoring and evaluating HIV/AIDS programmes. It is highly recommended that through more effective capacity building, NGOs managing HIV/AIDS programmes in the uMngeni Local Municipality will be able to improve existing M&E systems. Designing of the M&E plan along with stakeholder involvement is also crucial in managing HIV/AIDS M&E systems. The allocation of adequate resources for M&E

activities should be prioritised for approximately ten percent of the total programme budget. Indicators should be carefully selected and aligned to collect relevant data.

NGOs managing HIV/AIDS in the uMngeni Local Municipality could also monitor and evaluate programme activities on a regular basis. They should also have a standard of operation procedure (SOP) for data quality management. Emphasis on programme data quality could also be an action point for effective management of HIV/AIDS M&E system and this can be further strengthened by conducting data quality audits. Finally, NGOs managing HIV/AIDS programmes in the uMngeni Local Municipality should disseminate M&E findings to stakeholders and use data to make informed programme decisions.

Declaration

I hereby declare that the work (described) in this thesis is my original work, and has not previously been submitted either in part, or in its entirety, for a degree at any other university. I also further declare that this work does not in any way infringe or violate the rights of others, as all the sources cited or quoted by me are indicated and acknowledged by means of a comprehensive list of references.

Trust Mapfumo

Dedication

This research study is dedicated to my parents, Baba and Amai Mapfumo, whose constant love, support and confidence gave me the courage to tackle difficult challenges.

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I wish to express sincere appreciation to Dr Ivan G Govender, for his assistance in the preparation of this research project and for his fabulous academic mentorship.

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Thank you all!

List of Abbreviations

ACF International……Action Against Hunger International

AIDS……Acquired Immune Deficiency Syndrome

ART……Antiretroviral Therapy

BAS……Basic Accounting System

BCM……...Beneficiary Contact Monitoring

CBO……Community-Based Organisations

CC……..Counterpart Consortium

CDW……....Community Development Workers

CIDER……..Centre for Infectious Diseases Epidemiology and Research

DHIS……..……..District Health Information System

DISH……..Delivery of Improved Services for Health

EMR……..……..Electronic Medical Record

FBO……....Faith-Based Organisations

GWM&E ……...Government-wide Monitoring and Evaluation

HEAIDS……..…The Higher Education HIV and AIDS Programme

HIS……..……...Health Information Strategy

HIS……..…… Health Information System

HIV… ……The human immunodeficiency virus

HSRC……The Human Sciences Research Council

HSS……..…Health Systems Strengthening

IFAD……..International Fund for Agricultural Development

IFRC……...The International Federation of Red Cross

INTRAC……International NGO Training and Research Centre

IT……..……..Information Technology

KZN ……..……..……...…..KwaZulu-Natal

M&E…….....Monitoring and Evaluation

MDGs……..…....Millennium Development Goals

NDoH……. The National Department of Health

NGO……..Non-Governmental Organisations

NPI……Non-Profit Institution

OECD ……..….Organisation for Economic Co-operation and Development

PEPFAR……....President's Emergency Plan for AIDS Relief

PERSAL ……The Personnel Administration System

PGDS…….……The Provincial Growth and Development Strategy

PMTCT……Prevention of Mother to Child Transmission of HIV/AIDS

PRBMER……..…..Participatory Results-Based Monitoring, Evaluation and Reporting

R&D……...Research and Development

RBME …….. Results Based Monitoring and Evaluation

SASQAF …….Statistics South Africa's Statistical Quality Assurance Framework

SOP……Standard Operating Procedures

Stats SA……..…...Statistics South Africa

STI…….....Sexually Transmitted Infections

TB…….……..….Tuberculosis

UNAIDS…….The Joint United Nations Programme on HIV/AIDS

UNDP…….……United Nations Development Programme

USAID…….……..…US Agency for International Development

WHO…….……..World Health Organisation

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CHAPTER ONE: GENERAL INTRODUCTION

1.1 Introduction

The study focussed on Monitoring and Evaluation (M&E) systems of Non-Governmental Organisations (NGOs) managing HIV/AIDS in the uMngeni Local Municipality. NGOs normally operate using resources from funders who in turn requires robust accountability of their fund utilisation. Robust accountability can only be achieved by reporting with the aid of an effective and efficient M&E system. Chapter one covers the introduction to the research, the background and to the rationale for the study. This chapter also highlights the research problem, research questions, aims and objectives, as well as the significance and limitations and delimitations of the research.

1.2 Background

1.2.1 HIV/AIDS Prevalence

Globally, an estimated 35.3 million people were living with HIV in 2012, an increase from previous years as more people are receiving life-saving antiretroviral therapy. Since 2004, the United States, through the President's Emergency Plan for AIDS Relief (PEPFAR), has invested more than $4, 2 billion in South Africa for HIV and TB response and the expansion of prevention, treatment and care services to effectively manage the HIV/AIDS epidemic in South Africa (http://southafrica.usembassy.gov/pepfar.html).

HIV/AIDS have been a challenge for Africa and the world at large requiring the proper monitoring and evaluation of HIV/AIDS programmes in order to help in the management of the disease and planning of HIV/AIDS interventions. According to Shisana, Rehle, Simbayi, Zuma, Jooste, Zungu, Labadarios, and Onoya, (2014:35), the national estimate for HIV prevalence amongst South Africans in 2012 was 12.2%. The estimated number of adults and children living with HIV in South Africa rose from 5, 2 million in 2005 to 6, 1million in 2012.

South Africa has nine provinces, namely the Eastern Cape, Free State, Gauteng, KwaZulu-Natal (KZN), Limpopo, Mpumalanga, the Northern Cape, North West and the Western Cape. Of the nine provinces, KwaZulu-Natal province is the worst affected province in South Africa with an HIV prevalence of 16.9%(Shisana, *et al* 2014:36).The

relative ranking of provinces by HIV prevalence has remained the same since 2005 and KwaZulu Natal has consistently recorded the highest provincial HIV/AIDS prevalence rate since 1990.

The uMngeni Local Municipality is one of the seven local municipalities under the uMgungundlovu District Municipality. In 2011, out of the ten districts in KwaZulu Natal, the uMgungundlovu District Municipality recorded the highest HIV/AIDS prevalence rate of 42, 3% and the district is amongst the 5 districts with high HIV/AIDS prevalence rate in South Africa (Kelly, Mkhwanazi, Nkhwashu, Rapiti and Mashale 2012:13).Therefore, this study will identify the challenges and evaluate the current M&E systems of organisations implementing HIV/AIDS programs in the uMngeni Local Municipality of KwaZulu Natal.

1.2.2 Monitoring and Evaluation of HIV/AIDS programmes

According to the World Health Organisation (WHO 2010:3), an increasing number of stakeholders, including global health partnerships, bilateral donors, UN agencies, and academic institutions, are involved in health-related M&E activities. These activities include the financing to strengthen M&E systems and the development of frameworks; standards; tools and methods for data generation; collection; compilation; analysis and dissemination. Data are then used to enable the monitoring of progress towards targets, results-based funding and the evaluation of large-scale programmes.

While these efforts have been linked to disease-specific initiatives, there is also interest in tracking the overall performance of health systems which is crucial in achieving disease-specific goals. There is an inadequate accountability of funds used by recipients who are mainly worried about reaching the set targets (WHO 2010:3). For example, the Global Fund, the World Bank and the WHO developed strategies for health systems strengthening (HSS) and M&E of HSS implementation. The advantages of harmonised approaches to HSS M&E include reduced transaction costs, increased efficiency and diminished pressures on countries.

McCoy,Njeri ,Ngari, Krumpe and Sonko (2008:1) argued that organisations working in the HIV/AIDS field need to know regularly how well their organisations are doing. They however, base their decisions on personal and staff judgement, anecdotal data or haphazardly collected field information. Most managers often put less emphasis on M&E because they think measuring performance is complicated and time consuming.

Therefore they do not realise the importance and benefits of having a proper M&E system. Many organisations believe M&E to be a requirement of the funding agencies and consider it to be an external and not an internal requirement. However, they need proper M&E systems to assess their capacity, judge their economic effectiveness and predict the future of their organisations.

NGOs and government departments implementing HIV/AIDS programmes should have an M&E plan which is a multi-year implementation strategy for the collection, analysis and use of data needed for programme and project management. Stakeholder organisations should also take responsibility for training relevant programme staff with M&E responsibilities in evidence-informed programme planning and resource allocation to ensure that they can contribute effectively to the planning of the national HIV response.

The main goal of the M&E plan is to develop and regularly update a national HIV M&E plan that includes identified data needs, national standardised indicators, data collection procedures and tools, as well as roles and responsibilities for implementing a functional national HIV M&E system (UNAIDS 2010:49). Since the M&E plan is a crucial component of Results Based Monitoring and Evaluation (RBME), all organisation should utilise the results for making better quality decisions.

Currently, a number of non-governmental organisations (NGOs) have come on board and they are playing a crucial role in fighting HIV/AIDS. Although resources have been allocated to local and international NGOs in South Africa to implement HIV/AIDS programmes, NGOs are still struggling to reach their goals due to the lack of sound monitoring, evaluation and reporting systems.

1.3 Aim of the study

The aim of this study is to determine the effectiveness and efficiency of M&E systems for HIV/AIDS programmes implemented by NGOs in the uMngeni Local Municipality of KwaZulu Natal.

1.4 Objectives

The objectives of this study are:

- To evaluate the current M&E systems of NGOs implementing HIV/AIDS programs in the uMngeni Local Municipality;
- To investigate the reporting mechanism of NGOs implementing HIV/AIDS programmes;
- To identify monitoring and evaluation challenges faced by NGOs implementing HIV/AIDS programmes in the uMngeni Local Municipality, KwaZulu Natal; and
- To make recommendations for the improvement of M&E implemented by NGOs.

1.5 Research Question(s)

- How effective and efficient are current NGOs M&E systems in the uMngeni Local Municipality in managing HIV/AIDS programmes?
- What reporting mechanisms are used in the management of HIV/AIDS programmes?
- What are the M&E challenges faced by organisations implementing HIV/AIDS programmes in the uMngeni Local Municipality?

1.6 Problem Statement

Umngeni Local Municipality falls under Umgugundlovu District and out of the ten districts in KwaZulu Natal, in 2011, Umgugundlovu district recorded the highest HIV/AIDS prevalence of 42,3% and the district is among the 5 districts with high HIV/AIDS prevalence in South Africa(Kelly;Mkhwanazi; Nkhwashu, Rapiti & Mashale,2012:13)The scale and increased complexity of HIV/AIDS, tuberculosis (TB) and malaria programmes in recent years has enhanced the need for accurate and timeous data to inform decision-making and demonstrate progress toward set goals and targets. To meet these needs, government departments and NGOs need strong M&E systems to record progress that can be used to strengthen programmes and gain financial support (The Global Fund 2011:5).

According to the WHO (2010:3), recent substantial increases in international funding for health have been accompanied by increased demand for statistics to accurately track health progress and performance, evaluate impact and ensure accountability at country

and global levels. The use of results-based financing mechanisms by major global donors has created further demand for timely and reliable data for decision-making.

However, on the supply side, there are major gaps in data availability and quality. Some NGOs and government departments face challenges in producing data of sufficient quality to permit the regular tracking of progress in up scaling health interventions and strengthening health systems. Poor M&E systems result in poor data quality and incorrect decision making. Many funders normally withdraw their funding if there is no proper accountability (WHO 2010:3).

1.7 Significance of the study

- The findings of the research will be shared with NGOs implementing HIV/AIDS programmes so that they can identify M&E gaps within their projects to better realise their goals and objectives.

- Research findings will be shared with the donor community and all relevant stakeholders for them to consider designing and implementing Participatory Results-Based Monitoring, Evaluation and Reporting systems.

- M&E plans could also be used by NGOs to draft their own M&E capacity development plans.

1.8 Research Methodology

According to Kothari (2004:31), a research design is the arrangement of conditions for the collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in the procedure. In fact, the research design is the conceptual structure within which research is conducted. It constitutes the blueprint for the collection, measurement and analysis of data. As such, the design includes an outline of what the researcher will do from writing the research objectives to its operational implications to the final analysis of data.

The study used the quantitative research method. Data was collected using questionnaires administered to programme managers, monitoring and evaluation representatives, programme coordinators and selected programme implementation team members of NGOs in the uMngeni Local Municipality.

Coding of data from the study was done in order to convert questionnaire data into meaningful categories in order to facilitate analysis. Data obtained through questionnaires was vetted for consistency and completeness. The data collected from the responses was analysed with SPSS version 22.0.The data was presented as descriptive statistics in the form of graphs. An inferential technique in the form of correlations and chi square test values was also done and interpreted using the p-values.

1.9 Delimitation(s)

- The study includes only 7 NGOs within the uMngeni Local Municipality.
- Only the NGOs actively involved in HIV/AIDS programmes were selected.

1.10 Limitations

- The limitation of the study is that the results cannot be generalised for the uMgungundlovu District Municipality and the KwaZulu Natal Province due the differing socio-economic standards and HIV/AIDS prevalence rates.
- Costs and time to conduct the research also limited the scope of the study.

1.11 Definitions

This section presents definitions of the key terms used in this research. The terms are defined within the context of the study.

1.11.1 Monitoring

According to McCoy,Njeri ,Ngari, Krumpe and Sonko (2008:4) monitoring is a systematic process of collecting and analysing information to track the efficiency of the organization in the achievement of goals. ACF International (2011:19) defines monitoring as the systematic and continuous collection, analysis and utilization of information on project achievements as implementation progresses. Monitoring provides regular feedback that helps an organisation track costs, personnel, implementation time, organizational development, and economic and financial results to

compare what was planned to actual events. In its simplest terms, monitoring is the collection and analysis of information to track policy, programme or project performance. In this study, monitoring is defined as a process of collecting and analysing HIV/AIDS data to measure the efficiency of interventions against set targets and to take the appropriate actions.

1.11.2 Evaluation

Evaluation is an assessment of either completed or on-going interventions to determine the extent to which they are achieving stated objectives and contributing to decision making (UNDP 2009:8). According to the Organisation for Economic Co-operation and Development (OECD 2002:21), evaluation is the systematic and objective assessment of an on-going or completed project, program, or policy, including its design, implementation, and results. The aim is to determine the relevance and fulfilment of objectives, development efficiency, effectiveness, impact, and sustainability. An evaluation should provide information that is credible and useful, enabling the incorporation of lessons learned into the decision-making process of both recipients and donors (OECD 2002:21). Therefore, for the purposes of this study, evaluation is the process of analysing or assessment of the effectiveness of interventions over the medium and long terms.

1.11.3 Non-Governmental Organisations (NGOs)

NGOs are private, not-for-profit organisations that aim to serve particular societal interests by focusing advocacy and/or operational efforts on social, political and economic goals, including equity, education, health, environmental protection and human rights (Teegan, Doh and Vachani 2004:466).

According to Stats SA (2015:3), Non-Profit Institution (NPI) is an associated term for civil society organisations that range from faith- and community based organisations, charities (welfare) and traditional organisations like social and sports clubs, to a host of other development and social forms of organisations working tirelessly within the social fabric of society. These organisations are commonly referred to as non-governmental organisations (NGOs), community-based organisations (CBOs) and faith-based organisations (FBOs).

1.11.4 HIV/AIDS

AIDS, or acquired immunodeficiency syndrome, is a syndrome of diseases caused by the human immunodeficiency virus (HIV), which is spread through blood, semen, vaginal secretions and breast milk. The most common method of transmission is unprotected sexual intercourse with an HIV-positive partner. Other routes for transmission include transfusions of HIV-infected blood or blood products; tissue or organ transplants; use of contaminated needles, syringes, or other skin-piercing equipment; and mother to-child transmission during pregnancy, birth, or breastfeeding HIV stands for Human Immunodeficiency Virus (Bamett and Whiteside 2002: 55).

1.12 Overview of chapters

1.12.1 Chapter 1: Introduction

Chapter one covered the introduction to the research; the background and rationale for the study; the research problem; research questions; aims and objectives; the significance of the research; and limitations and delimitations of the research.

1.12.2 Chapter 2: Literature review

The literature review for the study was covered in this chapter. This chapter covers all the terms that were used during the study and their importance in getting the intended research results. Perspectives from different scholars are also described.

1.12.3 Chapter 3: Africa and international practices for monitoring and evaluation of HIV/AIDS programmes

Chapter three summarises the best practices in the field of monitoring and evaluation of HIV/AIDS in Africa and the rest of the world. The researcher recommended options for the monitoring and evaluation of HIV/AIDS programmes from the best practices discussed.

1.12.4 Chapter 4: Research Methodology

Chapter four presents the methods that were used to conduct the research. It also compares the merits and demerits of other research methods that were not used in the study. The reason for this was to justify the chosen research method.

1.12.5 Chapter 5: Data analysis and review of findings

This chapter covers the research findings. Analysis of results/data was done using narrative discussions, tables, graphs and pie charts.

1.12.6 Chapter 6: Conclusion and Recommendations

Chapter six describes the conclusion of the research which was done by referring to the main objectives/aim of the study. The chapter also outlines recommendations that can be used by NGOs implementing HIV/AIDS programmes to address the challenges that they face when implementing results-based monitoring, evaluation and reporting systems.

1.13 Conclusion

Chapter one introduced the research topic, background to the research and the rationale for the research. The research problem, research questions, aim and objectives, limitations, delimitations and the significance of the research were also discussed in detail. Definitions from different scholars were used to introduce the main concepts of the research, which is M&E, HIV/AIDS and NGOS. The chapter also provided an overview of the remaining chapters of the study.

CHAPTER 2: LITEREATURE REVIEW

2.1 Introduction

Literature for the study and its relevance to the research results are covered in this chapter. The chapter also describes HIV/AIDS in the South African context and the epidemic's impact on women and children. The monitoring and evaluation (M&E) of HIV/AIDS programmes is also covered in this chapter using the different perspectives of scholars. The chapter covers the history and challenges of M&E of HIV/AIDS in South Africa. Data quality management processes for HIV/AIDS programmes were also covered in this chapter.

2.2 HIV/AIDS in South Africa

The Global AIDS Response Report (2013:12) reports that in 2012 about 6 million people were living with HIV, a rise from the 5 million in 2005. The UNAIDS Global Report (2013: 78) shows that there are more women (52%) living with HIV than men (48%) in low and medium income countries. This trend continues in the sub-Saharan Africa region where up to 57 percent of women are infected. The root cause of this phenomenon could be that, in this region, female young adults between the ages of ages 15-24 lack an accurate and comprehensive understanding of HIV/AIDS and a knowledge of condom usage in comparison to their male counterparts.

HIV/AIDS have been a major health challenge for both the South African government and civil society. The HIV/AIDS pandemic orchestrated the formation of partnerships between NGOs and several government departments. A number of NGOs were formed to contend with an ever-increasing number of people in need of assistance. HIV/AIDS development NGOs have been playing a pivotal role in developing strategies to fight the spread of HIV/AIDS and help people infected and affected by HIV/AIDS.NGOs have been working steadfastly to ensure that the South African government has systems in place to manage HIV/AIDS programmes. Stopping the spread of HIV/AIDS is essential for sustainable development (http://www.ngopulse.org/article/guide-hivaids-ngos-south-africa).The South African government introduced the National Strategic Plan on HIV, STIs and TB (2012:30) which outlines several plans that are in place to combat the effects and spread of HIV/AIDS.

2.3 M&E legislation and policies in South Africa

There is an obligation for every institution in the public sector to adopt a monitoring and evaluation strategy as an element of its strategic plan, annual performance plan or IDP (Presidency 2008:8). This strategy is necessitated by the scarcity of resources and the need to make the best out of available resources. Section 155(6) (a) of the Constitution, 1996, states that "… each provincial government must establish municipalities in its province in a manner consistent with the legislation enacted in terms of subsections (2) and (3), and by legislative or other measures must provide for the monitoring and support of local government."

Since 1994, M&E has been developed in government as part of a series of reforms to strengthen its systems and operations, backed by a range of statutes and other prescripts, for example;

- The Department of Public Service and Administration (DPSA) introduced an employee Performance Management and Development System (PMDS);
- Through the Treasury Regulations, National Treasury introduced the use of output targets and performance reporting against these in departmental strategic plans, annual performance plans (APPs), and annual reports. This regulation is supported by various National Treasury guidelines on the formulation of performance targets and reporting against these, such as the Framework for Managing Programme Performance Information (FMPPI);
- The Auditor General followed by auditing reported performance against the predetermined objectives in the APPs, as part of the annual audit of departments which is included in the annual report of departments;
- In 2005 Cabinet adopted the Government-Wide Monitoring & Evaluation system (GWM&E) and in 2007 the Presidency released the Policy Framework on the GWMES. The GWMES framework is supported by National Treasury's Framework for Managing Programme Performance Information (FMPPI); Statistics South Africa's South African Statistical Quality Assessment Framework (SASQAF); and the;
- The 2011 National Evaluation Policy Framework (NEPF) produced by DPME (Presidency 2014:2-3).

A description of the approach that will be adopted by the institution in an endeavour to create credible results in pursuit of excellence in service delivery is a requirement for the monitoring and evaluation system to be adopted by institutions (Presidency 2008:8). An integration of systems is recommended where the M&E system is incorporated into the management and decision making systems, this is such that findings from the M&E process will inform the strategic and operational planning; budget formulation; as well as annual reporting (Presidency 2008:8).

The strategy developed by an institution should include an account of its current monitoring and evaluation systems, outlining their position and stating how the institution intends to improve as well as establish new systems of monitoring and evaluation (Presidency 2008:8). Central to the M&E strategy is building the human capacity of the institution in order to cater for the system. In this case the institution can coordinate with stakeholders to maximise on the benefits of partnerships for capacity building. Capacity building is important for creating competencies that will sustain the monitoring and evaluation process. According to the Presidency (2008:8), the monitoring and evaluation strategy of an institution should include the organisation's method of implementing the Programme Performance Information Framework, as well as other non-financial audit standards.

There have been improvements in other areas such as the reformation of budgets which have given way to financial information that is inclusive, more informative and reliable (Presidency 2008:9). Adjustments to the Standard Chart of Accounts on BAS have enabled expenditure analysis to be done across areas. For example, the gazetting of grants for schools and hospitals as mandated by the Division of Revenue Act (Presidency 2008:9).

There are geographic dimensions of the GWM&E framework that necessitate the Premiers' office taking action to disaggregate indicators from the provincial to lower levels so that they can track progress within their jurisdictions (Presidency 2008:9). This has led to the creation of projects by the Presidency that support GWM&E systems and increase the accessibility of reports and data to the public in an understandable form (Presidency 2008:9). The implementation of monitoring and evaluation will be done in phases as envisaged in the policy framework where long established forums such as the M&E Learning Network will play a central role in catering for a conducive environment in which important learnings can be shared (Presidency 2008:9).

2.4 National Strategic Plan on HIV, STIs and TB

The National Strategic Plan (NSP) on HIV, sexually transmitted infections (STIs) and tuberculosis (TB) (2012:17) stipulates four strategies that form the basis of South Africa's response to HIV, STIs and TB in an effort to achieve its 20 year vision. These four objectives are:

- To minimise vulnerability and lessen the impact of HIV and TB by addressing the social and structural barriers to HIV and TB prevention, care and treatment;
- The prevention of new HIV, STI and TB infections: The main objective is to adopt an approach that reduces the rate of new HIV, STIs and TB infection by utilising biomedical, behavioural and social and structural approaches;
- To sustain health and wellness by ensuring access to quality treatment, care and support services for those with HIV, STIs and/or TB. This is the major objective, as well as the development of programmes dedicated to wellness which consist of both physical and mental health; and
- To safe guard human rights and increasing access to justice: This includes addressing any infringement of human rights such as stigma and discrimination.

Proper implementation and M&E of the NSP can make a difference in fighting the HIV/AIDS epidemic in South Africa. NGOs managing HIV/AIDS in the uMngeni Local Municipality should align their strategic plans to the objectives of the NSP for them to contribute to the NSP results.

Political commitment is crucial in fighting HIV/AIDS and South Africa has shown high levels of political commitment. Government commitment is shown by the formation of the AIDS and TB portfolio by the office of the Deputy President, who is the chairperson, founder and custodian of the South African National AIDS Council Trust. The Minister of Health has made HIV his highest priority and the Treasury has shown its support by increasing allocations to the HIV conditional grant and the antiretroviral treatment programmes. (The South African National AIDS Council (SANAC), Annual Performance Plan 2014/15:7)

The National Strategic Plan has set ambitious goals to be reached by the 2016/17 financial year. These are:

- Reduce new HIV infections by at least 50% using combination prevention approaches;
- Initiate at least 80% of eligible patients on antiretroviral treatment (ART), with 70% alive and on treatment five years after initiation;
- Reduce the number of new TB infections, as well as deaths from TB, by 50%;
- Ensure an enabling and accessible legal framework that protects and promotes human rights in order to support the implementation of the NSP; and
- Reduce self-reported stigma related to HIV and TB by at least 50% (The South African National AIDS Council (SANAC), Annual Performance Plan 2014/15:7-8)

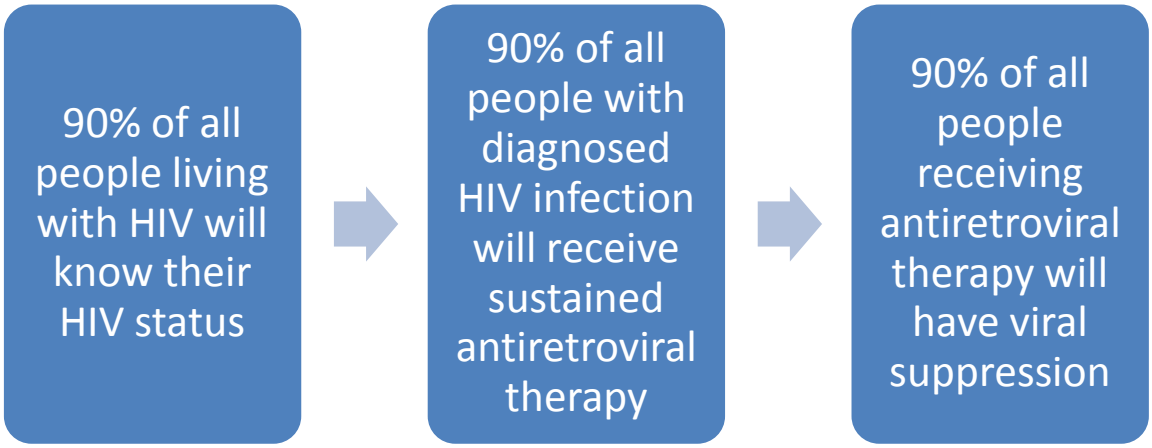
In order to successfully achieve the four NSP objectives and the 2016/17 goals, an efficient and effective M&E system is required to monitor programmes and evaluate the outputs, outcomes and impact of HIV/AIDS interventions.

2.5 90-90-90 Strategy.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) initiated an ambitious treatment target to help end the AIDS epidemic by 2020, namely, 90% of all people living with HIV will know their HIV status; by 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; and by 2020, 90% of all people receiving antiretroviral therapy will have viral suppression UNAIDS (2014:1).

Figure 2.1 below shows the breakdown of the 90-90-90 strategy.

Figure 2.1:90-90-90 Strategy



Source: Adapted from UNAIDS (2014:1)

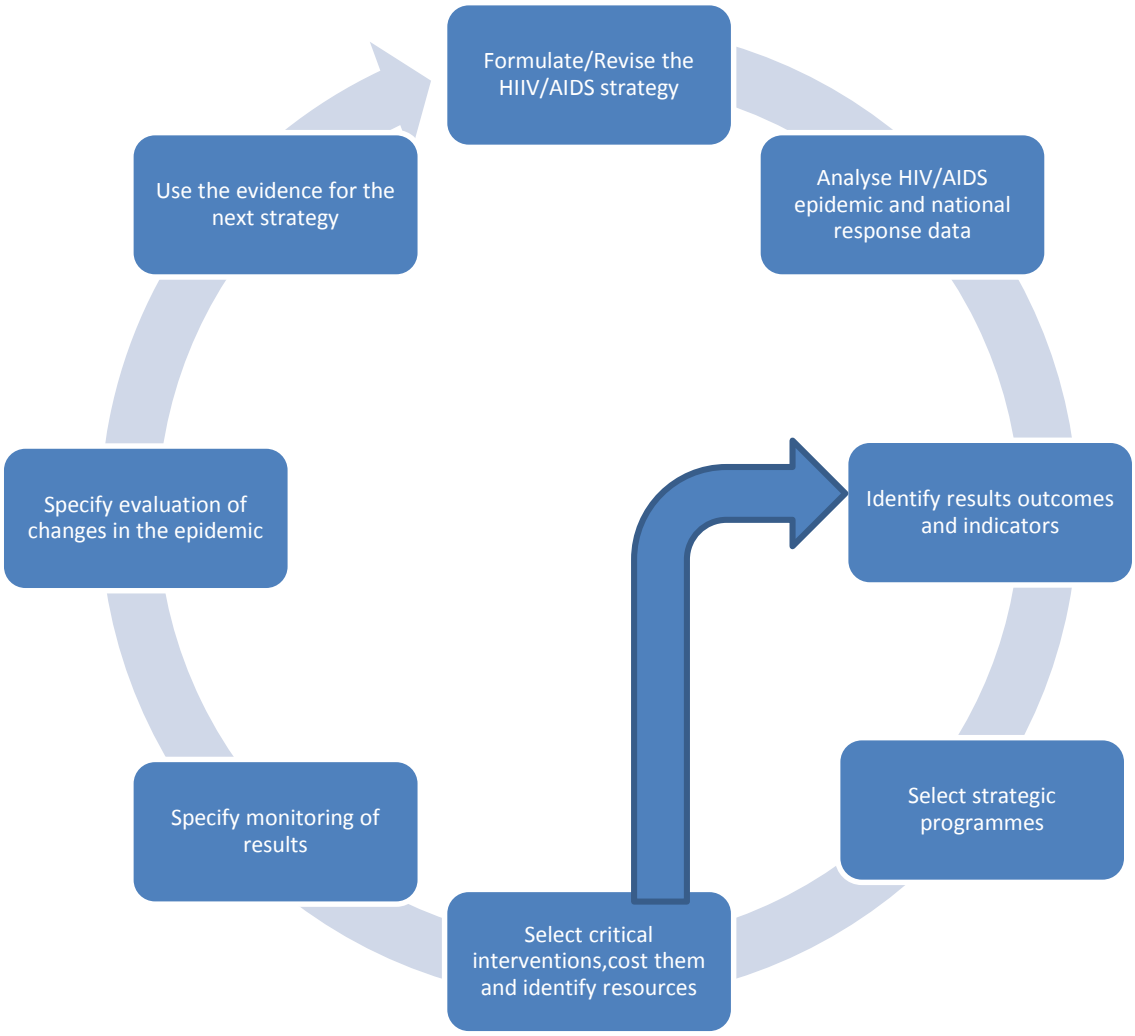
In 2015, the Government of South Africa adopted the UNAIDS strategy called 90-90-90 strategy. Provincial and District Health departments were requested by the National Department of Health to come up with strategies and implementation plans for the 90-90-90 strategy. The 90-90-90 strategy will be implemented in the third quarter of 2015 to 2020 with the help of the donor community.Once again, there is a need for an effective and efficient M&E of the 90-90-90 strategy from 2015 to 2020 by the South African government, together with supporting partners in order to ensure that informed decision making occurs.

2.6 HIV/AIDS Programme results cycle

According to the World Bank (2007:2), the results cycle is an organising framework that guides and supports both the strategic planning process and the production of the strategy document that will guide future implementation.

The programme cycle in Figure 2.2 shows the need for M&E when managing HIV/AIDS programmes. Within the cycle, there is need to identify outcomes and indicators; specify methods of monitoring results; specify evaluation of changes in the epidemic; and the use of evidence for managing the next strategy.

Figure 2.2 HIV/AIDS Programme results cycle



Adapted from World Bank (2007:2)

The phases of the programme cycle are discussed in detail below:

Phase 1: Analyse HIV/AIDS data and the national response

The first phase in designing an HIV/AIDS strategy that is results oriented is to analyse the trend the HIV/AIDS in the country. The planning team should analyse all reports and available data from national and international sources. This will allow the planners to see the trends of HIV/AIDS during the last strategy period. They should identify gaps and lessons learned from the data and then incorporate them in the new strategy (The World Bank 2007:11).

Phase 2: Identify results –outcomes and indicators

The planning team should identify the outcomes and indicators to be achieved by the HIV/AIDS programme. Goals should be in line with national and international commitments which usually focus on prevention, care and treatment. The team should also select the indicators that will be used to measure the efficiency and effectiveness of the HIV/AIDS programme (WHO 2013:10).

Phase 3: Select strategic programs

The selection of programmes that will help in achieving the expected results or identified outcomes of the strategy should also be done by the programme planning team. The team should use the expected results to be achieved to select the programme(s), projects and policies (The World Bank 2007:15).

Phase 4: Select critical interventions for each program and cost them

The planning team should also select critical programmatic interventions that are in line with the expected outcomes. The selected interventions should be costed for funding purposes. (The World Bank 2007:16).

Phase 5: Specify how results will be monitored and resources tracked

The strategy document should clearly specify how programme data would be collected, collated, analysed and reported. The collection, collation, analysis and reporting schedule should also be included in the strategy document. The document should also include the list of tools that will be used to collect, collate, analyse and report programme results (The World Bank 2007:18).

Phase 6: Specify how changes in the epidemic will be evaluated, including the results of the national response

Evaluation is normally conducted at different phases of the programme. At the beginning of the planning process, the planning team should review existing data on HIV/AIDS, as well as the results and difference made by other programmes. Phase 6 should be used to review the progress of the programme. This process will allow the identification of gaps. The planning team should also indicate studies and evaluations that will be used to provide results in order to determine the interventions that were effective. Furthermore, the strategy document should indicate how programmes will be reviewed to improve performance and achieve better results (WHO 2013:10).

Phase 7: Use the evidence for the next strategy

The review process provides strategic information that can should be used to plan for the next strategy. Policy makers and managers can use the information to come up with programmatic improvements that will help achieve HIV prevention, treatment, care and mitigation (WHO 2013:24).

Phase 8: Formulate/revise the HIIV/AIDS strategy

The results cycle can either start or continue with phase eight which elaborates the formulation and or revision of the HIV/AIDS strategy. The team uses results and lessons learned from the implementation of the initial strategy to formulate a new strategy or revise the existing the HIV/AIDS strategy. The results cycle is an important process that that helps formulate a policy and/or plan an HIV/AIDS strategy, and prepare a strategy document (Rodriguez-García and Kusek 2007:27)

The results cycle highlights the implementation and the relevance of M&E to NGOs managing HIV/AIDS. Proper programme planning helps in achieving expected goals and outcomes. NGOs managing HIV/AIDS in the uMngeni can use HIV/AIDS data available for South Africa and the rest of the world to design their programmes. They should elaborate on the indicators that will be used to measure the progress of the selected interventions and programmes, as well as how data for the selected indicators will be collected, analysed, reported, evaluated and used.

2.7 Performance management

Performance management practices refer to NGOs formal and informal customs related to the specification of aims, methods, procedures and controls within a particular system that generates information for management use (Verbeeten 2008; Mackie 2008; Leeuw, and van den Berg 2011 cited in Abdel-Kader and Wadongo 2011:2).Performance-based funding is crucial in HIV/AIDS program management since it provides a platform for NGOs to convert HIV/AIDS funding into results. This will consequently result in accountability, transparency and the provision of services to beneficiaries efficiently and effectively.Performance-based funding is an important component of the HIV/AIDS program cycle. Performance management should accommodate an evaluation of performance in the form of results against targets for an agreed set of indicators. To

efficiently and effectively manage performance, robust M&E systems that will promote the use of evidence for decision making should be implemented (Global Fund 2011:6).

2.8 Monitoring and Evaluation

Monitoring and evaluation (M&E) is an important process in programme implementation as it shows whether or not the objectives of the programme have been achieved (UNAIDS 2010:9). Better decision making and the effectiveness of the programme comprise of some of the benefits associated with the monitoring and evaluation of programmes. M&E is of particular interest to investors as they will be interested in determining if the programme is achieving the set goals and targets (UNAIDS 2010:9).

The World Health Organisation (2009:6) argues that monitoring tracks the progress of a policy, program, or project over time relative to respective targets and outcomes. It is descriptive in intent. This is essential in determining if the targets of the programme and projects are achieved at certain given periods. It also enables implementers to decide if they should do more to meet the objectives of the programme. The table below clarifies the relationship between M&E.

Table 2.1: Complementary roles of Results-Based M&E

Monitoring	Evaluation
• Clarifies program objectives • Links activities and their resources to objectives • Translates objectives into performance indicators and set target • Routinely collects data on these indicators; compares actual results with targets	• Analyses why intended results were or were not achieved • Assesses specific casual contributions of activities to results • Explores implementation process • Explores unintended results • Highlights accomplishments or program potential; provides

• Reports progress to managers, policy-makers and/or donors and alerts them to problems	lessons learned; offers recommendations for improvement

Source: Kusek & Rist (2004: 14)

The International Federation of Red Cross (IFRC 2011:19), note that the differences between M&E systems pertain to timing and focus of assessment, arguing that while monitoring is on-going and focuses on the operations, evaluation mark the progress made in the implementation process and takes place at specified intervals. While evaluations are less frequent and require critical analysis, monitoring is for on-going project tracking outputs and measuring compliance with procedures (IFRC 2011:19). The two procedures are interlinked as monitoring provides information necessary for evaluation and evaluation also occurs when monitoring is undertaken (IFRC 2011:20).

According to ACF International (2011:19), monitoring is the systematic and continuous collection, analysis and utilization of information on project achievements as implementation progresses. Set procedures and steps are followed in the process in order to determine what the programme would have achieved at a particular stage. Monitoring is such that achievements and challenges are identified, allowing the implementers of the projects to assess their progress against the targets set (ACF International 2011:19). The UNDP (2009:8) asserts that monitoring is an on-going process done to get feedback. McCoy,Njeri ,Ngari, Krumpe and Sonko (2008:2) argue that monitoring is done to track an organisation's progress in the attainment of its goals. In a similar view, Perrin (2012:2) comment that monitoring generally involves tracking progress with respect to previously identified plans or objectives, using data easily captured and measured on an ongoing basis. The table below was adapted from the International Federation of Red Cross (2011:12) and shows the common types of monitoring.

Table 2.2: Common types of monitoring

Results monitoring tracks effects and impacts. This is where monitoring merges with evaluation to determine if the project/programme is on target towards its intended results (outputs, outcomes, impact) and whether there may be any unintended impact (positive or negative). For example, a psychosocial project may monitor that its community activities achieve the outputs that contribute to community resilience and ability to recover from a disaster.

Process (activity) monitoring tracks the use of inputs and resources, the progress of activities and the delivery of outputs. It examines how activities are delivered – the efficiency in time and resources. Process monitoring is often conducted in conjunction with compliance monitoring and feeds into the evaluation of impact. For example, a water and sanitation project may monitor that targeted households receive septic systems according to schedule.
Compliance monitoring ensures compliance with donor regulations and expected results, grant and contract requirements, local governmental regulations and laws, and ethical standards. For example, a shelter project may monitor that shelters adhere to agreed national and international safety standards in construction.
Context (situation) monitoring tracks the setting in which the project/programme operates, especially as it affects identified risks and assumptions, as well as any unexpected considerations that may arise. It includes the field as well as the larger political, institutional, funding, and policy context that affect the project/programme. For example, a project in a conflict-prone area may monitor potential fighting that could not only affect project success but endanger project staff and volunteers.
Beneficiary monitoring tracks beneficiary perceptions of a project/programme. It includes beneficiary satisfaction or complaints with the project/programme; including their participation, treatment, access to resources and their overall experience of change. Sometimes referred to as beneficiary contact monitoring (BCM), This type often includes stakeholder complaints and feedback mechanisms. It should take into account different population groups, as well as the perceptions of indirect beneficiaries (e.g. community members not directly receiving a good or service). For example, a cash-for work programme assisting community members after a natural disaster may monitor how they feel about the selection of programme participants; the payment of participants; and the contribution the programme is making to the community (e.g. are these equitable?).
Financial monitoring accounts for costs by input and activity within predefined categories of expenditure. It is often conducted in conjunction with compliance and process monitoring. For example, a livelihoods project implementing a series of micro-enterprises may monitor the money awarded and repaid, and ensure implementation is according to the budget and time frame.
Organizational monitoring tracks the sustainability, institutional development and capacity building in the project/programme and with its partners. It is often done in

conjunction with the monitoring processes of the larger, implementing organization. For example, a National Society's headquarters may use organizational monitoring to track communication and collaboration in project implementation among its branches and chapters.

Adapted from the International Federation of Red Cross (IFRC 2011:12)

Results monitoring, activity monitoring, compliance monitoring, situation monitoring, beneficiary monitoring, financial monitoring and organisational monitoring are crucial types of monitoring that should be used by NGOs managing HIV/AIDS in the uMngeni Local Municipality. All monitoring activities should fall under the different types of monitoring discussed in Table 2.2 above. Conducting monitoring with reference to the table above helps NGOs to see if they have achieved the set targets and goals or identify the gaps that should be addressed to achieve the set goals and targets.

2.8.1 Importance of monitoring

Action Against Hunger International (2011:19) denotes the following as the importance of monitoring:

- To provide an assessment of the progress of a project. This determines if the objectives of the project are being achieved and areas that still need to be worked on. Monitoring can help identify the impediments to achieving the intended purpose. It is imperative to identify and resolve the problems earlier into the project to avoid wasting resources;
- Monitoring provides an assessment of the relevance of the project through feedback from the beneficiaries. This can help avert the wasting of resources in case there is dissatisfaction amongst the beneficiaries. It can also help ensure quality projects;
- To identify successes and learning from positive experiences that can boost motivation, as well as learn lessons from challenges for future activities; and
- To allow for evaluation through the provision of data.
    - Constant accumulation of monitoring data allows for more strategic and focused evaluation.

- It can also allow evaluations to assess the extent to which relevant cross-cutting issues are being addressed (e.g. gender, HIV/Aids, climate change).

Monitoring is important in that it enables programme implementers to identify problems earlier, before they become persistent and difficult to address (Action Against Hunger International 2011:19). It is imperative for monitoring to identify the contributions of humanitarian assistances and positive changes made in people's lives rather than solely on what people have received (Action Against Hunger International 2011:19).

Kusek and Rist (2004:13) argue that evaluation takes on a complementary role to monitoring in the sense that when monitoring indicates that a programme is going off track, evaluation is important in explaining why and where the programme went off track.

2.9 Evaluation

McCoy,Njeri ,Ngari, Krumpe and Sonko (2008:2) define evaluation as a systematic process of collecting and analysing information to assess the effectiveness of the organisation in the achievement of goals. Evaluation enables organisations to acquire feedback on the outcomes of their initiatives. This step recognises the fact that an intervention triggers several outcomes and changes that need to be assessed in order to determine if the desired outcomes are being realised. The evaluative process uses both qualitative and quantitative procedures to provide evidence based details on the outcomes and progress of projects (Perrin 2012:4). From this information, implementers can determine the steps that should be taken to realise the objectives set out in the project.

Evaluation is a more detailed aspect of the process as it gives an analysis of evidence to determine why targets and outcomes are or are not being achieved (WHO 2009:6). Evaluation is the systematic and objective assessment of an on-going or completed project, programme, or policy; including its design, implementation, and results (OECD 2002:21). This enables implementers to keep track of the progress made in achieving the objectives of the programme. The strength of an evaluation lies in providing credible and useful information (OECD 2002:21).

2.9.1 Purpose of Evaluation

Outlining the purpose of an evaluative exercise is critical for the success of an intervention. Project beneficiaries form the centre of an evaluative study and may be linked to any purpose and orientation of evaluations, as discussed below (Action Against Hunger International 2011:24).

Accountability-oriented evaluations – These are aimed at assessing the efforts of the implementers in achieving the intended objectives. They assess whether or not the implementers have been able to realise the underlined objectives and, if not, the reasons for such a failure. They are usually externally led to ensure independence.

Learning-oriented evaluations – These tend to focus on analysis and lessons learned around why some things have or have not worked. These evaluations are more concerned with the approaches rather than the results and are more internally led.

A discussion that outlines the purposes of evaluation is provided below:

- To assess the range of actual performance against the desired high level outcome and in so doing determine the amount of resources needed to realise these ultimate outcomes;
- To provide an assessment of the successes and failures and the causes of such in order to improve performance where necessary. Such an assessment also enables evaluators to make recommendations;
- To facilitate decision making through the provision of analysis;
- To contribute to the learning process of the organisation on areas to improve on and how best to deliver on projects;
- To ensure accountability by assessing if the outlined steps and objectives have been met by the implementers of projects. In this instance, an assessment of whether or not standards have been met can also be done. To ensure accountability, stakeholders, especially beneficiaries, can make contributions to the project; and
- To provide feedback to the stakeholders and build knowledge on the project that is being evaluated (Action Against Hunger International 2011:24).

NGOs managing HIV/AIDS in the uMngeni Local Municipality should understand the reasons for conducting evaluations and training should highlight the above mentioned reasons for conducting evaluations. This will help NGOs to identify and address gaps

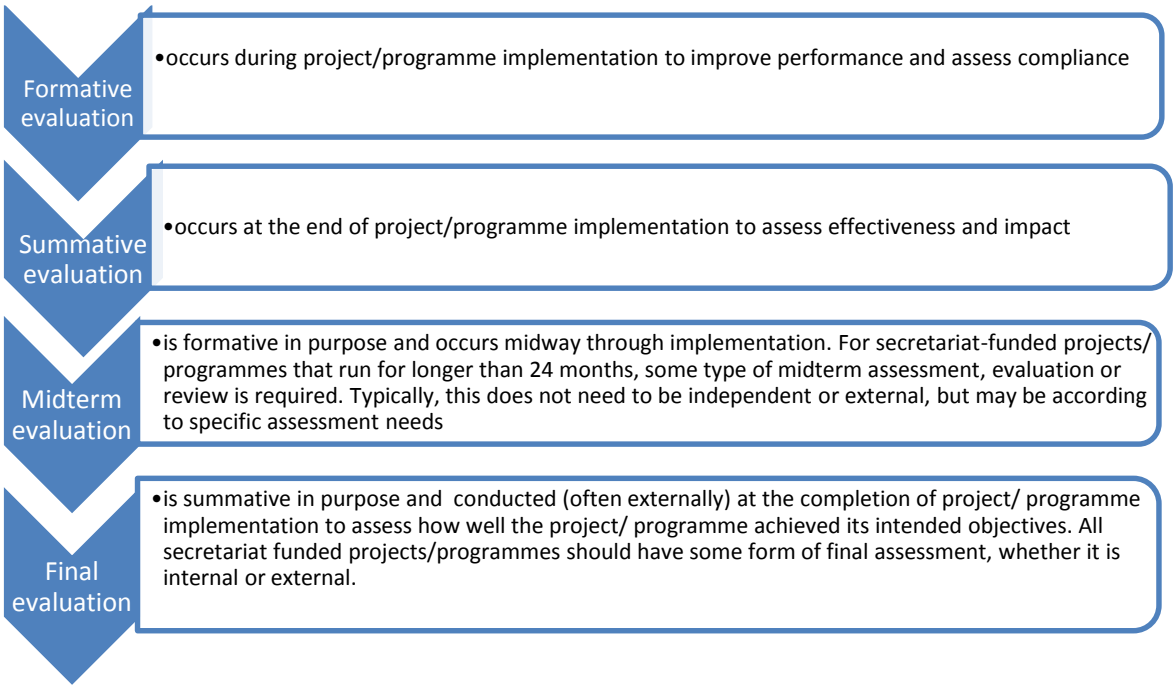
and guide management in the allocation of resources, as well as ensuring proper accountability.

2.9.2 Types of evaluations

NGOs implementing HIV/AIDS in the uMngeni Local Municipality should understand the different types of evaluation and their importance in the successful management of HIV/AIDS programmes.

Figure 2.3 explains the various types of evaluations an NGO can use to evaluate the effectiveness of an HIV/AIDS programme.

Figure 2.3: Summary of major evaluation types



Adapted from IFRC Framework for Evaluation, (2010:9) cited by International Federation of Red Cross (2011:15)

The afore mentioned types of evaluation are critical in managing an effective and efficient M&E system for HIV/AIDS programmes and projects. Therefore NGOs managing HIV/AIDS programmes in the uMngeni Local Municipality should conduct all these types of evaluations.

2.10 Monitoring and Evaluation Capacity Building

According to Liebler and Ferri (2004:11), capacity building is an explicit effort to improve an organization's ability to perform in relation to its purpose, context, resources, and viability. Capacity building may require new skills or changes in individual behaviour or changes to an organization's structure, systems, procedures, culture and/or strategies and decision-making processes. Capacity building includes, but is not limited to, the following:

- Human resource development: The process of equipping individuals with the understanding, skills, and access to information, knowledge, and training that enables them to perform effectively; and
- Organizational development: The improvement and streamlining of management structures; processes; and procedures, not only within organizations but also between and among both organizations and sectors (Liebler and Ferri 2004:11).

There is a need for building the M&E capacity of NGOs implementing HIV/AIDS programmes. Capacity building is an evidence-driven process of strengthening the abilities of individuals, organizations and systems to perform core functions sustainably, and to continue to improve and develop over time (President's Emergency Plan for AIDS Relief (PEPFAR) 2012:3).

The PEPFAR Capacity Building Framework (2012:3) reflects an integrated and reinforcing set of capacity building activities that address individual/workforce, organizational, and systems levels of capacity in addressing HIV/AIDS as explained below:

- Individual capacity building activities improve the performance of staff according to specific, defined competencies. This needs to be looked at in the context of the organization(s) and systems in which the individuals work, and refers not only to clinical health professionals, but to all staff required to plan, implement, monitor and evaluate HIV/AIDS programmes; including managers; finance staff; supply chain staff; researchers; laboratory professionals and social workers; and
- Capacity building activities improve the ability of organizations to finance, plan, manage, implement and monitor programmes, both in the immediate and longer term, through the strengthening of internal organizational structures, administrative systems and processes, quality assurance systems,

program/project management, leadership, governance, resource mobilization and overall staff capacity (PEPFAR 2012:11-12).

The UNAIDS (2008: 11) noted that the main focus of HIV/ AIDS M&E capacity intervention programmes has been on developing data collection, verification and analysis. This focus has been technical in nature, concentrating mainly on HIV/ AIDS programme monitoring, survey and surveillance and HIV evaluation and research (UNAIDS 2008: 11). However, it is important to note that areas such as the technical capacity that sustains the functioning of the monitoring and evaluation process area are also of paramount importance as they determine the outcomes of the whole process (UNAIDS 2008:11). The data collection process, analysis and management takes place in an organisational context that can either impact the process positively or negatively. Therefore, the technical capacity should be taken into consideration when determining capacity building in HIV monitoring and evaluation (UNAIDS 2008:11).

Capacity building can thus be a cornerstone for NGOs managing HIV/AIDS in the uMngeni Local Municipality. If this is done properly, NGOs will be in a position to design, manage and implement effective and efficient M&E systems without consulting external expertise, thereby saving on scarce resources.

2.11 The importance of M&E for HIV/ AIDS programmes

The M&E process is important as it shows implementers whether or not the objectives have been met. The M&E System will help in:

- Explaining the impact expected from the project;
- Making decisions on the assessment criteria for progress and impact; and
- Acquiring and analysing the relevant information for tracing progress and determining impact as well as the improvement of future actions by accounting for the failures and/or successes of projects. This account will help provide information on the areas that need more attention (Welsh 2005:6).

Training material that can be used to train staff members of NGOs managing HIV/AIDS programmes in the uMngeni should include the important aspects noted above. This will help them to understand the importance of setting up an effective and efficient M&E system. A well-structured M&E system should aid in the formation of an effective M&E system, which in turn should:

- Provide managers with information needed for the daily decision making process;
- Assist stakeholders with the information needed for the project strategy;
- Act as an early warning system in case there are problems;
- Lead to stakeholder empowerment and also involve them in the project;
- Assist in capacity building and understanding among those involved in the project; and
- Help track the progress of the project and ensure accountability (Norman Welsh 2005:6).

Therefore, NGOs managing HIV/AIDS programmes should check, on a regular basis, if their M&E systems are providing the information needed; assisting stakeholders with relevant information; acting on early warning sign; assisting in identifying capacity building needs; and tracking the progress of their programmes and projects. According to the UNAIDS (2000:4),M&E systems are designed to trace the progress that is being made in the project implementation process and to determine if there are any differences being realised through the implementation of the project. Proper M&E systems can reduce the problems associated with the resource allocation process by determining the quantities needed for the duration of the project and to report accordingly (UNAIDS 2000:4).

Timeliness and accurate reporting to all relevant stakeholders is important for future funding and highlighting the progress of the intervention. To this end, McCoy, *et al* (2008:3) argues that:

- Monitoring, evaluation and reporting (MER) are tools with which organisations can measure their effectiveness in the promotion of social change;
- MER are frameworks with which organisations can assess their efficiency in promoting social change;
- Public and political cooperation can be fostered through MER and can cater for the information needs of its target audiences; and
- MER provides managers with a tool with which to determine if the objectives of the project have been realised (McCoy, *et al* 2008:1-3).

Channah and Vijaya (2003:7) argue that the presentation of performance information in isolation of its context is risky in that stakeholders will draw inaccurate conclusions with regards to improvements or failures of projects. The study aimed at evaluating current M&E systems. This is necessitated by the fact that there is a need to increase the effectiveness of HIV/AIDS programme management.

2.12 Monitoring and Evaluation plan

This is a fundamental document that details a programme's objectives, the interventions developed to achieve these objectives and describes the procedures that will be implemented to determine whether or not the objectives are met. Detailing the objectives of a project is equally as important as defining the criteria that will be used to assess whether these objectives have been met. The M&E plan also outlines the resources that will be needed and the initiatives for managing an effective M&E system. (Frankel and Gage 2007:13)

The M&E plan is a flexible guide to the steps that are used to:

- Document project/programme activities;
- Answer monitoring and evaluation questions; and
- Track progress towards goals and objectives (Frankel and Gage 2007:13).

As indicated above, it is advised that NGOs actively involved in managing HIV/AIDS programmes should have a clear M&E plan. The aspects that can be used as a guide in developing a perfect M&E plan are outlined below.

2.12.1 Developing an M&E plan

The following activities should be included in an M&E plan:

- The underlying assumptions on which the achievement of programme goals depend;
- The expected connections between activities, outputs, and outcomes;
- Method and procedures for the collection and analysis;
- An outline of conceptual measures and definitions, along with baseline values;
- The monitoring schedule;
- A list of data sources to be used;

- Clear roles and responsibilities for monitoring and evaluation;
- Estimates of the costs that are likely to be incurred by the M&E activities;
- A list of the partnerships and collaborations that will assist in the achievement of the desired results; and
- An outline for the dissemination and utilization of the information gained (Frankel and Gage 2007:13).

The afore mentioned issues should be included in the M&E plan of NGOs managing HIV/AIDS programmes in the uMngeni Local Municipality. This will help the NGOs to know the goals and targets of the programme; activities; outputs and outcomes; M&E schedule; tools to be used; data sources to be used; costs involved; partners involved; and to know when and how the information will be disseminated to relevant stakeholders.

Table 2.3 shows a sample M&E plan that can be used by NGOs managing HIV/AIDS in the uMngeni as a guide in developing an effective M&E plan.

Table 2.3: Sample M&E Plan for HIV/AIDS programme

Indicator	**Sources of data**	**Data collection method**	**Tool**	**Frequency of Data collection**	**Responsible person**
Number or % of chronically ill persons receiving good quality care	• Home based care givers' records • Volunteers team meeting reports and monitoring reports	Qualitative Assessments Surveys	• Interview guides • Focus group • Guides • Questionnaires • Check-lists	Monthly Annual	HIV/AIDS Staff Volunteers

Source: IFRC (International Federation of Red Cross and Red Crescent Societies) (2007:6)

The M&E plan should indicate the indicator that the NGO intends to monitor and evaluate, for example; number or percentage of chronically ill persons receiving good

quality care. Secondly, the M&E plan should indicate the source of the data to be collected. Using the example given above, the source of the data will be, home based care givers' records and volunteer team meeting reports and monitoring reports. An M&E plan should also show the method that will be used to collect data and the tools that will be used to collect the data. Data can be collected using quantitative and qualitative methods. Focus group discussions can be used to collect qualitative data and questionnaires can be used to collect quantitative data for the indicator given in the sample M&E plan above. Finally, the M&E plan should indicate the frequency of data collection (weekly, monthly or quarterly) and the responsible person.

2.13 The Monitoring and Evaluation System

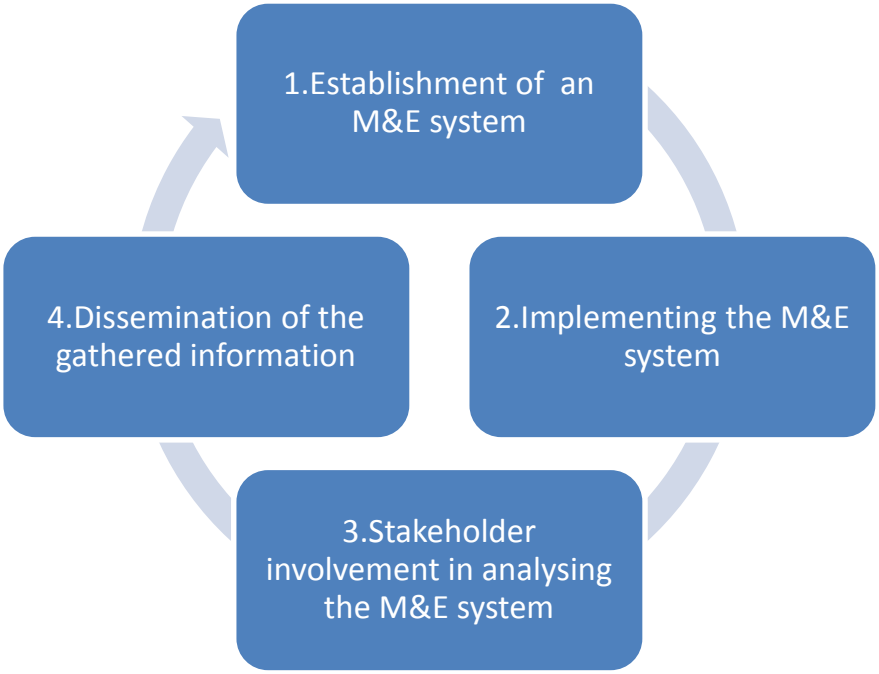
The M&E system is a set of organisational structures, management processes, standards, strategies, plans, indicators, information systems, reporting lines and accountability relationships which enables national and provincial departments, municipalities and other institutions to discharge their M&E functions effectively (The Presidency 2007: 4). The other dynamics of an organisation, such as its culture and capacity, will determine if the feedback from the MER process will be used in decision making and other organisational functions (The Presidency 2007:4).

The M&E system provides the information needed to assess and guide the project strategy, ensure effective operations, meet internal and external reporting requirements and inform future programming (Chaplowe 2008:4). For the effectiveness of operations and in order to avoid a repetition of mistakes, there is need to conduct M&E programmes. Chaplowe (2008:4) argues that different M&E projects place a different demand on the evaluators depending on the context, capacity and requirements of the stakeholders. Therefore, it is important for implementers to determine all the required parameters as part of the preparation process.

2.13.1 Components of an M&E system

The M&E system consists of four interlinked parts, as outlined by IFAD (2002 4:5). These are shown in Figure 2.4 and explained in detail below.

Figure 2.4: Interlinked parts of the M&E system



Adapted from IFAD (2002 4:5)

1) The initial step is the establishment of the M&E system through the identification of information needs that will ensure effective operations, as well as adhere to the external reporting requirements. Then there is need to make a decision on gathering and analysing the information and documenting a strategy for the M&E system. Determining the monitoring and evaluation procedure leads to a questioning of the project strategy and in so doing, improves the initial design. Setting up the M&E system with a participatory approach builds stakeholder understanding about the project and starts creating a learning environment.
2) Implementing the M&E system means gathering and managing information. This process can be executed through both informal and formal approaches. Tracking the outcomes and impacts of the project enables the implementers to acquire the relevant information. Information gathering enables implementer to identify gaps and problems that need attention or will give the implementers new ideas that will need implementation.
3) Involve project stakeholders in critical reflection. Gathered information will be needed for analysis by project stakeholders. This can done formally as is the case with annual project review workshops or it can be done informally. The discussions and reflections can trigger adjustments to the M&E process, thereby identifying gaps in information.

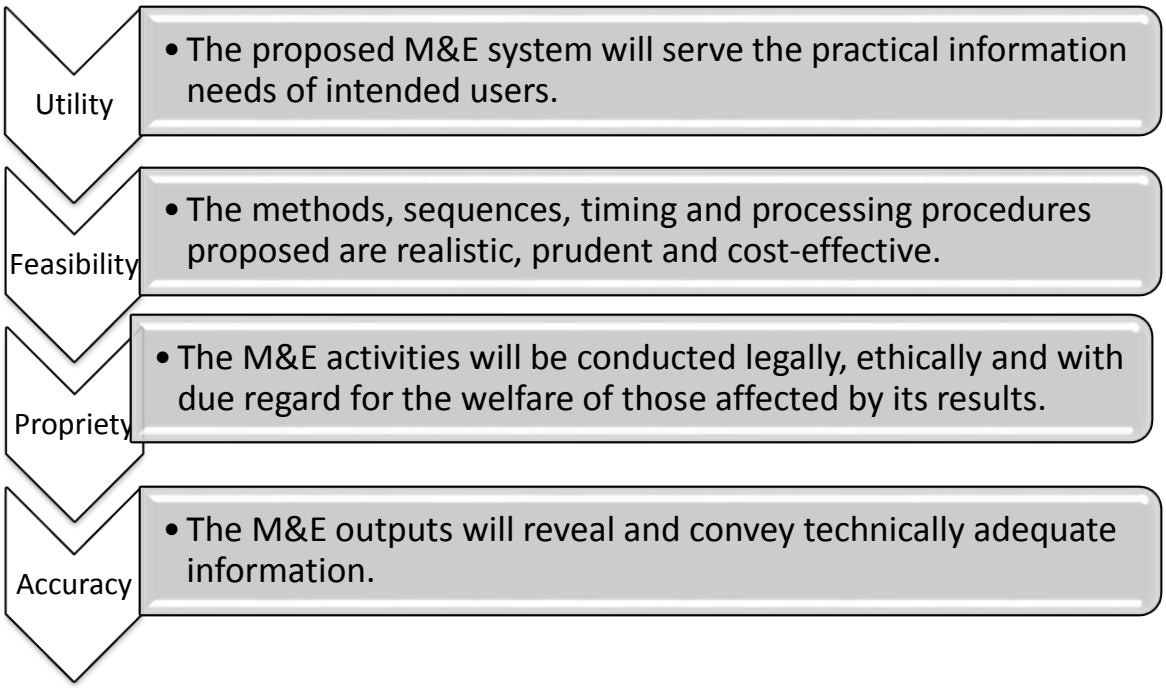
4) The dissemination of the gathered information is the last step and is equally important to all the other stages. The success or failure of the M&E process depends on steps taken in sharing the information. The funding agencies usually form the group of important stakeholders that need feedback on the progress of the project they funded. There needs to be a balance between successes and mistakes of the project when delivering the information to the funding agencies. Those involved in the project will also need to be informed of the outcomes of the project.

Consistency in the development of monitoring and evaluation systems is important towards increasing the participation of key stakeholders since participation is an important component of the process (Adams and Garbutt 2008:9). There is need to get an understanding of what the participatory approach entails before its adoption, as failure to do so would compromise the quality of the monitoring and evaluation process. Developing the links between the participatory approach and the monitoring and evaluation process is also important for the production of valuable data.

2.13.2 M&E system quality management.

There are different standards for the assessment of the quality of an M&E system. However, some key criteria adopted from IFAD (2002:10) are outlined in Figure 2.5 below:

Figure 2.5: M&E system quality management.



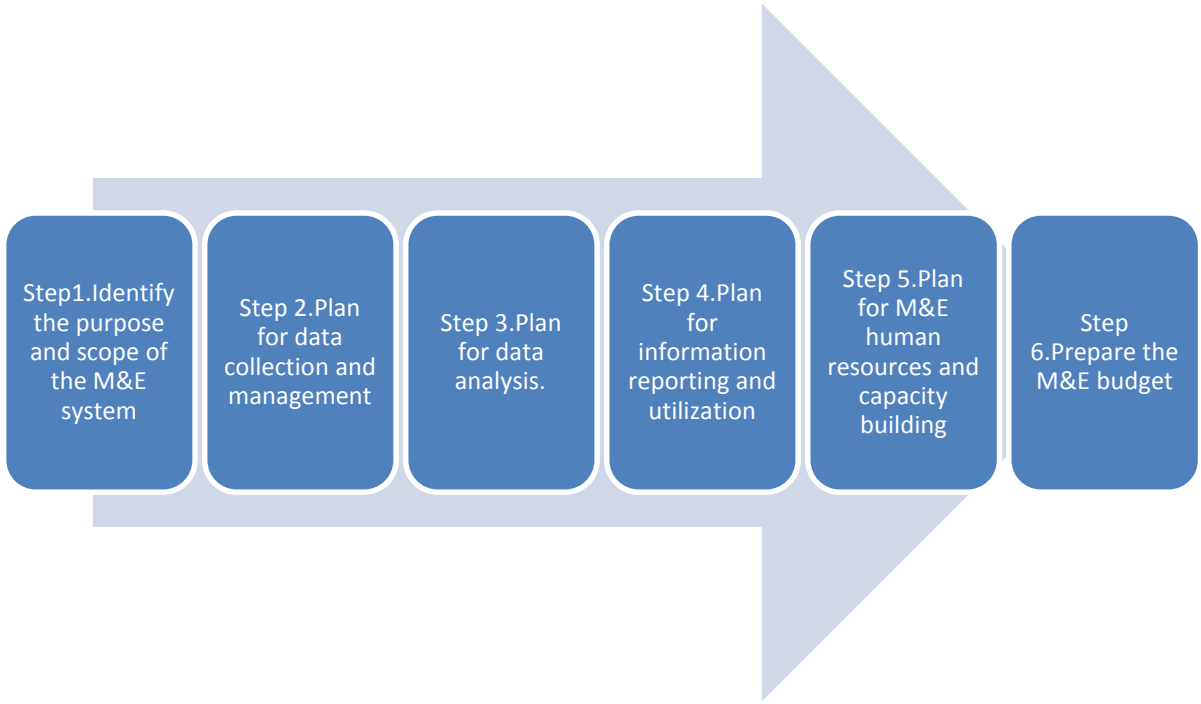
Adapted from IFAD (2002: 10)

Quality management should be highly considered when designing an M&E system for HIV/AIDS programmes. M&E system quality management should be considered by NGOs managing HIV/AIDS in order for them to have a well-functioning, relevant and working M&E system as indicated in Figure 2.5 above.

2.13.3 Six key steps for an effective programme M&E system

There are six key steps for monitoring and evaluation identified by the International Federation of the Red Cross (IFRC) (2011:25). These steps will be discussed in the following section. The six steps identified are shown in Figure 2.6 below:

Figure 2.6: Six key steps for an effective programme M&E system



Adapted from (IFRC 2011:25)

Step 1: Identify the purpose and scope of the M&E system

This step is concerned with determining the need for Monitoring and Evaluation as well as determining the extent of the process. The first step is a reference point in the M&E process directing such important aspects as informational needs, methodological approaches, the allocation of resources, as well as capacity building (IFRC 2011:-).

Step 2: Plan for data collection and management

Successful execution of the first step makes way for the second step which is concerned with data collection and the management of data once collected. This is so to allow for the efficient analysis of information as well as its use. There is a connection between data collection and its management mainly because, once data is collected, its management starts (IFRC 2011:32).

Step 3: Plan for data analysis

This step involves determining the usefulness of collected data and drawing meanings from the data gathered. This step is such that the collected data is shaped and its potential usefulness determined. Data analysis is a continuous process throughout the project in order to make sense of the gathered data (IFRC 2011:48). The credibility and

usefulness of information is dependent upon the provision of reliable information in a timeous manner (IFRC 2011:48).

Step 4: Plan for information reporting and utilization

Determining how the data will be reported and utilised for the betterment of the organisation is dependent on the successful execution of the preceding steps. Reporting is the first stage in which data collected is presented to the stakeholders. Therefore, it is a critical stage (IFRC 2011:57). Although data collection and analysis maybe done to perfection, if the presentation is done carelessly the first two can be deemed a waste of valuable time, resources and personnel (IFRC 2011:57).

Step 5: Plan for M&E human resources and capacity building

The development of a credible Monitoring and Evaluating system requires competent people to support the process. While planning for the M&E process, it is equally important to plan for the people that are part of the process as they will determine the success or failure of the process (IFRC 2011:63).

Step 6: Prepare the M&E budget

This is an important stage that is concerned with resource allocation of the whole M&E process. Therefore it should be done earlier in the project to ensure that resources are enough for the whole process (IFRC 2011:74). There is a need to determine the resources that are going to be needed for the whole process before carrying out the M&E process in order to ascertain whether or not the resources will be sufficient for the process

It is important for NGOs in the field of HIV/AIDS in the uMngeni to follow the six steps in setting up a well-functioning M&E system. They should identify the need of the M&E system; come up with a plan for data collection; collation and management; plan for data analysis; plan for information reporting and usage; plan for M&E capacity building; and they should prepare the budget for the M&E system. If all these steps are followed as explained above, NGOs in the uMngeni will be in a position to realise their goals and targets.

2.13.4 M&E Process

The table below is a discussion of the steps that can be used by NGOs in Umngeni Local Municipality to manage the M&E process of HIV/AIDS; it is adapted from Welsh (2005:22)

Table 2.4 Stages in the M&E process

Planning	• Decide what information is needed (indicators), and who needs it; • Decide how often the information should be collected; • Decide how you can get it ,and any implications for budget or planning; and • Decide who should be responsible for collecting it	• Setting the objectives for the evaluation; • Decide what information is needed; • Consider how it can be collected; • Decide questions for a survey; • Decide geographic area; • Decide sample size; • Determine no. of people and amount of time needed; • Study logical framework; and • Draw up evaluation team terms of reference
Preparation	• Design and test any data collection records; • Train staff who is responsible for monitoring; and • Inform project staff of the monitoring system.	• Design data collection tools (survey forms, interview guidelines); • Decide how to select the sample; • Pre-test and revise data collection tools; • Train evaluation staff; and

		• Make arrangements for evaluation in villages
Data Collection	• Collect the agreed upon information on a routine basis; and • Monitor the functioning of the system.	• Collect and study existing information(reports, proposals); • Select households / sites; • Conduct the interviews / Observations; and • Start data processing.
Analysis and Check	• Compare collected data with agreed upon indicators, and note differences; • Identify any other issues; • Look for cause of any problems, and • Identify options for action.	• Tabulate data; • Interpret the results and draw conclusions; • Decide on recommendations; and • Check analysis with key informants.
Reporting of Results	• Document data and findings; and • Provide feedback to project management and implementers.	• Summarize data in tables and graphs; and • Write the final report.
Use of Results	• Use results to improve management and implementation of project.	• Define priorities; and • Plan the implementation of priority actions and changes.

Source: (Welsh 2005:22)

The stages of the M&E process above can also be used by NGOs in the uMngeni Local Municipality to design and implement an effective and efficient M&E system for managing HIV/AIDS programmes.

2.14 Indicator(s)

An indicator is a variable that provides quantitative or qualitative information for an activity or health intervention and it includes a value and a measurement unit. Indicators can be result or output indicator. Result indicators provide information on some specific aspects of results that can be measured and output indicators describe the physical product of spending resources through programme, policy and project interventions (European Union 2015:19).

Indicators should be selected carefully because an indicator will provide information on what has been done and what has not been achieved. An indicator allows the programme team to reduce a large amount of data to its simplest form. All relevant stakeholders such as development partners, counterparts and beneficiaries should be involved at each step of the indicator selection process. Stakeholders can bring in their experience and the whole team can reach consensus throughout the process. Indicator reference sheet(s) should be drafted and shared with all relevant stakeholders (McCoy,Njeri ,Ngari, Krumpe and Sonko 2008 4-1). Therefore, during indicator selection, NGOs managing HIV/AIDS programmes should use the participatory approach.

2.14.1 Guidelines to develop indicators

According to the Global Fund (2011:18), NGOs managing HIV/AIDS programmes should take into account the following recommendations when developing indicators:

- Use of the national M&E plan and alignment of their indicators with national indicators that are used by the national M&E system to collect data;
- If possible, harmonize indicator systems. This will help in reducing costs that could be incurred when collecting and analysing data by using indicators that could be harmonised;
- Selection of indicators should ensure that consistency is maintained amongst program goals and objectives;
- If possible, limit the number of indicators in the performance framework;
- Include output indicators that can collect data that will show total number of people reached with services and limit process and input indicators whenever possible;

- Link indicators with other strategic documents of the organisations and other grants, if possible; and
- Design and implement systems that will be used to collect, report, analyse and use data collected by the selected indicators.

2.15 M&E theories and models

2.15.1 Results-based M&E (RBM&E)

Public management is a complex process that requires M&E systems for services delivered. Results-based monitoring and evaluation (RBM&E) can be used by public officials to trace the progress and successes or failures of projects or policies (Kusek and Rist 2004:1).The main distinction between RBM&E and traditional implementation focused monitoring and evaluation is that results-based monitoring and evaluation focuses on outcomes and impacts instead of solely concentrating on inputs and outputs (Kusek and Rist 2004:1). According to Kusek and Rist (2004:15), traditional implementation-focused M&E systems focus mainly on the delivery of projects and results for the donor community.

RBM&E is driven by the need to establish if the task at hand was delivered and if the needed inputs where mobilised. However this approach limits the stakeholders' understanding of the progress of the project (Kusek and Rist 2004:15). The results-based model gives feedback to the government on how well projects are being carried out (Kusek and Rist 2004: 15). Kusek and Rist (2004:24) developed 10 steps for results based monitoring in monitoring and evaluation, which are:

Table 2.5: Ten Steps to RBME

Step 1: Consultation with stakeholders to build M&E systems that take into account the concerns of all the members. Stakeholders are needed in establishing indicators and setting out outcomes.
Step 2: Developing the results to monitor and evaluate as these show the road ahead.
Step 3: Establishing performance indicators that will help track the progress of the exercise. These are imperative in the provision of information on the

performance of all the components of the systems such as inputs and outputs. There are several guidelines to creating good indicators and this creation process is an iterative process.
Step 4: Establishing performance baselines either qualitative or quantitative which can be referred to at the commencement of the monitoring period. These baselines act as the starting point from which monitoring and evaluation processes can start.
Step 5: Builds on the previous steps and involves the selection of results targets. Targets can be selected by examining baseline indicator levels and desired levels of improvement.
Step 6: Implementation and results monitoring. Monitoring involves tracking the progress of the implementation as well as assessing the results.
Step 7: Concerned with the uses, types, and timing of evaluation.
Step 8: Data analysis and interpretation for the decision making process in order to effect changes and improvements to the projects and programmes being evaluated.
Step 9: Generating and sharing knowledge with other governments and organisations to enhance knowledge as well as inform others.
Step 10: Addresses the challenges associated with sustaining the Results based model such as accountability and capacity.

Source: Kusek and Rist (2004: 24)

NGOs managing HIV/AIDS programmes in the uMngeni Local Municipality can also refer to the ten steps of the RBM&E system for effective and efficient monitoring and evaluation of their HIV/AIDS programmes. The ten steps can help these NGOs to achieve their goals and objectives. Kusek and Rist (2004:24) argue that in the implementation of the 10 steps model, there is room for the implementers to move back and forth as the steps are more guidelines than rules. This model enables a high level of accountability in organisations, as well as, in the implementation process. The results-based model can also bring transformation to the organisation by impacting on an organisation's culture (Kusek and Rist 2004:24).

Despite being a good model, RBM&E can be problematic especially in cases were organisations avoid the publication of their performance. There is concern amongst organisations about the possibility of having their organisation's information being scrutinised by competitors (Kusek and Rist 2004:21).

2.15.2 Logical Framework

The logical framework specifies what the project, programme or policy is intended to achieve (objectives) and how this achievement will be measured (indicators) (Chaplowe 2008:7). It draws the path that the project will take, bearing in mind the need to measure the objectives of project and how the achievement of these will be determined. Chaplowe (2008:7) notes that the logical framework is an analytical and management tool whose activities show the relationship between components and presents information about a project in a systematic and concise way. The log frame is such that there is a 4 by 4 matrix showing a hierarchy of objectives; indicators of performance; and methods of verifying the indicators; and important risks and assumptions. It summarises key aspects of the project such as its aims and the steps to be taken in an effort to achieve these (McCoy, Njeri, Ngari, Krumpe and Sonko 2008: 20).

The availability of resources such as capital is important for programmes to achieve the desired outputs such as improved service delivery systems. Desired outputs like an increase in the number of people with HIV going for TB screening is a manifestation of the effective implementation of processes in the system, such as training of medical personnel. Achieving the short-term results of applying a system shows that the long term results, such as reduction in the number of TB and HIV cases, are a possibility (WHO 2009:47).The World Health Organisation (2009:47) argues for the use of the input-processes-output-outcome-impact assessment as this model is arguably the most popular and effective model.

Chaplowe (2008:7) is of the view that a clear understanding of the log frame's hierarchy of objectives is essential for M&E planning since this will inform and guide the questions that will be used in the evaluation process. Table 2.7 below is a demonstration of the process as shown by Chaplowe (2008:7).

Table 2.6 Logical framework process

Goal: To what extent has the project contributed towards its longer term goals? Why or why not? What unanticipated positive or negative consequences did the project have? Why did they arise?
Outcomes: What changes have occurred as a result of the outputs and to what extent are these likely to contribute towards the project purpose and desired

impact? Has the project achieved the changes for which it can realistically be held accountable?
Outputs: What direct tangible products or services has the project delivered as a result of activities?
Activities: Have planned activities been completed on time and within the budget? What unplanned activities have been completed?
Inputs: Are the resources being used efficiently?

Source: Chaplowe (2008:7)

Table 2.7 below depicts the M&E framework as described by the World Health Organisation (2009:47) in the context of environmental; cultural; political; and socioeconomic factors that are external to the programme.

Table 2.7 WHO M&E framework

INPUT	***PROCESS***	***OUTPUT***	***OUTCOME***	***IMPACT***
Basic resources necessary Policies, people, money, equipment	Programme activities training, logistics, management, IEC/BCC	Results at the programme level (measure of programme activities) services, service use, knowledge	Results at level of target population behaviour, safer practices	Ultimate effect of project in long term TB incidence, HIV prevalence, morbidity, mortality

(*Source: WHO, 2009:47)*

Pasteur and Scott-Villiers (2001:200) developed a list of the advantages and the limitations of log frames. This is in appreciation of the need to develop an efficient system that will limit the inaccuracies of the system. The study of M&E systems of NGOs in the uMngeni Local Municipality covers the concept of log frames and the recommendations and conclusions were drawn with special reference to the advantages and disadvantages of using log frames as outlined below:

Advantages of Log frames

- Puts together all the key components of a project, programme or policy;
- The presentation of key components in a clear systematic way thereby clarifying the way the project is supposed to work;
- It separates out the various levels in the hierarchy of objectives, helping to ensure that inputs and outputs are not confused with each other or with objectives and that wider ranging objectives are not overlooked;
- It clarifies the relationships which underlie judgments about likely efficiency and effectiveness of projects; programme or policy;
- It highlights the major factors contributing to the success of the project, programme or policy; thereby making it easy to influence these factors;
- It enables the monitoring and evaluation process to have a starting point as it shows the pointers of success and means for assessment; and
- It encourages a multidisciplinary approach to the project, programme or policy preparation and supervision (Pasteur and Scott-Villiers 2001:200).

Limitations of Log frames

- The inability to represent multiple parallel processes such as what people are doing at multiple project locations within a single national project, programme or policy;
- With log frames, it is difficult to represent interactions between multiple events at the same level of a logical framework such as how different project, programme or policy outputs feed into each other;
- Concealing the conflict of interests that exist amongst stakeholders ignores the differences that might jeopardise the successes of the project, programme or policy; and
- Log frames allow little room for flexibility and dynamism by assuming that all project, programme or policy contingencies can be foreseen from the start and that there will be a predictable, linear, logical progression from activities to outputs to purpose to the goal (Pasteur and Scott-Villiers 2001:200).

Chaplowe (2008:10) argues that logic models are techno centric, with a cultural bias towards linear logic that can alienate rather than foster local understanding, participation and ownership. This is problematic, as consulting local partners will help create

sustainable results. It is the local partners that will implement the changes. Therefore, without their involvement, the project is at a risk of failing. Ronette (2010:2) argues that the lack of coordination and the breakdown of the log frame model by the National Treasury in South African led to the duplication of the model and its resultant inefficiency. Chaplowe (2008:10) observes that the lack of coordination and the fight to maintain territories amongst departments accounted for the breaking down of the log frame model.

NGOs managing HIV/AIDS in uMngeni Local Municipality can make use of the log frames to put together key activities of the programme and manage them accordingly. Log frames will allow NGOs to identify their goals, outcomes, outputs activities and inputs and this will enhance efficient and effective management of their HIV/AIDS programmes. NGOs should also be guided by the limitations of log frames as indicated by Pasteur and Scott-Villiers (2001:200) above, this will allow them to note all possible loopholes when managing HIV/AIDS programmes using the log frame approach.

2.16 Monitoring and Evaluation in South Africa

The public service reform trajectory since 1994 culminated in the development of the Government-wide Monitoring and Evaluation (GWM&E) system which constitutes other public management reforms and intents to consolidate such reforms (The Presidency 2008:1). The system is aimed at a government wide integration and articulation of all the components into one system that is informed by a reliable conceptual framework. This strategy has led to the publication of the Policy Framework for Government-wide Monitoring and Evaluation and Statistics South Africa's South African Statistical Quality Assurance Framework (SASQAF) in 2007 (The Presidency 2008:1).

Ronette and Tania (2010:2) take note of the involvement of the South African government in the implementation and development of a monitoring and evaluating system. There was consensus that the system should involve such critical aspects as early warning data verification, data collection, analysis and dissemination (Ronette & Tania 2010:2).

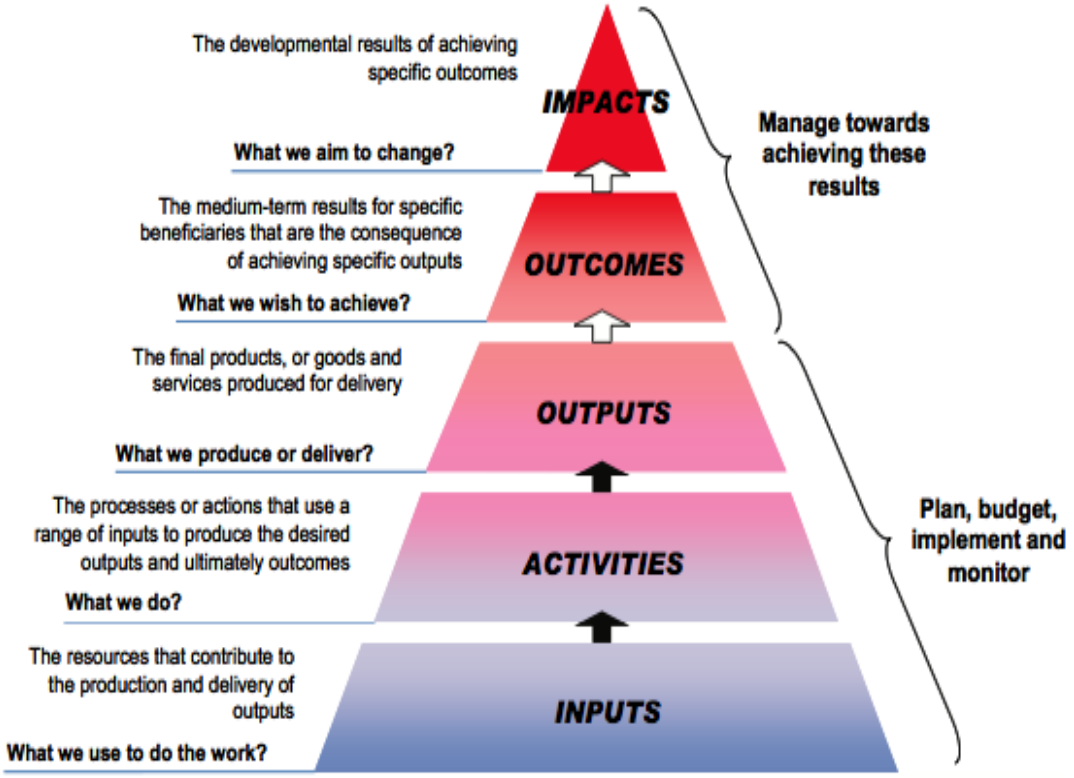
2.16.1 National Treasury's log frame model

There are five interrelated components to the National Treasury's log frame model (National Treasury 2007:6). The components are:

- Inputs: all the resources that contribute to the production and delivery of outputs. These include finances, personnel, equipment and buildings;
- Activities: the processes or actions that use a range of inputs to produce the desired outputs and ultimate outcomes;
- Outputs: the final products, or goods and services produced for delivery. Outputs include results or changes for individuals, groups, communities, organizations, communities or systems;
- Outcomes: the medium-term results for specific beneficiaries that are the consequence of achieving specific outputs. Outcomes should tally with what the organisation set out to achieve, as well as, reflect on what drives the organisation; and
- Impacts: the resultant changes that are associated with what the programme has produced. Such as the increase in the number of HIV infected individuals going for TB screening.

The above interrelated components of the National Treasury's log frame model can be used as an example to create a functional and successful log frame by NGOs managing HIV/AIDS programmes in the uMngeni Local Municipality. Figure 2.7 shows the logical framework indicating key performance information concepts as shown by the National Treasury (2007:6).

Figure 2.7: Logical framework indicating key performance information concepts



Source: National Treasury - Framework for Managing Programme Performance Information (2007:6).

The role of the Premier's Office in the M&E process has been unspecified as there has been the development of conventions and practices across the nine provinces of South Africa which are at different phases institutionalising monitoring and evaluation procedures (The Presidency 2008:1). Best practices may be essential in the development of systems that can be used across provinces in an effort to encourage learning and innovation (The Presidency 2008:1). The fact that M&E is a recent development in the public sector in South Africa, with some provinces just establishing M&E units, makes the dissemination of good practices important as well as indicating bad practices such as results duplication (The Presidency 2008:1). Below is an outline of the aims of the Good Practice Guide by the Presidency in South Africa:

- Outlining the role of the Premier's Office across provincial monitoring and evaluation programmes;
- Assessing the development of monitoring and evaluation practices in the nine provincial governments;

- Identifying the challenges faced by the Premiers' offices and good practices emerging from implementation; and
- Providing a framework to guide the development of future GWM&E policy frameworks.

2.17 M&E of HIV/AIDS programmes in South Africa

The National Department of Health of South Africa introduced various initiatives to respond to the HIV and AIDS epidemic and has scaled up all efforts on HIV and AIDS prevention, care and support, including the provision of antiretroviral treatment. The Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa (thereafter referred to as the Comprehensive Plan) was approved by the South African Cabinet in November 2003. Subsequently, the M&E framework was developed to monitor implementation of the plan (National Department of Health 2005:2).

The M&E framework outlines the information requirements of input, process, output, outcome and impact indicators that were developed through a consultation process with various stakeholders. Service providers and managers at all levels of the health system need information in order to plan and manage HIV and AIDS services appropriately and to monitor and/or evaluate the implementation of national and local plans. A crucial ingredient of M&E is the availability of good quality, timely and complete data (National Department of Health 2005:2).

It is therefore essential that knowledge and skills on monitoring and evaluation be enhanced amongst staff at various levels of the health care system, both in order to monitor patient care and evaluate the implementation process of the Comprehensive Plan (National Department of Health 2005:2).

During the process of administering the National Commitments and Policy Instrument (NCPI) inputs were made on key challenges that have been experienced during the reporting period (National Commitments and Policy Instrument (NCPI), 2012, cited in Republic of South Africa Global Aids Response Progress Report 2012:98). It was noted that while an M&E Framework had been developed it was not adequately implemented. Part of the challenge has been the lack of sustainable funding for developing a national HIV, STI and TB M&E plan and an appropriate system to implement it. Another challenge has been the lack of alignment between the M&E systems of the various

partners working in the HIV, STIs and TB sector. SANAC has recognised this challenge and is prioritising the development of a national M&E Plan that will be fully aligned with the new NSP 2012-2016 (Republic of South Africa Global Aids Response Progress Report 2012:98). According to the 2012 report, NCPI highlighted the following issues:

- With no agreed M&E system for HIV and AIDS, there has been a lack of standardised reporting;
- Individual government departments and sectors have M&E plans and regular reporting processes, but there is a lack of coordination and collaboration between government departments, and between government and civil society partners;
- Different departments are using their own data, which is often not consistent;
- The private sector facilitated an M&E forum to harmonise private sector reporting with that of government, but room for improvement still exists;
- Challenges have been experienced with the consistency and quality of civil society reporting;
- There is a general challenge around the quality and consistency of data provided by the various sectors;
- Little is currently being done to build the capacity of M&E officers to ensure more efficient data collection, analysis and reporting;
- While there is a national M&E Working Group, there is still no central national database with consolidated HIV-related data;
- South Africa does not publish an annual M&E report on HIV that includes HIV surveillance data; and
- There is a challenge around the use of M&E to determine more targeted resource allocation (Republic of South Africa Global Aids Response Progress Report 2012:98).

2.18 District Health Information System (DHIS)

The DHIS system was designed to collect and report routine data from all public health facilities in a country and the purpose was to support decentralised decision making and health service management. DHIS was first introduced in South Africa in 1996 and the rollout of the programme to the entire country was done by 2001.DHIS is also used by other countries in Africa and Asia. With DHIS, health care workers can analyse their performance and plan for future service needs, as well as assess performance in

meeting health service targets (Garrib, Stoops, McKenzie, Dlamini, Govender, Rohde and Herbst 2008:549).

Through DHIS, there has been noted improvements in the quality of data collected. However delays in submission of data due to non-delivery of forms, poor understanding of indicators, unreliable data quality, facility manager's not maintaining data summaries, and poor feedback have also been noted. Use of data has been an ongoing problem at facility level decision making. Hence there is a massive need to start and maintain monthly data review meetings at each reporting level (Garrib, *et al* 2008:549).

NDOH works with NGOs managing HIV/AIDS programmes in South Africa. They share data collected through DHIS through excel pivot tables. NGOs use the information to report to their funders and to make data-driven decisions on their programmatic activities. NGOs managing HIV/AIDS in the uMngeni should link with their local clinics and the district department of health for them to have full access to this crucial data for decision making purposes.

2.19 Tier.net/HIV Electronic Register

South Africa is the country in the world with the largest number of people on antiretroviral treatment (ART) for HIV/AIDS. In 2004, there was large scale up of ART programmes in 2004. However, there was no standardized system to monitor and evaluate the programme. In 2010, South Africa developed a 3-Tiered ART monitoring strategy, the strategy was developed with reference to recommendations from WHO. The programme was first piloted in the Western Cape and was implemented nationally in 2011(Westley, Greene, Tarr and Hawes 2014:2).

Tier.net uses registers exclusively as reporting tools, not as clinical tools. The system collects six monthly indicators and 27 quarterly indicators from standardized clinical stationery at facility. The paper health register is known as Tier 1, designed for facilities with no access to electronic system and with less than 500 on the HIV/AIDS programme. The second one is Tier 2 (Tier.Net), used by facilities with less than 2000 patients on the HIV/AIDS programme and it is a non-networked electronic system. The last one, Tier 3, which is suitable for big facilities and can be networked, collects and collates the same data as the other tiers (Westley, Greene, Tarr and Hawes 2014:2).

The NDOH together with the provincial, district department of health with the support of NGOs is currently implementing Tier 3. The following lessons have been learned from the implementation of Tier.net: collecting only a minimum data set improves efficiency of the system; adequate workforce capacity is critical to register implementation and sustainability; and political support at all levels encourages smooth transitions (Westley, Greene, Tarr and Hawes 2014:2).

The electronic medical record software enables ministries and departments of health to utilise either of the two tiers in their facilities. The Centre for Infectious Diseases Epidemiology and Research (CIDER) (2011:2) notes that deciding which tier to adopt is determined by the context and resources availed to the institution. However if these circumstances change, the institution can adopt another tier. Movement between the tiers is enabled by the existence of a complimentary relationship which allows one region to use one or a combination of tiers at a particular time showing the flexibility of the tiers (CIDER 2011:2).

The three tier system gives monthly and quarterly feedback that is essential for long term monitoring and an integration of these systems into one data set will enable the levels of the institution to make the necessary adjustments in reference to the feedback from the system (CIDER 2011:2). The advantage of the second tier is that data on paper can be converted into electronic information as long as there was high level maintenance of the data. This digitalising of information is critical to the later exporting of the data into Electronic Medical Record (EMR) systems, although attention should be given to the capturing process to avoid distortions of data (CIDER 2011:2).

The second tier approach has been a success in eight countries using ETR.Net, an electronic register for patients that caters for Tuberculosis patients going through treatment (CIDER 2011:3). This evidence implies that the method is implementable and can yield the desired outcomes. Such an approach can benefit maternal and child care facilities, especially in developing countries. However, distribution of EMR software to the concerned facilities would be an expensive exercise. To counter this complication, a collaboration between the University of Cape Town, and the South African government and WHO led to the development of Tier.Net, a single electronic register software that prioritises three health concerns: HIV, TB and AIDS (Osler & Boulle 2010:1).

Tier.net data is fed into DHIS on a monthly basis per facility. NGOs managing HIV/AIDS programmes normally provide technical support on the implementation of Tier.net and there is a need for NGOs managing HIV/AIDS programmes in the uMngeni Local Municipality to link up with local clinics in order to have access to data from Tier.net for them to make data driven decisions.

2.20 Persistent challenges for South Africa in establishing an effective Health Information Strategy (HIS)

Gray, Vawda and Jack (2011:85) identified challenges that act as impediments to the establishment of an effective Health Information Strategy (HIS) and the adoption of an information culture. Below is a discussion of the challenges that have been identified:

2.20.1 Legislative and policy challenges

There is the lack of an all-encompassing national Health Information Strategy that is aimed at creating a uniform strategy for HIS activities (Gray, Vawda and Jack 2011:85). Developing a national policy and strategy would ensure uniformity in conduct as well as establish a standard with which to conduct projects. Gray, Vawda and Jack (2011:85) argue that, although there were assessments done using the Health Metrics Network Framework in 2009, there is still a gap in comprehensive policies that aid the developed framework. Acts such as the NHA of 2003 have sections that are yet to be enacted and integrated with public sector data and this failure has negative connotations for the implementation of the Act (Gray, Vawda and Jack 2011:85).

2.20.2 Governance and leadership challenges

Alignment between the measurement of health system inputs and processes, indicators and health sector aims and goals of the information system is poor, worsened by the lack of uniformity in indicators which has led to the use of different indicators (Gray, Vawda and Jack 2011:85). Another persistent problem is that management is left out in the management of data and use of feedback which leads to situations where little consideration is given to the gathered data in the decision making process.

2.20.3 Resources, software and hardware challenges

Human resources also present another dynamic that complicates the development process where there is an unavailability of skills and inadequate training. In efforts to contain this problem, HIS staff's roles are undefined such that in the end they carry out non-HIS activities. Gray, Vawda and Jack (2011:85) lament the lack of HR development programmes for HIS, the unavailability of accredited institutions that impart this knowledge and the inadequate technical assistance.

2.20.4 Data sources and storage

The National Department of Health (NDoH) has a legal commitment to facilitate and coordinate the establishment, implementation and maintenance of health information systems under the National Health Act (Act 61 of 2003). There is an obligation upon the department to provide comprehensive, reliable data in a timeous manner to facilitate the tracking and improvement of health service delivery. The Policy was put in place to support the monitoring and evaluation process through the creation of uniform data management activities and to designate tasks across all the levels of the employment structure to improve quality, completeness and integrity of data (Gray, Vawda and Jack 2011:85).

The development of the DHIS software simplified the task of data storage as this software stores accumulated data which precludes patient-level analysis. However, versions of this software are unavailable in provinces resulting in the exportation of data from other sources for the production of national reports. The reliability of data can, however, be compromised because there are no cut off dates for accessing data and such data can be used disregarding that it is from the same source. At the hospital level there is a disintegrated system in administration and finance data that complicates and compromises the quality of the data (Gray, Vawda and Jack 2011:85).

The Personnel Administration System (PERSAL) is a platform designed to manage HR transactions and remuneration at a national and provincial level and to account for staff information. However, it has limited analytical and planning capabilities. Failure to use the Basic Accounting System (BAS) to determine the allocation of resources for programmes has complicated the comparison of expenditure patterns across provinces and has made the exchange of data ineffective. A common source of data that joins

health data that is population based to non-health data is non-existent as such coordinated effort across provinces that are aimed at improving the delivery of health services are lacking (Gray, Vawda and Jack 2011:85).

2.20.5 Data management and feedback challenges

Gray, Vawda and Jack (2011:85) noted that data collection processes are poor as exemplified by the lack of uniformity in data collection tools and the dynamics in registers which are uncontrolled at both the national and provincial levels. There is also a need to address the uncoordinated efforts at data feedback between the national and the provincial level, as well as between the provincial and the district level.

The above discussed challenges can be used as a point of reference by NGOs supporting people infected and affected by HIV/AIDS. They will guide NGOs managing HIV/AIDS programmes in the uMngeni to strengthen their M&E systems.

2.21 Data quality management

2.21.1 Data Management

Data management refers to the processes and systems for how a project/programme will systematically and reliably store, manage and access M&E data (IFRC 2011:23). Once information has been gathered it becomes imperative to have systems in place that will make access to the information convenient, as well as easy to interpret. The failure to adequately manage data leads to wastage of resources and depreciation in the quality and reliability of the data (IFRC 2011:23).

2.21.1.1 Improving Data Quality along the Data Management Chain

The table below can be used by NGOs managing HIV/AIDS programmes in Umngeni Local Municipality to ensure data quality at each and every stage of the data management process, which is from the source; during collection; collation; analysis and reporting up to the time they will be using the data. At each stage, there are several parameters that should be followed to ensure quality of HIV/AIDS programme data.

Table 2.8: Improving data quality along the data management chain

To help ensure data quality at the *Source:*

- **Design instruments correctly;**
- **Include data providers (community stakeholders) and data processors to make a feasibility analysis and draft instruments;**
- **Ensure all personnel are trained in their assigned task use one trainer if possible;**
- **Develop & document instructions for the data collectors, on the collection forms, and for computer procedures;**
- **Develop an appropriate sample;**
- **When possible, comply with professional standards for data set up; and**
- **Ensure all data collection, entry and analysis needs are available (pens; paper; forms; and computers).**

To help ensure data quality during *Collection:*

- **Develop specific instructions for data collection;**
- **Routinely check to see if instructions are being followed;**
- **Identify what to do if you (or someone) wants to make a change to the data collection process or if you have problems during data collection (change management process);**
- **Check to see if people follow the change management process;**
- **Train data collectors in how to collect information;**
- **Develop standard operating procedures (SOPs) for managing the collected data (moving data from one point to the next);**
- **Develop SOPs for revising the collection tool;**
- **Communicate the process and establish processes for support supervision for data collectors; and**
- **Conduct on-site reviews during the process.**

To help ensure data quality during *Collation:*

- **Develop check lists and sign off for key steps;**
- **Conduct reviews during the entry process;**

- **Create an electronic or manual format that includes a data verification process by a second individual who is not entering the data/ Randomly sample data and verify; and**
- **Ensure problems are reported and documented, corrected and communicated and tracked back to the source of the problem.**

To help ensure data quality during *Analysis:*

- **Run an audit report for review by experts with knowledge, for reasonableness;**
- **Ensure analysis techniques meet the requirements for proper use**
- **Disclose all conditions /assumptions affecting interpretations for data; and**
- **Ensure that appropriate analysis that is management useful is undertaken routinely.**

To help ensure data quality during *Reporting:*

- **Synthesize results for the appropriate audience;**
- **Maintain integrity in reporting: do not leave out key info;**
- **Have multiple reviewers within the organization: prior to dissemination;**
- **Protect confidentiality in reports/ communication tools:**
- **Review data / provide feedback with those who have a stake in the results; and**
- **Provide appropriate reports based on the information needs of your audiences.**

To help ensure data quality during *Usage:*

- **Consistently promote use of the data;**
- **When possible provide data in terms of spatial or graphic representation;**
- **Routinely make data available at key decision points (staff meetings and review);**
- **Understand its strengths and weaknesses and incorporate results appropriately; and**
- **Build in processes to review how data has been used for decision making over time and take corrective action to enhance data utility.**

Adapted from McCoy,Njeri ,Ngari, Krumpe and Sonko 2008:4 (2008:5-4)

2.21.2 Data Quality

Data quality refers to the accuracy of the programme data collected. The process should ensure that the process of data capturing, verifying and analysis is of a standard that meets the requirements of an internal or external Data Quality Assessment/ Audit (McCoy,Njeri ,Ngari, Krumpe and Sonko 2008:4). Having accurate information is important as it would be worthless to have the best data collection techniques but fail to ensure the quality of the data gathered.

Stats SA defines data quality in terms of “fitness for use”. Whether data and statistical information are fit for use depends on the intended use and on the characteristics of the data or information (Stats SA 2006:2).

Statistics South Africa (Stats SA 2006:2), is the legal body mandated to produce official statistics and has the responsibility to inform users of the concepts and methodologies used in collecting, processing and analysing its data: the accuracy of the data it produces; and any other features that may affect their quality or "fitness for use".

Section 3(2) (f) of the Statistics Act of 1999 confers a legislative obligation on StatsSA:"Official statistics must protect the confidentiality of the identity of, and the information provided by, respondents and be … in accordance with appropriate national and international standards and classification." Section 14(6) confers a discretionary power on the Statistician-General: "The Statistician-General may advise any organ of state regarding the application of appropriate quality criteria and standards, classifications and procedures for statistics:

- To improve the quality of statistics;
- To enhance the comparability of statistics;
- To minimise unnecessary overlapping or duplication with the collection or publication of statistics in that organ of state or by other organs of state." (Stats SA 2006:2).

2.21.3 Commonly used criteria for assessing data quality

NGOs managing HIV/AIDS programmes in the uMngeni Local Municipality should consider issues and risks relating to data quality and they need to be thoroughly analysed and documented to ensure quality standards are developed and maintained.

Thus each organization needs to develop and document its means to check the following five key principles of data quality.

1: Timeliness

Data should be collected frequently and should be coming in on a frequent enough timeframe to inform program management decisions. Reports should be sent to the next level at the agreed time (McCoy,Njeri ,Ngari, Krumpe and Sonko 2008:5-2).

2: Validity

Programme data should adequately represent performance for it to be considered valid. Data validity is crucial for HIV/AIDS programmes because without valid data programme management decisions will be made based on incorrect data. Therefore wrong decisions will be made and the objectives of the programme will not be met (Stats SA 2010:31).

3: Reliability

Data collection procedures should be stable and consistent over time and they should also be reliable. The tools to collect data should be consistent from reporting period to reporting period, from location to location. Programme team should also check the data to ensure the data is correct and free from errors and report and follow up on data problems reported (McCoy,Njeri ,Ngari, Krumpe and Sonko 2008:5-2).

4: Precision

Programme data should have an acceptable margin of error for it to be considered precise. The margin of error should be less than the expected change being measured (McCoy,Njeri ,Ngari, Krumpe and Sonko 2008:5-2).

5: Integrity

The concept of data integrity is crucial in HIV/AIDS programme management. Data should be free from bias or manipulation. There should be clear procedures to ensure that data is not manipulated for political or personal reasons and this can be achieved by contracting the independent reviewing of data (McCoy,Njeri ,Ngari, Krumpe and Sonko 2008:5-2). According to Stats SA (2010:56), the integrity of statistical information refers to the values and related practices that maintain users' confidence in the agency producing statistics and ultimately in the statistical products. This includes, among others, the need for statistical systems to be based on the United Nations (UN) principles

of official statistics and includes principles of objectivity in collection, compilation and dissemination of data to ensure unbiased statistics which are not subject to confidentiality breaches or premature releases.

Data quality is very critical for any organisation aiming for success. Managing HIV/AIDS programme requires quality data at each stage of programme implementation. NGOs in the uMngeni should therefore ensure that they are collecting quality data from the right sources, for them to do that they should adhere to the five principles of data quality as discussed above.

2.22 Data dissemination, communication and use

The culmination of the reporting process is the translation of gathered data into information ready to inform decision making using formats accessible to policy makers (World Health Organisation (WHO) 2010:9). The disseminated information can be used at different levels in the health system such as planning and policy development and as these levels require different technical expertise, reports should be tailor made to suit the technical experts (WHO 2010:9). It is important to ensure that the dissemination of the information is done in such a way that experts in different sectors of the health system understand its relevance to their field of specialty.

The World Health Organisation (2010:9) notes that the timing of information dissemination is crucial in determining the extent to which objectives can be met. Timing should be such that the planning cycles and the information needs of the users are met. Organisations can seek assistance from communication experts who can assist in the packaging of information (WHO 2010:9). Besides communication experts, information technology offers packages that offer solutions for the provision of information to specific experts this is done to promote an information culture where the demand for information is encouraged (WHO 2010:9).

Kusek and Rist (2004:129) discuss the several uses of monitoring and evaluation reports. Below is an outline of some of the uses of monitoring and evaluation information according to Kusek and Rist (2004:129) which are:

- In the determination of accountability: An assessment of whether or not political promises to citizens and stakeholders have been met;

- In the persuasion of stakeholders: Evidence can be used to argue for the necessity of certain projects;
- In educating stakeholders: Organisations can acquire more information on certain phenomenon unbeknown to them;
- In the exploration and investigation of phenomena: This allows the organisations to determine the techniques that are helpful, those that are not and account for such;
- To explore and investigate: Seeing what works, what does not and explain why this is so;
- In the documentation of information: Creating important institutional memory by keeping records of project monitoring and evaluation;
- In the involvement of stakeholders: Reporting allows for the engagement with stakeholders through a participatory process;
- In gaining support: The demonstration of results will help in gaining support for future projects from the stakeholders;
- In the promotion of understanding: Through reporting stakeholders' understanding of projects, programmes and policies is enhanced (Kusek and Rist 2004:129).

Even though evaluation reports have different functions, the main one is to deliver the message to the relevant stakeholders informing them of phenomena of concern to them. Having gathered a lot of information, it is important to be able to communicate this information to users in a way that they can understand and is useful to them.

Data communication, dissemination and use are crucial to goal realisation for NGOs managing HIV/AIDS programmes in the uMngeni Local Municipality. It is important to share programme outcomes to all relevant stakeholders. For example, the NGOs should share their outcomes and outputs with government departments and the government will use the information for planning and decision making purposes. Information usage is also critical as discussed above. NGOs in the uMngeni directly implementing HIV/AIDS programmes should use the gathered information for decision-making on a regular basis. This will inform them what they have done and what still needs to be done.

2.23 Challenges of monitoring and evaluation of HIV/AIDS programmes

A number of non-governmental organisations (NGOs) have come on board and they are playing a crucial role in the fight against HIV/AIDS. Resources have been allocated to local and international NGOs in South Africa to implement HIV/AIDS programmes. However, NGOs are still struggling to reach their goals because most of them lack sound monitoring, evaluation and reporting systems. With the current situation, it seems there is no accountability of funds received from donors and donors are mainly worried about reaching the set targets.

Increases in the funding of heath programmes in different countries has placed a demand on the need for statistics for record keeping in order to track the progress made in the programmes, as well as for accountability of resources (The Global Fund 2011:5). Decision making in a timeous manner and reliability of decisions has been necessitated by the use of results-based financing mechanisms by international donors and these dynamics have placed pressure on the M&E process. However, these demands have been met with shortfalls in the availability of data and the low quality of the available data as is the case in most developing countries (The Global Fund 2011: 5). The World Health Organisation (2010:3) notes that the unavailability of data is noticed in the input, process, output and outcomes stages of the M&E process and to overcome these inaccuracies countries need to strengthen monitoring and evaluation systems to ensure accuracies in the system.

Organisations that are responsible for the implementation of HIV and AIDS programmes are confronted with several challenges. Below is an outline of the challenges in the implementation and the sustenance of M&E systems (IFAD 2002:1-7):

- Insufficient understanding of M&E systems in the project design leads to inadequate allocation of resources;
- Commitment problems by project staff and implementers leads to disparities in the monitoring systems and information;
- Negative perceptions and attitudes towards monitoring with some staff seeing it as an imposition from outside and project staff mechanically filling forms for managers;

- Compromise of information produced through monitoring that focused on physical and financial aspects and ignores project outreach, effect and impact;
- Paying little attention to other stakeholders such as beneficiaries and other cooperating institutions;
- The lack of internal project reviews or assessments and change only being effected by external evaluations;
- Uncoordinated efforts between monitoring and evaluation and project management teams. This leads to disparities in the data as there are disagreements on guidelines and tools to use;
- Failure of monitoring and evaluation documentation to address the identified problems;
- Over-ambitious monitoring systems;
- Limited capacity and knowledge leading to the failure to use participatory and qualitative methods of monitoring and evaluation;
- M&E staff with insufficient relevant skills and experiences, and making little effort to fill the capacity gap; and
- Separating the monitoring and evaluation process with evaluation being subcontracted.

These challenged also influence the sustaining of the M&E systems. Therefore, NGOs managing HIV/AIDS in the uMngeni Local Municipality can use the above mentioned challenges as guidelines in designing an effective and efficient M&E system. Elimination of these challenges requires an effective and efficient M&E system and dedicated team, capacity building can also be used to overcome these challenges.

2.24 Conclusion

Chapter two covered the literature and the relevant research used in the study. Aspects of M&E, data quality management and data dissemination and use were discussed in detail with the aid of relevant examples. The chapter also covered HIV/AIDS in the South

African context. M&E of HIV/AIDS programmes were also discussed in depth. The history and challenges of managing HIV/AIDS M&E systems were also covered in chapter two. The chapter covered the important aspects of a functional HIV/AIDS M&E system.

CHAPTER 3: AFRICA AND INTERNATIONAL PRACTICES FOR MONITORING AND EVALUATION OF HIV/AIDS PROGRAMMES

3.1 Introduction

This chapter summarises M&E practices of HIV/AIDS in Africa and the rest of the world. Chapter three covers case studies on the M&E of HIV/AIDS programmes, which will be used to make recommendations to modify the M&E systems of NGOs implementing HIV/AIDS programmes in the uMngeni Local Municipality. The chapter covers the GWME and the 12 components of a functional HIV/AIDS M&E system. Recommendations for NGOs managing HIV/AIDS programmes were drafted with special reference this chapter.

3.2 Good practice in monitoring and evaluation of HIV/AIDS programmes

Good practice is concerned with determining the ideas that are practical in the real world as well as drawing lessons from those who have implemented them before (The Higher Education HIV and AIDS Programme (HEAIDS) 2010:6). This implies that there can be a transfer of knowledge across organisations and employees to avoid similar mistakes and to capitalise on the success achieved from previous programmes. Good practice also implies that some workers will be guided by agreed upon principles and in so doing, be more effective in implementation. HEAIDS (2010:6) notes that good practise provide information on successful experiences of other people to help practitioners adopt those experiences into their own unique situations.

There is a wide range of disadvantages associated with good practice including the fact that it follows a predetermined set of goals rather than set its own goals (HEAIDS 2010:9). This follows from the fact that one is following a procedure followed by someone else and in so doing inevitably takes on the goals applied in that particular context. HEAIDS (2010:9) notes that good practices is a purported ideology whose goodness is determined by individuals who used. Consequently, it is open to bias. Furthermore, it is subjective based on an individual's values and goals. In this light,

organisations should only adopt a set of good practices when they are, in principle, aligned to that particular organisation.

3.3 GWM&E system

The structure of the South African inter-governmental system is such that there are complexities that complicate the policy formulation and implementation process. The complexities imply that one branch of government can set policies and another can draw the budget and oversee implementation (The Presidency 2008:2). This lack of coordination can be the source of complications since the formulation of policies should be done with due consideration of the budget in order to allow for the setting of reasonable objectives. A remedy to this complication is joint work which can be instituted in the form of collaborative programmes that allows collaboration across the spheres of government (The Presidency 2008:2).

The importance of a functional M&E system is aimed at ensuring that policy aims and objectives are realised. The Provincial government has the mammoth task of aligning its policies and planning frameworks with national plans and priorities as well as coordinating with local governments' Integrated Development Plans (IDPs) to ensure that they reflect national priorities (The Presidency 2008:2). This is an example of the complexities that are involved in South Africa mainly due to its government's structure. The Presidency (2008:2) notes that the complexities are also shown in the feedback where the bottom up approach is such that the provincial departments' plans are a reaction to IDPs.

3.3.1 Provincial M&E framework

The offices of the Premier in all provinces are also tasked with ensuring the socio-economic rights of citizens of the province by monitoring the provision of basic services such as water and electricity (The Presidency 2008:2). Therefore, immense pressure on the provincial government as they also have to coordinate policies and strategies from the national government. There is a need for an early warning system that allows for a proactive intervention mechanism in case of breakdowns in service delivery within municipalities (The Presidency 2008:3). In this case, M&E is central to the effective monitoring of municipal activities and proactive support. The Presidency (2008:3) notes

that the lack of a prescribed direction by the Premiers' Offices necessitated experimentation and innovation in the nine provinces, which is also an important aspect of M&E. The GWM&E Policy Framework was established to allow for M&E good practice rather than to be prescriptive.

Provincial M&E frameworks have to take into consideration all the components of the system and particular attention should be given to connections between the various components of the system (Presidency 2008:3). Thus, for example in the structure of the M&E function within the Premier's Office, the line departments together with forums for M&E are crucial to the development of an effective M&E system.

The establishment of roles and responsibilities in the process is important for the M&E identification of reporting lines and accountability relationships. Developing a provincial M&E strategy that is linked to the provincial growth and development strategy which is sustained by operational plans for M&E is an important step that can determine the success of the M&E programme (Presidency 2008:4). There is also a need to develop indicator frameworks that trace the progress being made. However, the data sources for these indicators should be kept up to date to secure the credibility of the information. High standards of quality need to be maintained as they will help in ensuring the credibility of information.

3.3.2 Management of the GWM&E

The components of the M&E process have a symbiotic relationship. Therefore, a change in one component can trigger subsequent changes in other components (Presidency 2008:4). This is implies that the gathering of indicator data could have consequences for accountability relationships as well as reporting (Presidency 2008:4). With this in mind, there is a need to develop a mechanism to ensure that the subsequent changes in components are taken into account to avoid misrepresentations of distortions to data. This can be done by developing an information system that will act as a support platform for each indicator to ensure that it conforms to the quality standards set for data.

The M&E system has amongst its goals the improvement of executive decision-making; organisational learning; service delivery and innovation. The success of the M&E system in achieving these goals is facilitated by the public institution sector's culture, capacity and the level of support rendered to M&E findings (Presidency 2008:4). The support of M&E findings in institutions can be shown by the inclusion of M&E in the

performance agreement of line managers and the budget allocation process. The achievement of this is usually deterred by the organisational culture, hence the need to address it.

Furthermore, the report by the Presidency (2008:4) argues that management's philosophy of leadership is important in determining whether or not M&E systems are implemented and their findings incorporated into the organisation. Organisations that are performance-oriented and critically reflect on themselves are more likely to adopt M&E systems. Another major theme in the GWM&E policy framework is for the integration of the monitoring and evaluation process with other management processes such as strategic and operational planning, budgeting and annual reporting (The Presidency 2008:4). The results of the M&E process must lead to evidence-based policy refinement and appropriate managerial actions that reflect the findings of the monitoring and evaluation process. M&E is more than a procedural requirement or an activity undertaken in compliance with regulations but is done to improve the conduct of public institutions in the execution of their core business (Presidency 2008: 4).

Public institutions are expected to link their M&E strategies to strategic plans, annual performance plans or IDPs and adopt a sectorial perspective that develops the capacity to make progress reports and challenges across levels (Presidency 2008:4). This is a reflection of the fact that there is an interconnection in government service delivery which necessitates concerted efforts across government departments to realise a particular policy outcome (Presidency 2008:4). As an example, the education department should also concern itself with the availability of water; electricity and school security rather than focus solely on teachers' ability because these issues are related (Presidency 2008:5).

The GWME Policy Framework is concerned with managerial systems rather than with electronic IT systems. Where there are such systems, they are integrated for simplified data interchange (Presidency 2008:5). The framework seeks to entrench in public sector organisations management systems that articulate other internal management systems which can function without the use of IT software (Presidency 2008:5). However, it is important to note that the framework discourages the bureaucratic red tape that is associated with adding reporting layers which increase the burden of administration on public institutions subjected to the M&E process (Presidency 2008:5). There is

emphasis on reference to source systems within institutions for the purposes of improving institutional policy, planning and implementation processes.

The Presidency (2008:5) notes that there is a statutory demand upon the accounting officer or the chief executive officer in a public office to develop a monitoring and evaluation system for the institution with which they are employed. The data from this source system will be used to improve the planning and implementation process, as well as to create an overall picture of national; provincial and local performance by stakeholders in the GWM&E system (Presidency 2008:5).

3.3.3 Guiding principles set in the GWM&E framework

The GWM&E sets forth a few guiding principles for its medium and long term implementation (Presidency 2008:5). Some of the guiding principles set in the GWM&E policy framework are as follows:

- Minimising the burden of administrative compliance across government departments. This is concerned with the capacity of institutions to carry out programmes as well as capacity building to meet the demands of implementation;
- Linking the implementation plan with existing public sector reform initiatives which takes into account the fact that provinces are in different stages of implementing M&E programmes;
- Integrating and amalgamating M&E initiatives and aligning them to government initiatives, in recognition of the differences across provinces in the M&E process;
- Clearly outlining the roles and responsibilities of stakeholders as well as relating their mandate. Due to the scarcity of resources, it is important to make the best out of the limited resources; and
- The adoption of a differentiated implementation plan across spheres and sectors. This is in recognition of the different stages that provinces are in the implementation plan of M&E, which necessitates and justifies the differentiation.

3.4 Good practices: Government-wide M&E (GWM&E)

There is a nationwide engagement between the M&E unit in the Offices of the Premiers and provincial departments in an assessment of strides taken in provincial Programmes of Action and PGDSs (Presidency 2008:17). Provincial line managers have an obligation to respond to the feedback from the M&E process in an effort to legitimise the M&E process as an invaluable tool for governance (Presidency 2008:17). Mpumalanga is one of the provinces which has adopted a project management approach to M&E (Presidency 2008:17). This gives operational substance to the results-based approach and it forms the foundation of M&E (Presidency 2008:17). The fact that few provinces have adopted electronic resources that aid in the analysis of non-financial information is concerning, especially bearing in mind that these systems help with the validity of data and that they ensure that data is analysed and delivered in a timeous manner (Presidency 2008:17). However, although electronic systems can be helpful, they are also problematic in that they require high levels of maintenance and high technical expertise which need constant improvement.

Provinces such as Mpumalanga have emphasized the need for a project management based approach to give operational substance to the results-based management approach upon which M&E principles are based. A few provinces have developed electronic systems to facilitate the reporting and analysis of non-financial information. The advantages of such systems is that they can do preliminary validation of the data; most have some kind of audit trail and, once the data is captured, do an automatic consolidation of figures which shortens the reporting cycle considerably and ensures that information is timeous. Electronic systems, however, require high levels of maintenance and user support, as well as on-going training of users, given the low level of M&E skills in government and government employee attrition rates (The Presidency 2008:17).

The Free State and Gauteng province has websites in place that act as a hub of information for the entire province's Programme of Action and progress reports (Presidency 2008:17). This is convenient in that even the public have access to the information and since most of the programmes are concerned with service delivery the public can track the level and progress in service delivery by the provincial government. The Presidency (2008:17) notes that most of the Premiers' Offices have a web presence however a few of them use these facilities for the dissemination of M&E findings.

Mpumalanga has been exceptional for its utilisation of Community Development Workers (CDWs) whereas the Eastern Cape has created an interface with the communities to stay informed of the state of service delivery (Presidency 2008:17). The interfaces play a central role in the monitoring process besides their effectiveness in updating the Premier's Office of the level of service delivery across municipalities. Since the portals help establish an interactive relationship with the community it is easier for the provinces to contact evaluations as well as get feedback from communities.

3.5 Challenges in implementing M&E: The South African context

The challenges that are discussed below have been experienced by different arms of the South African government in implementing functional M&E systems. NGOs implementing HIV/AIDS programmes in the uMngeni Local Municipality can also refer to these challenges and design a functional M&E system that will address all these challenges.

3.5.1 Streamlining reporting lines

There are complexities in the reporting relationships and in some cases the reporting is of the same information. An excessive burden of administration is placed on the system because of the duplication of reporting. Running parallel data-gathering systems can be ensured against in an effort to avoid the duplication of reports (Presidency 2008:18). Rather the Offices of the Premier can collect information from provincial departments that already have gathered data. The Premiers' Office takes on the role of analysing the data gathered and disseminating the information to relevant stakeholders (Presidency 2008:18).

3.5.2 Perception of M&E as an administrative "back-office" function

The purpose of monitoring and evaluation exercises is to provide feedback to the decision makers of organisations to make reflections and assist in the refinement of policies and the development of effective strategies (Presidency 2008:19). Little emphasis is given to the monitoring and evaluation process regardless of its importance in informing the strategic plans of institutions as such M&E processes effect little change in policy innovation and improvements in service delivery (Presidency 2008:19).

3.5.3 Alignment of PGDS with departmental strategies and operational plans

Departmental and operational strategies in the initial stages placed little emphasis on provincial growth and development strategies (Presidency 2008:19). Although there have been significant strides taken in improving the integration of these processes, there is need for the Offices of the Premier to improve on the coordination process. Collaboration with the budgeting process is also critical to the successful coordination between the departmental strategic plans and the PGDS (Presidency 2008:19).

3.5.4 Improving spatial alignment

There is need for intensified spatial referencing to cater for the Provinces' growth and development strategies (Presidency 2008:19). Such a practice would help in the development of areas with the greatest backlogs due to the spatial alignment of planned programmes and interventions (Presidency 2008:19). Many of the provincial growth and development strategies require greater spatial referencing. This would promote spatial alignment of planned programme and project interventions as well as spending patterns focused on areas with the greatest development backlogs (The Presidency 2008:19).

3.5.5 A focus primarily on monitoring rather than evaluation

The trend in the Premiers' Offices has been to place more emphasis on monitoring, and in so doing, neglecting the evaluation process (Presidency 2008:20). Separating the evaluation process risks gathering inconclusive information that would distort the decision making process. However, this trend can be accounted for by the fact that the M&E process is a new development and that the Offices of the Premiers face resource constraints, including human capacity. Monitoring can also act as a foundation on which to build the evaluation process.

3.5.6 Lack of M&E culture

Management's philosophy is important in determining whether or not monitoring and evaluation will thrive. Management with a performance orientation is more likely to adopt M&E systems (Presidency 2008:20). The South African context is yet to embrace a culture of accountability. Therefore, M&E initiatives can be seen as being intrusive, especially in the public sector. Consequently, M&E practitioners may be viewed with

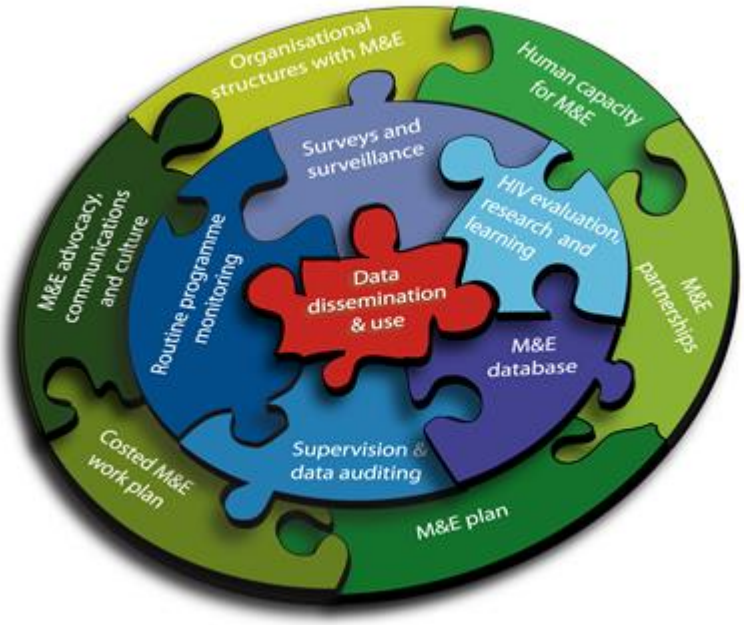
hostility and in such instances there is need for the practitioners to change the mind-sets of those under the M&E exercise (Presidency 2008:20).

3.6 The components of a multi-sectorial HIV M&E System

International agreements for HIV/AIDS management have resulted in managing for results and improving funding effectiveness. Managing HIV/AIDS M&E systems have become a critical priority and an integral part of the HIV response for governments and their development partners alike. In HIV/AIDS management, M&E provides a clear picture of where the HIV response is at any given point (The World Bank 2008:8). UNAIDS recommended the use of the 12 main components for managing a successful M&E system.

The organising framework for a functional national HIV/AIDS M&E system is a vital reference for building capacity in HIV M&E. The organising framework describes the 12 main components of a multi-sectorial HIV/ AIDS M&E system. It defines an overall performance goal for each component and identifies expected results if the component is functioning well (UNAIDS 2008:10). A functional HIV/ AIDS M& E system is one which should include each of the 12 components and function at an appropriate level to produce a basic set of outcomes.

Figure 3.1: Organising framework for a functional HIV M& E system



Source: UNAIDS, 2008:10

The framework consists of three rings. An outline describing the function and components of each ring is provided below:

3.6.1 The outer ring

The outer ring is a representation of the human resources, partnerships and planning needed to sustain data collection and data use. It includes individuals, organisations and the organisational culture that are central to the improvement and sustenance of the performance of an M&E system. The outer ring is made up of components 1-6 (UNAIDS 2008:10) as follows:

1. Organisational structures with HIV/AIDS M&E functions

- It is important to have well defined structures with HIV/AIDS M&E functions. Everyone in the organisation should be aware of the role they in M&E of HIV/AIDS programme activities; and
- All the organisations responsible for HIV/AIDS M&E at different levels should have M&E functions and staff responsible for M&E.

2. Human capacity for HIV/AIDS M&E

- Human capacity is essential for the effective and efficient management of an HIV/AIDS M&E system. Programme staff members should be capacitated to manage M&E systems for HIV/AIDS programmes. This can be done by conducting trainings and ongoing mentoring on M&E activities; and
- Skilled individuals should be available at all levels of the M&E system to manage activities defined in the annual costed HIV/AIDS M&E work plan.

3. Partnerships to plan; coordinate and manage the HIV/AIDS M&E system.

- Stakeholder involvement is crucial in the M&E of HIV/AIDS programmes. Stakeholders should be involved in all the stages of M&E from planning; implementation; and use of M&E findings; and
- It is crucial to establish and maintain partnerships amongst the partners responsible for designing managing the HIV/AIDS M&E system.

4. National multi-sectorial HIV/AIDS M&E plan

- The M&E plan is a perquisite for a well-functioning HIV/AIDS M&E system. The plan should be multi-sectorial and all the sectors should be involved in the designing and management of the plan;
- Stakeholders should develop and update, on a regular basis an HIV/AIDS M&E plan with clear data needs; indicators; data collection procedures; and tools; and
- The M&E plan should indicate roles and responsibilities for implementing a functional HIV/AIDS M&E system.

5. Annual costed national HIV/AIDS M&E work plan

- M&E should be allocated ten percent of the total programme budget and all programme activities should be included in the plan. The cost of conducting M&E for each activity should be costed annually; and
- It is important to develop an annual costed M&E work plan which specifies HIV/AIDS M&E activities of all relevant partners and the sources of funding.

6. Advocacy, communications, culture for HIV/AIDS M&E.

- M&E findings should be presented to relevant audiences on a regular basis using proper writing; communication and interpretation skills. This practice will build culture for HIV/AIDS M&E; and
- All key players in HIV/AIDS programme management should have knowledge and commitment to HIV/AIDS M&E.

3.6.2 The middle ring

The middle ring is concerned with tools with which data are collected, tested and converted into useful information. The middle ring comprises of components 7-11 (UNAIDS 2008:10);

7. Routine HIV/AIDS programme monitoring

- HIV/AIDS programmes should be monitored on a regular basis to check if the selected activities are efficient and effective. Therefore, routine HIV/AIDS programme monitoring is a crucial component of a working HIV/AIDS M&E system; and

- Routine HIV/AIDS programme monitoring requires the use of standardised data collection and reporting tools and clear guidelines on how to use the tools.

8. Surveys and surveillance

- Design and distribute standardised protocols, tools and guidelines. Provide technical guidance and reference materials to institutions conducting surveys and surveillance;
- All parties involved in surveys and surveillance should have a good understanding of data confidentiality and the procedures to be followed when giving feedback of findings; and
- Data quality is the cornerstone of an effective HIV/AIDS M&E system. Therefore, all programme staff should understand procedures for data quality assurance.

9. National and sub-national HIV/AIDS databases

- HIV/AIDS databases should be developed and should allow all stakeholders to access relevant data programme management and improvement; and
- There should be an SOP that shows how to disseminate and share data from the databases.

10. Supportive supervision and data auditing

- The M&E of HIV/AIDS programmes requires regular assessment of data quality and the addressing of gaps in order to produce data that is valid and reliable; and
- Stakeholders should come up with an SOP for data quality assurance so that everyone understands data quality standards, protocols and tools for data audits and assessments.

11. HIV evaluation and research

- Regular research activities should be conducted to gather new knowledge that can be used to design and manage effective and efficient M&E systems for HIV/AIDS programmes.

3.6.3 The centre

The centre represents the main purpose of the M&E system which is decision making. Collection of data without the intent of utilising it is a waste of valuable resources. Hence the importance of this ring. The centre consists of one element which is element number 12 (UNAIDS 2008:10);

12. Data dissemination and usage

- The centre of the framework is data dissemination and use. It is crucial to share HIV/AIDS programme M&E findings with all relevant stakeholders. They should use the information for programme management and improvement.

The 12 main components of an effective and efficient HIV/AIDS M&E system clearly indicate how the components link with each other to complete an effective and efficient M&E system for HIV and AIDS programmes. NGOs in the uMngeni could adapt the 12 components because important aspects of an effective M&E system are covered by the 12 components. The concept of the12 components of an effective and efficient M&E system for HIV/AIDS was also used as a reference for this study.

3.7 Case study: USAID population programme in Turkey

There is need for evidence based decision making in public health interventions. This process is dependent on the availability of M&E programmes. This informs the implementers of their position in the implementation of the programmes and shows what still needs to be done and how it can be done. Donors and institutions planning for future interventions rely on the information from the M&E process. Therefore it is important to present the information in an accurate manner. The M&E programme in Turkey utilised an innovative system in an effort to improve the tracking of successes in the family planning services (Evaluation Bulletin 2003:16).

The M&E plan in Turkey was a combination of indicators for tracking changes in the quality of family planning and best practices in the monitoring and evaluation system. In attempts at improving the success of programmes the M&E plan was simplified and made user-friendly. Other programmes on family planning can draw valuable lessons

from USAID/Turkey, Cooperating Agencies in Turkey and other stakeholders on how best to develop and implement an effective M&E plan (Evaluation Bulletin 2003:16). An outline of some of the practices that account for the success of the USAID/Turkey M&E plan is provided below:

1. *Linking the M&E plan to the strategic plan and work plan*

   Though linking the M&E plan to the strategic plan and work plan, there was a deliberate development of a work plan aimed at getting strategic results in order to track programme progress.

2. *Emphasising efficiency and cost-effectiveness*

   M&E should balance the cost of an exercise as well as providing quality results in a timely manner. The USAID/Turkey used local staff for data collection procedures and analysis. This ensures that the cost of the process will be low while maintaining the quality of the data.

3. *Using data from multiple sources*

   USAID/Turkey's M&E plan adopted an inclusive approach where reference was made to other data sources. The efficiency of the monitoring and evaluation plan was improved by making reference to existing data services in an attempt to give assistance to programme managers in measuring their progress.

4. *Employing a participatory approach*

   Involving stakeholders in the planning phase is important in securing participation when the monitoring and evaluation process takes place at a later stage. In the Turkey M&E, the partners where involved even in the data analysis committee.

5. *Drawing on the best combination of international and local expertise*

   In the case of Turkey, there was a combination of the use of extensively used M&E plans and those developed and peculiar to Turkey.

6. *Disseminating the results to a broad audience*

   The dissemination of findings and information signals the end of the feedback cycle. In Turkey this process took place throughout the year with processes

ranging from sharing of results with the M&E taskforce to the dissemination of the final report to a broad group of stakeholders.

7. *Facilitating the use of data for program improvement*

   M&E programmes must inform decision making on programmes hence the importance of feedback loops. Data from best practices M&E is said to be living data because it leads to the establishment of structures that influence the improvement of programmes (Evaluation Bulletin 2003:17).

NGOs managing HIV/AIDS in the uMngeni Local Municipality can use the afore mentioned activities that were proven to be effective in planning and managing HIV/AIDS M&E systems. The activities range from designing the M&E plan; linking the plan to strategic objectives; emphasise on efficiency; and effectiveness, use of a participatory approach; and dissemination of results. All these activities are crucial in managing an effective M&E system for HIV/AIDS programmes.

3.8 World Health Organisation (WHO) M&E best practices

The WHO noted the need to monitor health programmes and emphasise following activities for effective and efficient management of HIV/AIDS M&E.

3.8.1 Use of core indicators

The ideal indicators that should be chosen include those that cover all areas of the framework; indicators that are measurable; ideal for setting up targets; and suitable metadata for indicators which are in line with international standards. Countries need to identify an exhaustive list of indicators that reflect areas of the monitoring and evaluation process. The identified indicators should cater for a wide array of health issues, which can be done by making reference to an existing list of indicators. The main goal is to make sure that the identified indicators are a reflection of reality. Consequently the indicators should be in line with international standards. National and subnational measurement capacities should be taken into consideration when choosing an indicator and its attributes, such as frequency of measurement and level of disaggregation. An

outline of the list of what should be considered in determining the choice of an indicator is provided below (WHO 2010:6):

- Scientific soundness;
- Relevance;
- Usefulness for decision making;
- Responsive to change;
- Data availability; and
- Ability to set meaningful targets.

Most countries that have acceptable indicators have a problem that the indicators are more inclined towards certain elements in the results. In so doing there is the impression that one aspect is being indicated as in some cases the indicators are mainly concerned with inputs, processes and outputs and in other cases they are biased towards indicators for outcomes and impact. Therefore the responsibility in ensuring that there is a balance of indicators across all dimensions. Impact indicators should focus more on the availability and quality of data since, in some instances, especially in monitoring baseline data are unavailable thereby complicating the monitoring process (WHO 2010:7).

3.8.2 Data sources

Data sources are an important consideration as they determine the validity of the programme. Therefore, a review of the sources from which data is gathered is a necessary step. The WHO (2010:7) notes that there has to be an identification of the preferred data source, as well as a list for the best alternatives. Health data has two sources which are divided into those that are responsible for the production of data relative to the entire population and those that are concerned with data as a result of health-related administrative and operational activities. The Health Information System can also acquire necessary information from other sources such as health research, clinical trials and longitudinal community studies with the goal that countries should have diverse sources of data essential for the production of crucial data sets (WHO 2010:7).

There are a limited number of data sources from which to acquire data central to M&E programmes in comparison to potential indicators. Therefore, a challenge of guaranteeing an applicable combination of data sources that ensure the production of high quality and efficient data sources and core indicators is present. There is the burden of getting data sources that align with the monitoring and evaluation programmes

without compromising the quality of data and the efficiency of the process (WHO 2010:7).

3.8.3 Data analysis and synthesis

The WHO (2010:8) notes that systematic quality assessment is the first important step in the analysis and synthesis of data that can be combined with the process of adjusting the data when and where necessary. There is a need for transparency in such analyses and a compliance with global standards. This process includes determining accounting biases due to inaccuracies and incomplete reports in order to improve the credibility of the results.

Some strategies that can be adopted to ensure the improvement of practices in information practices and high quality data analysis include the establishment of an all access data repository that is open to national; sub-national and district levels Such a repository will act as a common source of information where the information from different levels can be updated, thereby ensuring the accumulation of up-to-date data that enhances the M&E programme (WHO 2010:8).

The monitoring and evaluation process of Health System Strengthening (HSS) includes data synthesis; comparisons; and analysis, and summarising into a consistent assessment of health situation and trends which can be supplemented by more intricate analyses that provide approximations (WHO 2010:8). The WHO (2010:8) argues for the use of health systems research and qualitative data collected through systematic processes of understanding health systems features and changes. There is also a need for tools and resources that can aid in the analysis of data to guard against bias, missing values and to allow forecasting.

Furthermore, it is important to note that information technology can be used in the analysis and synthesis of data mainly because it reduces human error and enables users to make projections necessary for forecasting (WHO 2008:8).

3.8.4 Data dissemination, communication and use

Data dissemination, communication and use form part of the final step in translating data into information in a format that can be interpreted by policy makers and decision makers. The WHO (2010:9) is of the view that the translated information is used at several stages of the health system for such processes as health service management;

planning; advocacy; and policy development. The users of the information are from different backgrounds, have a range of different technical competencies and also use different jargon and means for communication. Due to these complexities, there is needed to develop strategies that take into account these differences such that the most effective communication tool is chosen (WHO 2010:9).

Dissemination should be timed to suit the needs of the users including the specific period in which the information is needed. In this light, the timing of dissemination is important to ensure that users get the information when they need it. To ensure that the process is done as efficiently as possible the help of communication experts can be sought, as well as using information technology to ensure accuracy (WHO 2010:9).

3.9 Conclusion

Chapter three covered M&E practices of HIV/AIDS in Africa and the rest of the world. Reference was made to a number of case studies of M&E of HIV/AIDS programmes. The chapter covered in detailed the GWM&E and the 12 components of a functional M&E system. Recommendations for designing and managing successful M&E systems for HIV/AIDS programmes will be linked to the contents of this chapter. Therefore, ideas from other parts of Africa and the rest of the world can be used to modify the M&E systems of NGOs implementing HIV/AIDS programmes in the uMngeni Local Municipality.

CHAPTER 4: RESEARCH METHODOLOGY

4.1 Introduction

Chapter four presents the methods and the theoretical framework used to conduct the research. The study used the quantitative research method. Data was collected using questionnaires administered to programme managers, monitoring and evaluation representatives, programme coordinators and selected programme implementation team members of NGOs in the uMngeni Local Municipality. The merits and demerits of quantitative research methods and research tools are also covered. The concept of validity and reliability and their importance when conducting a study is also outlined in this chapter.

4.2 Ontology and epistemology

According to Bhattacherjee (2012:18) ontology refers to our assumptions about how we see the world. For example, does the world consist mostly of social order or constant change? Ontology is the science or theory of being. It concerns the question of how the world is built: "is there a 'real' world 'out there' that is independent of our knowledge of it?" (Bhattacherjee 2012:18).

Epistemology is the theory of knowledge it'' (Marsh and Furlong 2002:17). One's epistemological position reflects the "view of what we can know about the world and how we can know it'' (Marsh and Furlong 2002:17-18). According to Bhattacherjee (2012:18), epistemology refers to our assumptions about the best way to study the world. For example, should we use an objective or subjective approach to study social reality? Marsh and Furlong (2002:17) argue that each social scientist's orientation to his/her research or subject discipline is shaped by his/her ontological and epistemological position. These positions either implicitly or explicitly shape the approach to theory and the methods employed by the researcher.

According to Sulaiman and Kura (2012:3) ontological positions demonstrate researchers' view about the nature of social reality. The epistemological position, on the other hand, reflects their opinion, of what can be known about the world and how it can

be studied. The main concern of epistemology is to understand social reality, to take a position, and to identify ways of studying it.

Mouton (2001:57) suggests that research design types are divided between empirical studies and non-empirical studies. Research design types that are regarded as non-empirical include philosophical analysis, conceptual analysis, theory building and literature review. Empirical research design types refer to surveys, experiments, case studies, programme evaluation, ethnographic studies, discourse analysis, content analysis, textual criticism, historical studies, secondary data analysis and statistical modelling. According to Mouton's (2001:138) Three Worlds Framework, theories, models and typologies exist within the body of knowledge in the World Two realm of science. Paradigms, such as positivism and realism are placed as part of the meta-science in World Three.

4.2.1 Positivist model

The ‘positivist’ model argues that the first stage in research is the involvement with theoretical concerns. Theoretical concerns form the basis for the researcher’s study as he/she tries to offer explanations of why things are the way they are. With a basis for the study, a researcher can outline the objective or purposes of the study which are an expression of the research problem to be investigated. The last two stages of the research process involve the development and execution of methods and techniques of gathering data on the study subject and, finally, the analysis and interpretation of the data (Stanley and Wise 2002:151).

Despite its popularity, positivism has weaknesses that seemingly undermine its applicability to social science research. It oversimplifies the real world into experimental situations that are difficult to apply in reality. For instance, there is no organisation or community that is prepared to be experimented on. Positivism lacks detailed explanation of causes and processes of a research phenomenon, and their case studies are difficult to generalise, as they are often restricted to a single unit of analysis (Weber 2004:3-12).

4.2.2 Relativist model

According to Marsh & Furlong (2002:26), the opposite position is taken by relativists. For them, it is not possible to make objective statement about the real world because

there is no such thing as a real world but it is only socially and discursively constructed. The ontological position here is clearly anti-foundationalism. Because the world is only socially constructed, so are social phenomena, which positivists claim to be able to examine by sheer observation. This is not possible, relativists say, because they do not exist independently of our interpretation and every observation concomitantly affects what we observe. Of course, relativist researchers also "operate within discourses or traditions. Consequently, knowledge is theoretically or discursively laden (Marsh & Furlong 2002:26).

Qualitative methods are usually employed by relativists because of their ontological and epistemological position of a world that is only socially constructed and all knowledge that we can have about it is subject to interpretation. Relativists use interviews, focus groups and other qualitative methods to get an in-depth sight into a field, with a richness of description not obtainable by quantitative research (Poetschke 2003:7). The main objective of qualitative research is to account for social behaviour in order to give answers to critical questions, such as explaining why things are the way they are rather than just identifying phenomena. Although qualitative research methods gather a lot of information that can be used to explain even complex phenomena, it presents challenges in terms of reliability, validity and generalizability (Poetschke 2003:7).

The study was guided by the positivists' ideas since a quantitative approach was used by administering questionnaires to representatives of NGOs managing HIV/AIDS programmes in the uMngeni Local Municipality.

4.3 Research design

Reduced to the simplest of terms, "research design is a mapping strategy. It is essentially a statement of the object of the inquiry and the strategies for collecting the evidences, analysing the evidences and reporting the findings" (Singh 2006:77).Kothari (2004:31) comments that research design is the arrangement of conditions for the collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. The research design is the conceptual structure within which research is conducted. It constitutes the blueprint for the collection, measurement and analysis of data (Kothari 2004:31). As such, the design includes an outline of what the researcher will do from writing the hypothesis and its operational implications to the final analysis of data.

4.3.1 Research approach

A quantitative research method was used for this study. Therefore, the study falls under the positivism model. The questionnaire was designed, piloted, corrected and it was administered to seven of the participants. According to Singh (2006:192), questionnaires are considered to be the most flexible of tools and possess a unique advantage over others in collecting both qualitative and quantitative information. Critics view questionnaires as lazy a man's way of gaining information, because it is comparatively easy to plan and administer a questionnaire. However, preparation of a good questionnaire takes a great deal of time, ingenuity and hard work. (Singh 2006:192).

Quantitative research is based on the measurement of quantity or amount and is applicable to phenomena that can be expressed in terms of quantity (Kothari 2004:5). Patton (2002:13-14) argues that a quantitative approach to research is focused on quantifiable phenomena rather than on the meanings. The data is more descriptive than it is explanatory as the investigator would have to deal with discrete variables (Denzin and Lincoln, 2000: 8-10). Quantitative research is usually developed along categories determined in advance in the form of hypotheses and objective measurement tools (Patton, 2002:13-14).

4.4 Target population

The description of the characteristics of individuals from which the sample will be drawn is the target population (Teddlie and Yu 2007: 25). The target population for this study was seven (7) NGOs implementing HIV/ AIDS programmes in the uMngeni Local Municipality. Project Coordinators, Project Manager, Director and Clinical Manager from the seven NGOs participated in the research. Only seven NGOs were selected because they were the only NGOs actively involved in HIV/AIDS programmes.

4.5 Sampling method

Sampling is the statistical process of selecting a subset (called a "sample") of a population of interest for purposes of making observations and statistical inferences about that population (Bhattacherjee 2012:65). Kothari (2004:152) also defines sampling as a process of obtaining information about an entire population by examining only a part of the sample. It is a representation of the group from which the researcher

wishes to acquire information concerning the study. Sampling is important as it recognises the possibility that it might be impractical for the researcher to access all the people under the study.

For the purposes of this research, a census was conducted since all Non-Governmental Organisations (NGO) in the uMngeni Local Municipality actively involved in HIV/AIDS participated in the research. From each NGO, a single program manager, programme coordinator or implementation team member was selected because of the access they have to the information needed for the purposes of this study. Therefore, in the selection of participants within the NGO, purposive sampling was used.

4.6 Measuring instrument

The questionnaire was the measuring instrument used for this study and it included the Likert Scale, designed by Rensis Likert. The Likert scale is a very popular rating scale for measuring ordinal data in social science research. This scale includes Likert items that are simply-worded statements to which respondents can indicate their extent of agreement or disagreement on a five or seven-point scale. Likert scales are summated scales, whereby, the overall scale score may be a summation of the attribute values of each item as selected by a respondent. Likert items allow for more granularities (more finely tuned responses) than binary items, including whether respondents are neutral to the statement. Three or nine values (often called “anchors”) may also be used, but it is important to use an odd number of values to allow for a “neutral” (or “neither agree nor disagree”) anchor. A key characteristic of a Likert scale is that even though the statements vary in different items or indicators, the anchors (“strongly disagree” to “strongly agree”) remain the same. Likert scales are ordinal scales because the anchors are not necessarily equidistant, even though sometimes they are treated like interval scales (Bhattacherjee 2012:47).

The questionnaire (annexure 3) comprised clear and simple questions. Respondents were given clear instructions on how to complete the questionnaire. The research instrument comprised 100 items, with a level of measurement at a nominal, scale or an ordinal level. The questionnaire was divided into five sections which measured various themes as illustrated below:

- Section 1: Biographical Information
- Section 2: Question 1, Monitoring and Evaluation (M&E) Systems
- Section 3: Question 2: Data Quality Management
- Section 4: Question 3: Reporting Mechanisms
- Section 5: Question 4: Challenges and General Monitoring and Evaluation Issues

The estimated time taken to complete the questionnaire was 10-15 minutes. A four week period was given to the participants to complete the questionnaire. During this period, the researcher sent reminders through via and telephonically to the respondents to complete the questionnaire. The researcher contacted the participants after four weeks to collect the completed questionnaires.

4.6.1 Advantages of a questionnaire

The questionnaire contains directions which are clear and complete. Important items are clearly defined and each question deals with a single idea defined in unambiguous terms and is reasonably short. Though comprehensive enough to secure all relevant information (Singh 2006:197). Questionnaires avoid annoying or embarrassing questions, which arouse hostility in the respondent and items are arranged in categories which ensure easy and accurate responses (Singh 2006:197). Respondents have adequate time to give well thought out answers. Respondents who are not easily approachable, can also be reached conveniently and large samples can be made use of. Therefore, the results can be made more dependable and reliable (Khotari 2004:101).

4.6.2 Disadvantages of a questionnaire

According to Singh (2006:199), by using questionnaires, the researcher has to depend on several hundred persons from whom a response is expected and it might be difficult to get active and willing co-operation of all the respondents. Some of the respondents may hold back their replies because they are sceptical about the value of research, others may not respond for want of time, because they do not feel interested in the problem in hand or because they have not been sufficiently motivated by the introductory letter. There is in-built inflexibility because of the difficulty of amending the approach once questionnaires have been despatched. There is also the possibility of ambiguous

replies or omission of replies altogether to certain questions. Interpretation of omissions is difficult (Khotari 2004:101).

4.7 Data collection

Data collection methods are the set of techniques used to gather data on the researcher's subject of interest (De Silva 2012:102). The researcher administered questionnaires to participants from 7 NGOs managing HIV/AIDS in the uMngeni Local Municipality. Questionnaires were hand delivered to the respective organisations by the researcher and were collected by the researcher after four weeks.

4.8 Data analysis

Coding of data from the study was done in order to convert questionnaire data into meaningful categories in order to facilitate analysis. Data obtained through questionnaires was vetted for consistency and completeness. The researcher was guided by the following sequence of data analysis as indicated by Williams (2003:51),

- Descriptive analysis: describe the distribution and range of responses to each variable and examine the data for skewness;
- Recode data into categories where appropriate. For example, ages into age ranges in order to enable statistically meaningful comparison of sub-groups; and
- Bivariate analyses: The use of simple cross-tabulations to identify trends and examine possible associations between one variable and another.

The data collected from the responses was analysed with SPSS version 22.0.The data was presented as descriptive statistics in the form of graphs. An inferential technique in the form of correlations and chi square test values was also done and interpreted using the p-values.

4.9 Pilot testing

Pilot testing is an often overlooked but extremely important part of the research process. It helps detect potential problems in the research design and/or instrumentation (for example whether the questions asked is intelligible to the targeted sample) and to

ensure that the measurement instruments used in the study measures the constructs of interest (Bhattacherjee 2012:23).

The questionnaire was tested to identify its ability to capture the researcher's data requirements and the ease of understanding by the respondents. It was piloted at two NGOs implementing HIV and AIDS programmes in the uMsunduzi Local Municipality. After the pilot test, the necessary modifications were made.

4.10 Delimitations

- The study includes only 7 NGOs within the uMngeni Local Municipality; and
- Only the NGOs actively involved in HIV/AIDS programmes were selected.

4.11 Limitations

The limitations of the study are that:

- The results cannot be generalised for the uMgungundlovu District municipality and the KwaZulu Natal Province due to differing socio-economic standards and HIV/AIDS prevalence; and
- Costs and time to conduct the research also limited the scope of the study.

4.12 Validity and reliability

Golafshani (2003:1) defined reliability as the extent to which results are consistent over time. An accurate representation of the total population under study is referred to as reliability. Furthermore, if the results of a study can be reproduced under a similar methodology, then the research instrument is considered to be reliable. Reliability is generally understood to concern the replicability of research findings and whether or not they would be repeated if another study, using the same or similar methods, was undertaken (Ritchie and Lewis 2003:270).

Cronbach's Alpha is normally used to test reliability. However, the test length and dimensionality affects the Alpha. The reliability of a test can be increased by a longer test (Tavakol and Dennick 2011:53).The study used Cronbach's Alpha through SPSS to determine the reliability of the questionnaires. The two most important aspects of precision are reliability and validity. Reliability is computed by taking several

measurements on the same subjects. A reliability coefficient of 0.70 or higher is considered as “acceptable”.

Validity, often called construct validity, refers to the extent to which a measure adequately represents the underlying construct that it is supposed to measure (Bhattacherjee 2012:57). Criterion validity is assessed by comparing a new measure with an existing ‘gold standard’ scale. If such a scale exists, however, one would question the need to develop a new questionnaire. The pre-testing of the questionnaire increased the reliability and validity constructs for the study.

4.13 Ethical considerations

The study was based on voluntary participation. Participants were not put under pressure in any way to answer any question they feel uncomfortable with. Participants were informed verbally and in writing about the procedures involved in the study and they were requested to sign an informed consent form that clearly describes their right to not participate and to withdraw from the study. Data from the participants was handled in a confidential manner as the identity of the organisations and participants involved in the study were not revealed or discussed in the study.

4.14 Permission letters

The researcher requested authority to conduct research from Directors or Managers of NGOs that participated on this study. Permission letters were granted to the researcher (Refer to annexure 1).

4.15 Covering letter

A covering letter was sent to the respondents together with the questionnaire explaining the procedures and the reasons for undertaking the research (Refer to annexure 1).

4.16 Letter of informed consent

Respondents were requested to sign informed consent forms that clearly describe their right to not participate and to withdraw, before their responses in the study could be recorded (Refer to annexure 1).

4.17 Conclusion

Chapter four described the methods that were used to conduct the research and they were discussed in detail. The theoretical framework guiding the study was also discussed. The merits and demerits of quantitative research methods and research tools were also covered. The chapter also covered the concept of validity and reliability and how these are important when conducting a study. Chapter four was used as reference for designing the study methodology, collecting data, presenting and analysing study findings.

CHAPTER 5: DATA ANALYSIS AND FINDINGS

5.1 Introduction

This chapter presents the results and discusses the findings. Coding of data from the study was done in order to convert questionnaire data into meaningful categories in order to facilitate analysis. Data obtained through questionnaires was vetted for consistency and completeness. The data collected from the responses was analysed with SPSS version 22.0.The results will be presented in the form of descriptive statistics through the use of graphs and cross tabulations. The study used inferential techniques including the use of correlations and chi square test values which are interpreted using p-values.

5.2 The sample

In total, seven questionnaires were despatched and seven were returned which gave a 100% response rate, which increases the validity of the study.

5.3 Reliability statistics

According to Bhattacherjee (2012:57), if a questionnaire is administered to respondents, the extent to which respondents rate those items in a similar manner is a reflection of internal consistency. This reliability can be estimated in terms of average inter-item correlation, average item-to-total correlation or more commonly, Cronbach's Alpha. A reliability coefficient of 0.70 or higher is considered acceptable. Table 5.1 below reflects the Cronbach's alpha score for all the items that constituted the questionnaire.

Table 5.1: Cronbach Alpha score of questionnaire items

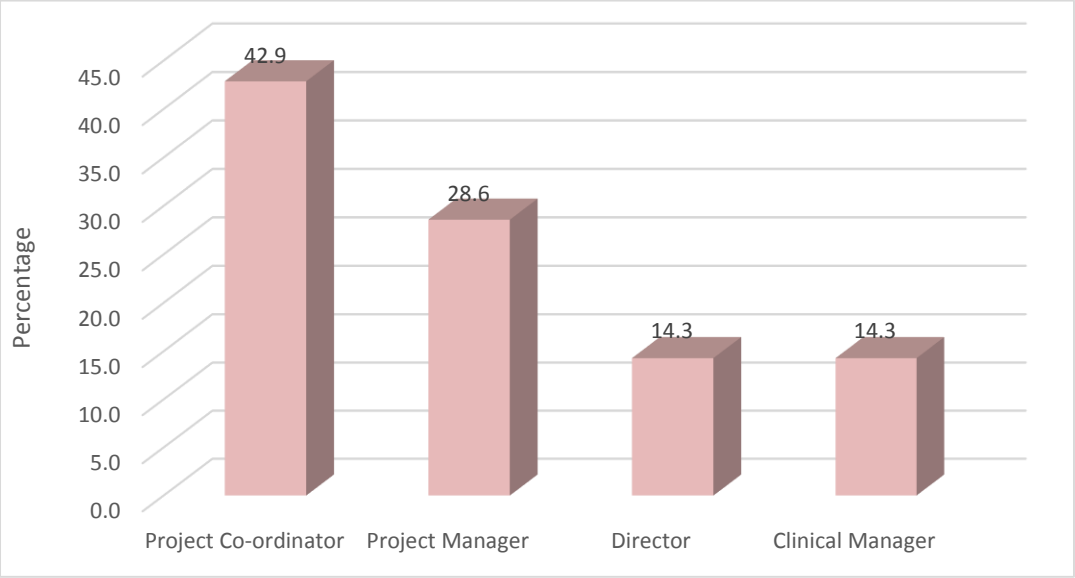
Question	Number of Items	Cronbach's Alpha
1.3	6 of 6	.945
1.4	3 of 4	.787
1.6	7 of 7	.741
1.9	5 of 5	.764
2	1 2 of 12	.852
3.1	11 of 11	.780
3.2	4 of 4	.857
3.3	6 of 6	.969
4.1	7 of 7	.633

The reliability scores for 8 out of 9 sections exceeded the recommended value of 0.700. Section 4.1 scored 0.633 which is slightly below the recommended value of 0.700.The results indicates a high (overall) degree of acceptable, consistent scoring for the various sections of the research.

5.4 Biographical data

This section summarises the biographical characteristics of the respondents. The figure below indicates the positions held by the respondents in their organisations.

Figure 5.1: Positions held by respondents in the organisation



Project coordinators comprised 42.9% of the respondents; 28.6% were project managers; 14.3% were directors; and another 14.3% were employed as clinical managers. All respondents were in senior positions and were responsible for achieving goals through the utilisation of resources. Therefore, they were relevant for this study.

5.4.1 Number of years employed in the organisation

The figure below indicates the mean age and number of years with the organisation.

Table 5.2 Number of years employed in the organisation

	Number of Years employed in the organisation	Age
N	7	6
Mean	11.1429	49.3333
Std. Deviation	4.25944	13.27655

The mean age of approximately 49 years indicates that respondents were not young and that they had spent, on average, more than a decade (11years) at the organisations. This indicates an adequate level the experience of the respondents as they have worked long with NGOs involved in HIV/AIDS programmes, which should enable the provision better quality information.

5.4.2 Gender

The figure below describes the overall gender distribution by race.

Table 5.3: Overall gender distribution by race

			Gender		Total
			Male	Female	
Race	African	Count	4	1	5
		% within Race	80.0%	20.0%	100.0%
		% within Gender	80.0%	50.0%	71.4%
		% of Total	57.1%	14.3%	71.4%
	White	Count	1	1	2
		% within Race	50.0%	50.0%	100.0%
		% within Gender	20.0%	50.0%	28.6%
		% of Total	14.3%	14.3%	28.6%
Total		Count	5	2	7
		% within Race	71.4%	28.6%	100.0%
		% within Gender	100.0%	100.0%	100.0%
		% of Total	71.4%	28.6%	100.0%

Overall, 71.4% of the respondents were males and 28.6% were females. Within the African race group, 80.0% were male. Within the category of males (only), 80.0% were Africans. This category of African males formed 57.1% of the total sample. The results represent demographics since these are peri urban areas populated mainly by blacks who may have a better awareness of the people within the uMngeni Local Municipality.

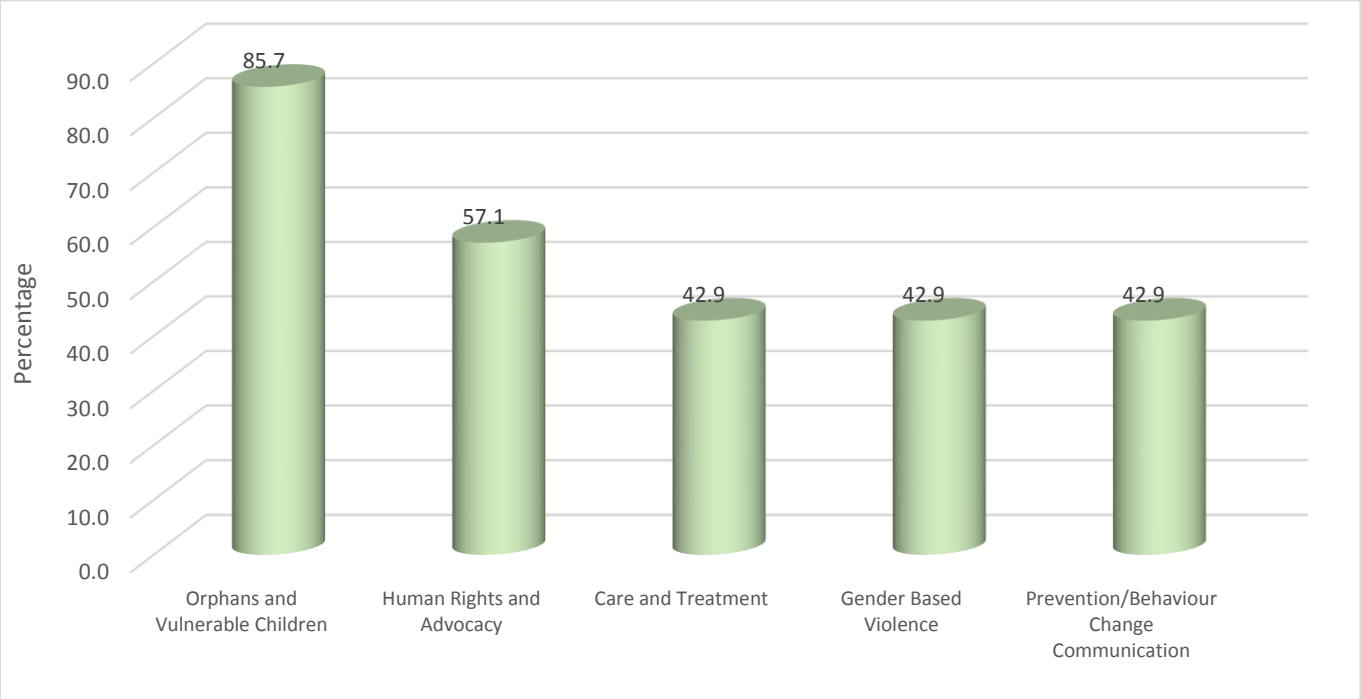
5.5 M&E systems

This section deals with the nature of programmes that the NGOs are involved in; experiences of the NGOs; resources required for M&E systems; plans; and organisational issues.

5.5.1 HIV/AIDS programmes managed by the organisations

The figure below indicates the type of HIV/AIDS programmes managed by the organisations.

Figure 5.2 HIV/AIDS programmes managed by the organisations.



(Multiple responses were permitted, hence the total percentage is not 100%)

The majority of NGOs focussed on orphans and vulnerable children (85.7%); followed by human rights and advocacy (51.7%); care and treatment; gender based-violence; prevention/behaviour change communication programmes, each of which are on 42.9%. The results above reveal that NGOs in the uMngeni Local Municipality were facilitating more than one type of programme due to their relatedness to each other.

The responses above also indicate that NGOs in the uMngeni Local Municipality were managing all the important programme areas that are required for effective management of HIV/AIDS epidemic such as orphans and vulnerable children; human rights and advocacy; care and treatment; gender based-violence; prevention/behaviour change communication programmes.

The number of NGOs helping children infected and affected by HIV/AIDS were mostly formed as a response to the ongoing burden to communities created by the HIV/AIDS epidemic. South Africa scaled up the provision of ARVs to HIV/AIDS clients in 2004. Previously, ARVs were not available to everyone with HIV/AIDS, resulting in many adult fatalities and ophans and vulnerable children without anyone to look after them.

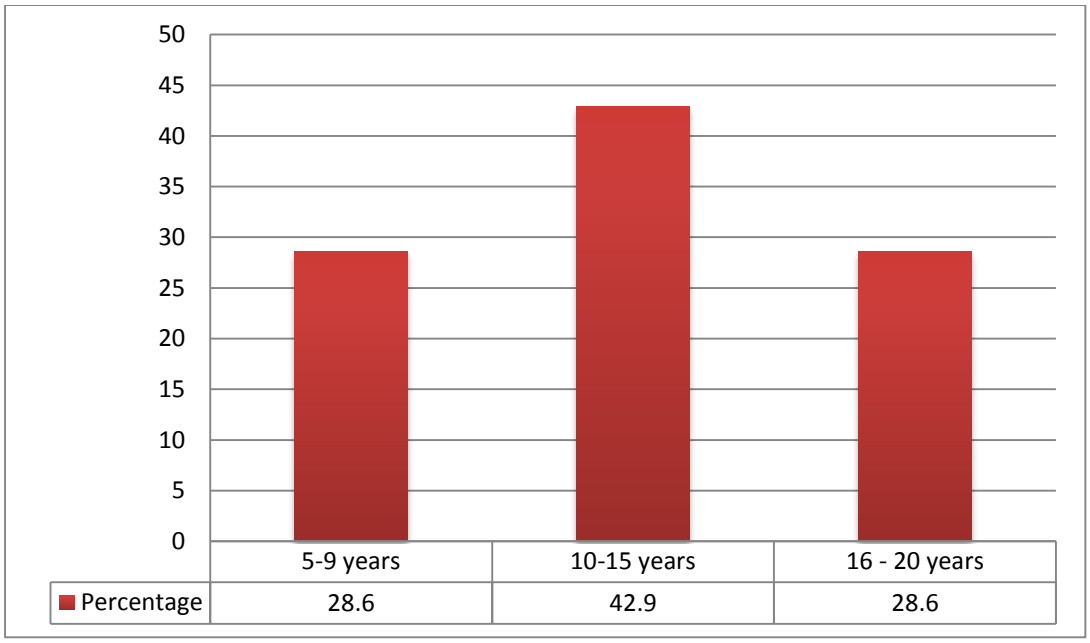
In addition, donations of nevirapine and grants from the Global Fund were rejected by the government. This failure to implement a treatment programme on time could account for more than 330,000 person years lost (Chigwedere *et al* 2008:1). This approach by

the government on HIV/AIDS resulted in 35,000 babies born with HIV mainly because there was a failure to implement a prophylactic programme (Chigwedere *et al* 2008: 1).

5.5.2 Number of years the organisation had been involved in managing HIV/AIDS programmes

The figure below indicates the number of years the organisation had been involved in managing HIV/AIDS programmes.

Figure 5.3: Number of years the organisation had been involved in managing HIV/AIDS programmes



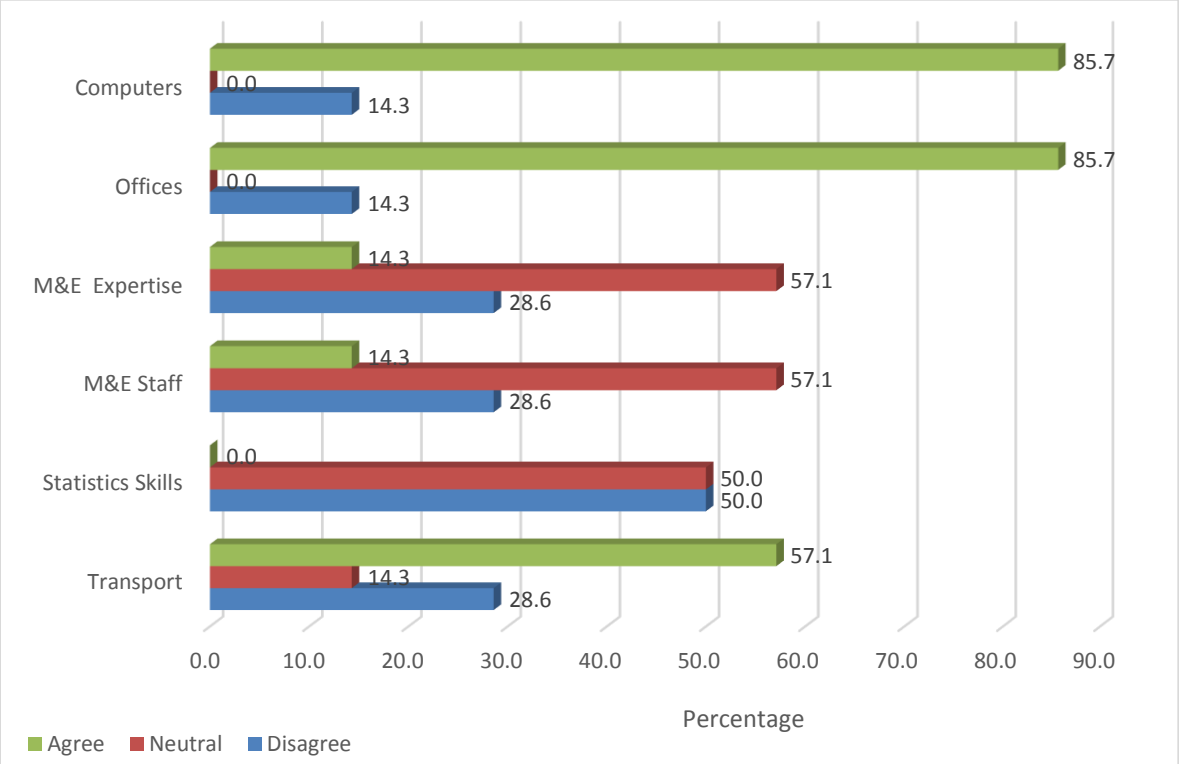
All of the organisations have been involved in HIV/AIDS programme management for more than 5 years with 71,5% of the organisations being involved for more than 10 years in the field of HIV/AIDS.Therefore, the data for the study should be reliable since respondents have extensive experience working with HIV/AIDS programmes.

5.5.3 Resources required to manage HIV/AIDS M&E

This section analyses the scoring patterns of the respondents per variable per section. Where applicable, levels of disagreement (negative statements) were collapsed to show a single category of “Disagree”. A similar procedure was followed for the levels of agreement (positive statements). The results are first presented using summarised percentages for the variables that constitute each section, for each of the seven NGOs. Results are then further analysed according to the importance of the statements.

The figure below indicates the resources that the organisations managing HIV/AIDS in the uMngeni Local Municipality were using to undertake HIV/AIDS M&E.

Figure 5.4: Resources required to manage HIV/AIDS M&E



Computers and offices

The results in figure 5.4 show computer and office availability is not a major problem with NGOs managing HIV/AIDS in the uMngeni Local Municipality since 85.7%, agreed that they have both computers and offices.

M&E staff and expertise

For an organisation to manage a succesful HIV/AIDS initiative, there should be staff members dedicated to M&E activities and they should have relevant M&E knowledge and expertise. Twice as many respondents disagreed regarding the availability of M&E staff and expertise (28.6%). Therefore NGOs managing HIV/AIDS programmes in the uMngeni Local Municipality lack statistical skills and M&E staff. Lack of statistical skills have an impact on the quality of programme data which will in turn affect data-driven decisions.

Statistical skills

None of the respondents indicated that statistical skills were available (0,0%).NGOs managing HIV/AIDS in uMngeni Local Municipality did not have staff with statistical skills, which contributes contributes to the lack of effectiveness and efficiency in their M&E systems. Staff members that are doing M&E work at these organisations are not trained to do HIV/AIDS M&E work. According to PEPFAR (2012:3), NGOs implementing HIV/AIDS programmes requires capacity building which is an evidence-driven process of strengthening the abilities of individuals, organizations and systems to perform core functions sustainably, as well as to continue to improve and develop over time.

Transport

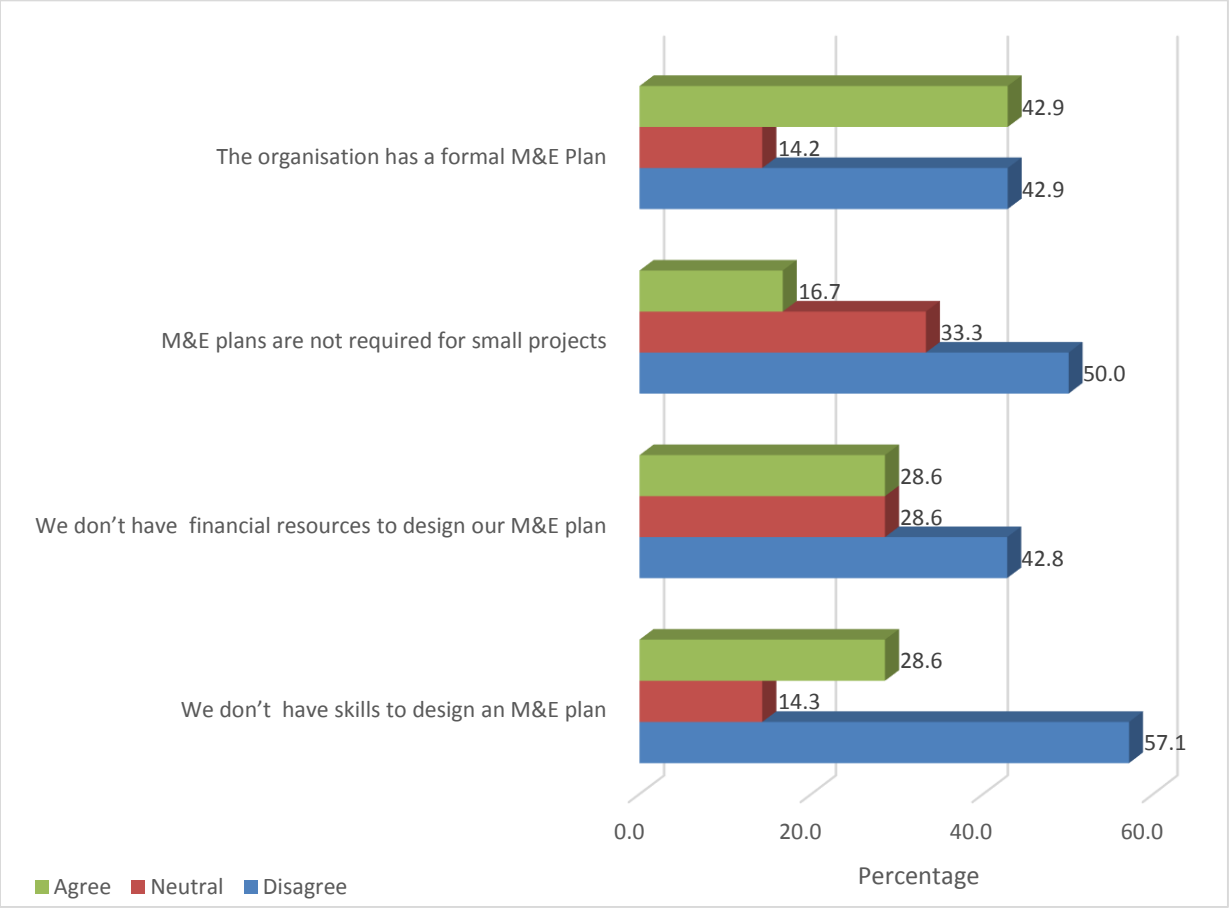
Transport availability is crucial in conducting M&E activities for an HIV/AIDS programme. Almost one third (28.6%) indicated that they did not have transport to carry out M&E activities and 14.3% were not sure.

5.5.4 M&E Plan

The findings for this section are outlined below.

Figure 5.5 below shows the results of the M&E plan questions.

Figure 5.5 M&E plan



Availability of formal a M&E plan

The results above shows that 42.9% of the respondents agreed that their organisations had a formal M&E plan and 42.9% responded that their organisations did not have a formal M&E plan. The main goal of the M&E plan is to develop and regularly update the HIV M&E plan. This includes identified data needs; national standardised indicators; data collection procedures and tools; as well as roles; and responsibilities for implementing a functional national HIV M&E system (UNAIDS 2010:49). The organisations which indicated that they did not have formal M&E plan were therefore managing the M&E activities without properly documented guidelines, which adversely affect the quality of data collected,reported and used.

M&E plans are not required for small projects

When respondents were also asked if M&E plans are required for small projects, 16.6% agreed that small projects do not need an M&E plan. The results show a lack of knowledge of the importance of an M&E plan in managing HIV/AIDS programmes, despite the size of the project. A significant percentage (33.9%) were not sure if M&E

plans are required for small projects. This is evidence of the lack of project management skills. According to Lansdown and o'Kane (2014:20), the M&E plan will include the objectives and indicators for your project and will help you to identify the methodology and sources of data that can be used to regularly gather data.Therefore, without the M&E plan, NGOs in the uMngeni Local Municipality will have challenges with identifying indicators; sources of data; data collection method that will be used to collect and collate the data; tools that will be used to collect data; frequency of data collection; and and the person responsible for data collection. Ultimately,these challenges would affect the quality of HIV/AIDS programme outputs.

Availability of financial resources to design an M&E plan

There was also evidence of financial constraints in designing M&E plans since 42.9% of the organisations indicated they do not have financial resources to design an M&E plan. NGOs managing HIV/AIDS in the uMngeni Local Municipality, with the resources at their disposal, should be able to design a simple M&E plan.

Availability of skills to design an M&E plan

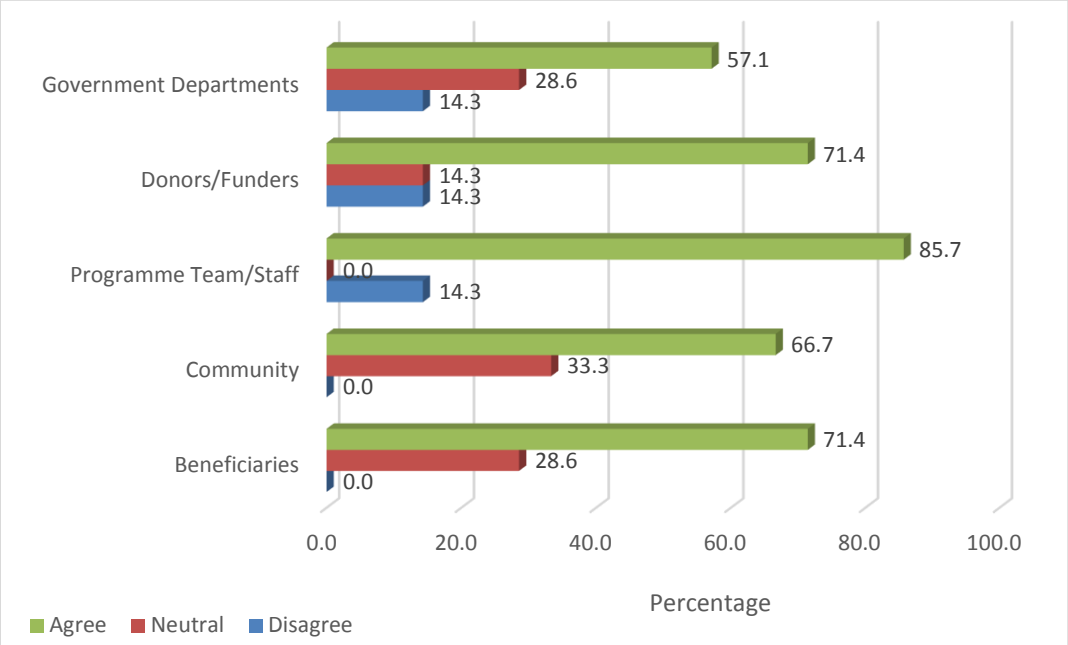
Organisations managing HIV/AIDS programmes in the uMngeni Local Municipality may lack the knowledge of how to design the M&E plan as 28.6% of the respondents agreed that they lack the skills to design M&E plan. A majority of respondents disagreed that they do not have skills to design the M&E plan (57.1%) meaning that they do have the skills to design an M&E plan. These findings indicate either a lack of capacity-building initiatives to develop M&E plans or interventions implemented to capacitate staff to develop M&E plans were not effective.

Capacity building can be used as a tool to bridge this gap.According to Liebler and Ferri (2004:11), capacity building is an explicit effort to improve an organization's ability to perform in relation to its purpose, context, resources, and viability. Capacity building may require new skills or changes in individual behaviour or changes to an organization's structure; systems; procedures; culture and/or strategies and decision-making processes.

5.5.5 Stakeholders involved in designing M&E Plan

Respondents were asked to select the stakeholders that should be involved in designing the M&E plan. Figure 5.6 shows the results.

Figure 5.6: Stakeholders involved in designing M&E Plan



Government departments

Stakeholder involvement is crucial when designing an M&E plan. A majority (57.1%) of respondents agreed that government department should be involved in designing the M&E plan, 28.6% were unsure; and 14.3% indicated that government departments should not be involved in designing M&E plans. This shows that only 57.1% of the organisations were aware of the importance of involving government departments in designing the M&E plan, since the current government has implemented the GWMES and PWMES that have to be linked to the municipalities. According to Kusek and Rist (2004:24), it is important to generate and share knowledge with other governments and organisations to enhance knowledge learning.

Donors/funders

The findings of the study revealed that 71.4% of the organisations agreed that donors/funders should be involved in designing the M&E plan; 14.3% were not sure and another 14.3% disagreed that donors/funders should be involved in designing M&E

plans. Funders are part of the stakeholders that should be included in the design of the M&E plan and the results above show that 28.6% of the organisations were not aware of the crucial role that funders play in designing M&E plans.

Programme team/staff

The involvement of program team/staff in designing the M&E plan is also critical as 85.7% of the organisations agreed that programme team/staff should be involved in designing M&E plan and 14.3% disagreed with the view that programme team/staff should be involved in designing M&E plans. It is critical to involve all programme teams in the initial design of the M&E plan as this gives them a good understanding of how the plan works and the importance of having the M&E plan.

Community and beneficiary participation

Community and beneficiary participation is a key element of achieving participatory M&E. A majority (66.7%) of the organisations indicated that the community should be involved in designing the M&E plan and 33.3% were not sure. Kusek and Rist (2004:129) argued that community and beneficiary involvement promotes an understanding of projects, programmes and policies managed by NGOs. Most of NGOs (71.4%) managing HIV/AIDS in the uMngeni Local Municipality agreed that beneficiaries should be involved in designing the M&E plan and 28.6% were not sure.

Other stakeholders that should be involved in designing M&E plans

The respondents were also asked if there are any other stakeholders that should be involved in designing the M&E plan. They noted that the following stakeholders should be involved in designing the M&E plan,namely:

Local Municipality: The local municipality is involved in providing basic services for infected and affected people.Their involvement will allow them to make decision that will accommodate people that have been infected and affected with HIV/AIDS.

Board of Directors: These are the decision makers for the NGOs. They should be involved in designing the M&E plan for them to be commited in M&E related activities; and;

All staff members, including volunteers: Staff members and volunteers are the implementers of the M&E plan. Thefore, their involvement enhances their understanding of what is required when implementing the M&E plan.

According to the UNAIDS (2009:93), stakeholder involvement in M&E can produce effective communication for various other objectives such as: communication of 'early wins' to increase buy-in and enlist engagement of stakeholders not yet engaged; early access to services by intended beneficiaries; mobilise additional resources to fill resource gaps; and ensure the effective use of lessons learned in future decision making. All these stakeholders should be part of the team that designs and monitors an effective and efficient M&E plan as discussed above. The results show that most of NGOs understand the importance of involving stakeholders in the process of designing M&E plans. However, some of the organisations do not have formal M&E plan as discussed above.

All the stakeholders are equally important and all of them should be involved in the designing of the M&E plans for HIV/AIDS programme. According to CARE International (2014:8), stakeholders benefit from being involved in M&E because they will understand the process of adaptation; they will gain skills in observing change; and capacity to analyse the impact of change in their own lives and that of their communities and environment. It is also evident from the above responses that a participative M&E approach should be considered due to the majority of respondents agreed to various stakeholders being involved in HIV/AIDS programmes.

To determine whether the scoring patterns per statement were significantly different per option, a chi square test was done.

Table 5.4: Scoring pattern: Stakeholders involved in designing M&E plan

Test Statistics

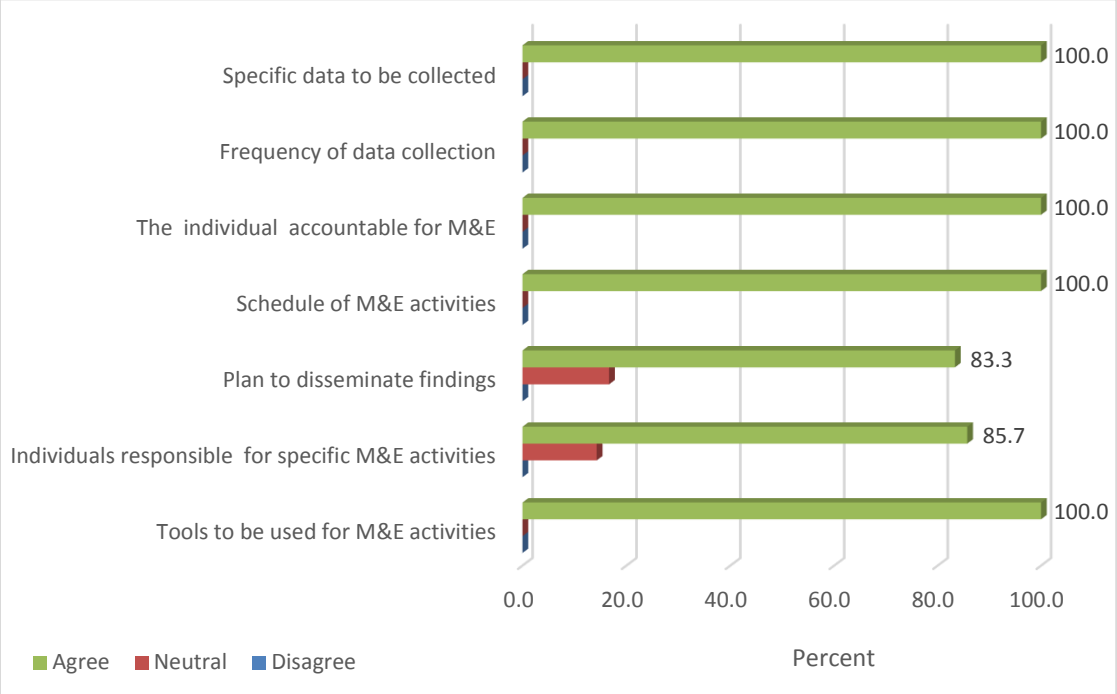
	Government Departments	Donors/Funders	Programme Team/Staff	Community	Beneficiaries
Chi-Square	2.000	4.571	3.571	.667	1.286
df	2	2	1	1	1
Asymp. Sig.	.368	.102	.059	.414	.257
Exact Sig.	.520	.136	.125	.687	.453
Point Probability	.288	.058	.109	.469	.328

Even though the levels of agreement are high, the expected counts are not that different. Hence, none of the statements show significant differences between agreement and disagreement since $p > 0.05$.

5.5.6 Activities that should be included in the M&E Plan

Respondents were asked if the componets in Figure 5.7 below should be included in the M&E plan.

Figure 5.7: Activities that should be included in the M&E plan



According to Frankel and Gage (2007:13), all the above activities should be included in the M&E plan. This will help the NGOs managing HIV/AIDS in the uMngeni Local Municipality to know the goals and targets(indicators) of the programme; activities; outputs and outcomes; M&E schedule; tools to be used; data sources to be used; costs involved; partners/individuals involved and to know when and how the information will be disseminated to relevant stakeholders. If all of the above activities are clear to all the stakeholders, the M&E system will be clear and easy to manage and this will result the in efficient and effective implementation of HIV/AIDS programmes and an improvement of health standards in the uMngeni Local Municipality. Results of the activities are outlined below;

Specific data to be collected

An M&E plan is a perquisite for a well-functioning HIV/AIDS M&E system. The plan should be multi-sectoral and all the sectors should be involved in the designing and management of the plan (UNAIDS 2008:8). A total of 100% of the organisations agreed that the M&E plan should include the specific data to be collected. This reveals that all

the respondents were aware of the advantages of specifying data elements that will be collected for effective M&E of HIV/AIDS programmes.

Frequency of data collection

All the respondents (100%) agreed that the M&E plan should indicate the frequency of data collection. This result indicates that all the respondents understand the importance of collecting and collating data timeously.

The individual accountable for M&E

The M&E plan should clearly indicate the individual(s) accountable for M&E activities and the study revealed that 100% of the respondents agreed that the M&E plan should include the individual accountable for M&E.

Schedule of M&E activities

Managing an effective M&E system for an HIV/AIDS programme can only be achieved if there is a schedule for all M&E activities. All the respondents (100%) agreed that the M&E plan should include a schedule for all M&E activities.

Plan to disseminate findings

The M&E plan should also indicate how the M&E findings will be disseminated to all the relevant stakeholders. A majority (83.3%) of the respondents agreed that the M&E plan should include a data dissemination plan and 16.7% were not sure if the plan to share M&E findings should be included in the M&E plan.

Individuals responsible for specific M&E activities

An effective and efficient M&E system should have a plan that clearly specifies who is responsible for specific M&E activities. The study revealed that 85.7% of the respondents agreed that the M&E plan should indicate the individual responsible for specific M&E activities, while 14.3% were not sure that the M&E plan should specify the individuals responsible for specific M&E activities.

Tools to be used for M&E activities

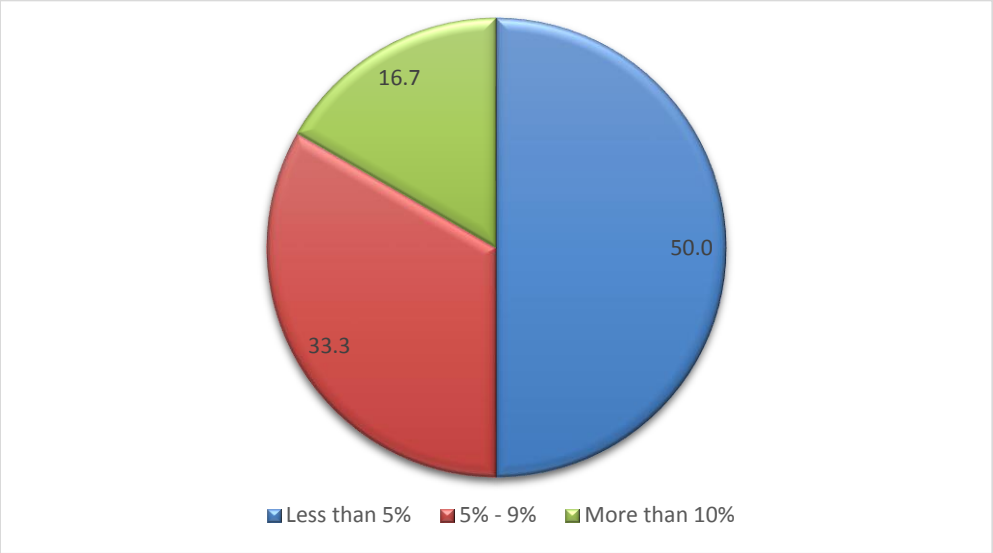
M&E tools for collecting, collating, analysing and reporting M&E data should be well understood by all the relevant stakeholders. Therefore, the M&E plan should mention the tools that will be used to collect, collate, analyse and report M&E data. The study

results shows that 100% of the respondents agreed that the M&E plan should include tools to be used for M&E activities.

5.5.7 The percentage of the total programme budget allocated to M&E

Respondents were requested to indicate the percentage of the total programme budget allocated to M&E activities.

Figure 5.8: Percentage of the total programme budget allocated to M&E



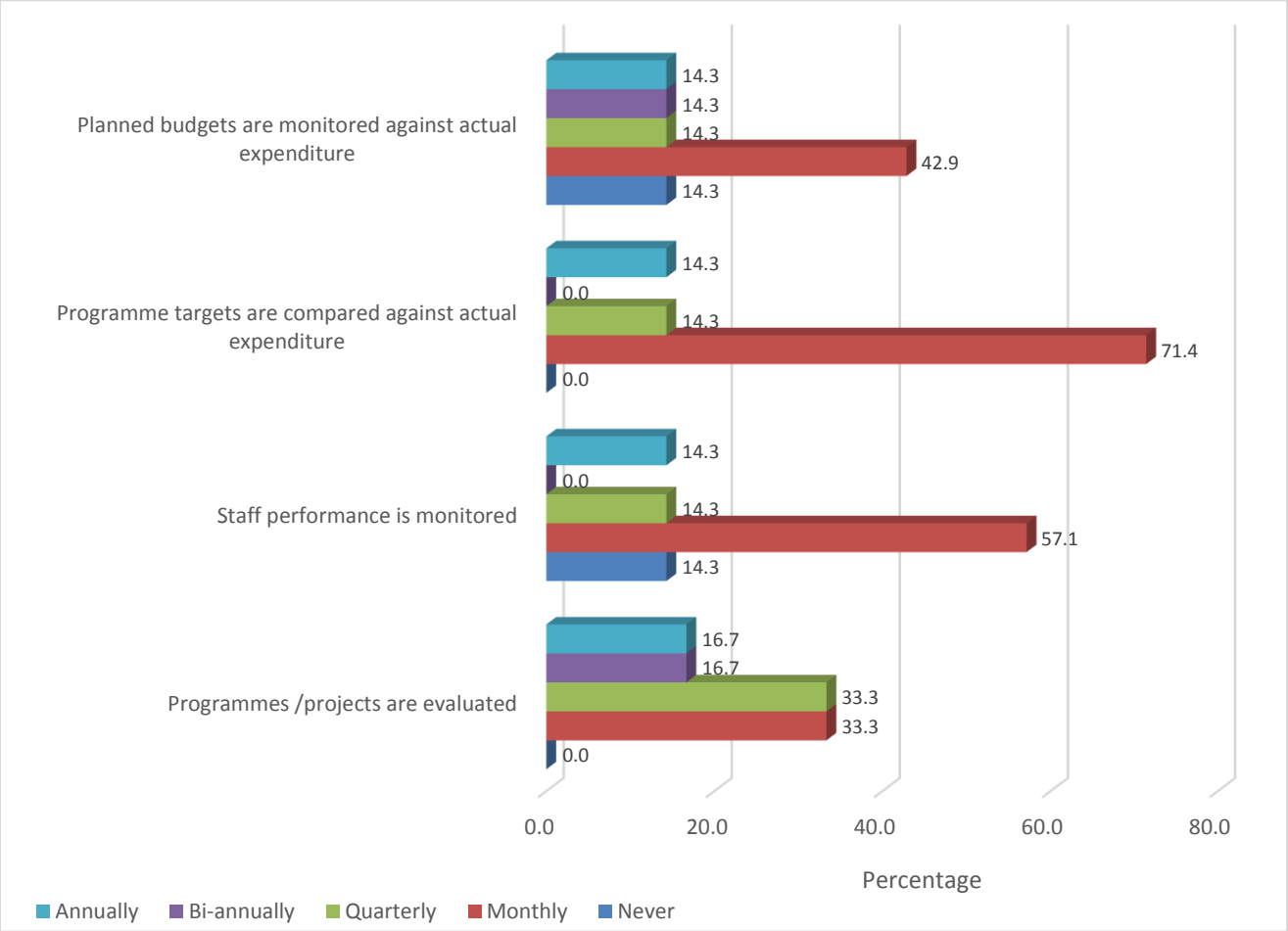
Half of the respondents (50.0%) indicated that the percentage of the total programme budget allocated to M&E was less than 5%. One third, (33.3%) indicated that the total programme budget allocated to M&E was between 5% and 9%, while 16.7% used more than 10% of the total programme budget for M&E activities.

The WHO(2009:8) noted that a good M&E system should be allocated 10% of the total programme budget. NGOs managing HIV/AIDS programmes should design and implement an annual budget for M&E work to indicate sources and utilisation of funding. It is crucial to determine the resources needed and its costs for the whole process before carrying out the M&E process to ascertain whether or not the resources will be sufficient for the process(IFRC 2011:74).

5.5.8 M&E performance management

Respondents were probed to share how they conduct M&E perfomance management. Figure 5.9 shows the results.

Figure 5.9: M&E perfomance management



Planned budgets are monitored against expenditure

The study revealed that the budget is monitored against expenditure on a mothly basis (42.9%); annually (14.3%); bi-annually and quarterly. Some NGOs (14.3%) indicated that they do not monitor their planned budget against expenditure on a monthly basis.The results showed that NGOs were not consistently monitoring their planned budget against expenditure. This is a serious concern if they are considering reaching their targets and goals. Inconsistent monitoring of the planned budget against expenditure could result in overspending or underspending on some programme activities which could result in the non-achievement of objectives.

Programme targets are compared against actual expenditure

Programme targets were also not consistantly monitored against actual expenses: 74.1% indicated that they compare programme targets against actual expenditure monthly and 14.3% compare programme targets against actual expenditure quarterly and annually. The results show that the monitoring of programme targets was not done

across all NGOs quarterly, bi-annually and annually. Monitoring of programme targets against expenditure should be done monthly; quarterly; and annually to allow efficient M&E of the HIV/AIDS programme. Decision-making can be done efficiently and effectively if programme targets are monitored against actual expenditure. Failure to do this puts the NGOs at risk of underspending or overspending of programme finances.

Monitoring of staff performance

The study also revealed that 57.1% of the NGOs were monitoring staff performance monthly,14.3 % quarterly and annually; and another 14.3 % doesn't monitor staff perfomance at all. Staff perfomance is critical to programme perfomance. If staff members are not monitored, it is difficult to tell if they are doing what they are expected to do at the right time. The results revealed that monitoring staff performance quarterly; bi-annually and annually is not so common with NGOs managing HIV/AIDS programmes in the uMngeni Local Municipality. Monitoring of staff performance is one of the core components of an effective HIV/AIDS M&E system (UNAIDS 2008:11).

Evaluation of programmes/projects

According to the study, 33.3% of the organisations managing HIV/AIDS in uMngeni were evaluating their programmes monthly and quarterly, 16.7% were evaluating their programmes bi-annually and 16.7% were not evaluating their programmes. This is also another problem that should be addressed. According to the WHO(2013:11), NGOs managing HIV/AIDS should conduct programme reviews and they should focus on identifying and improving on the results of the programme. Programme review sessions should aim at assessing the results of the programme in relation to the planned activities in the strategic and operational plans.

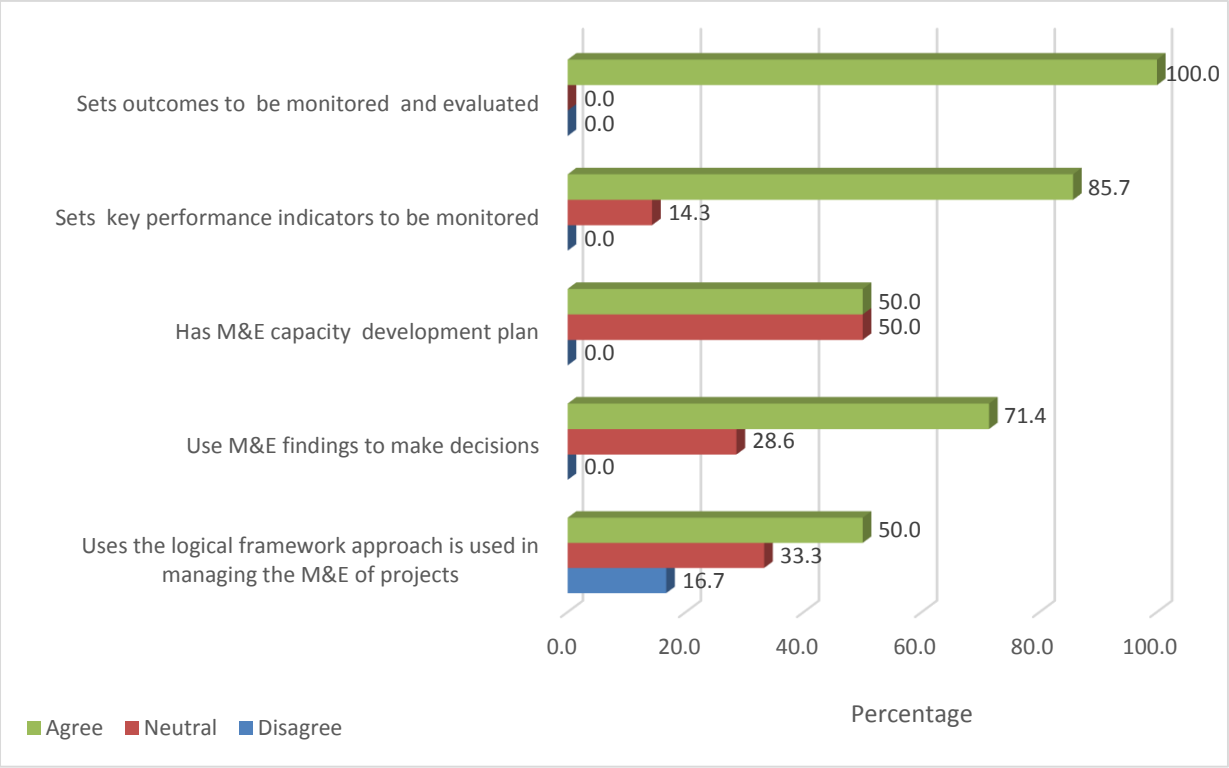
Through programme reviews, NGOs managing HIV/AIDS in uMngeni will be able to see what they have done and what needs to be done. The reviews should be done at the right time depending on the indicators and objectives of the programme. Decisions can only be made if management is aware of what have been done and what should be done. According to Global Health Action (2013:8), if NGOs managing HIV/AIDS use data to make decisions, they will realise their goals and objectives. However, they should demand quality data and the reinforcement of data-informed decision-making processes. Global Health Action (2013:8) also noted that by evaluating their programmes, NGOs managing HIV/AIDS build a knowledge base for substantiating investments in interventions to strengthen data demand and use.

The M&E of programme activities monthly; quarterly, bi-annually and annually will help NGOs in the field of HIV/AIDS in uMngeni to determine the steps that should be taken to realise the objectives set out in the project. M&E is a more detailed process. It gives an analysis of evidence to determine why targets and outcomes are or are not being achieved (WHO 2009:6).

5.5.9 M&E organisational issues

Respondents were requested to share their organisational M&E issues. Figure 5.10 below shows the results.

Figure 5.10: M&E organisational issues



Outcomes to be monitored and evaluated

One hundred percent(100%) of the organisations set outcomes to be monitored and evaluated and 85.5% of the organisations set key perfomance indicators to be monitored. This is a positive outcome. However, the results in figure 5.8 above revealed that these performance indicators are not monitored quartely,bi-annually and annually by most of these organisations.

Key performance indicators to be monitored

The responses of the of NGOs implementing HIV/AIDS programmes in the uMngeni Local Municipality indicated that key indicators are selected by 85.7% and 14.3% revealed that they do not set key performance indicators to be monitored.Indicators should be measurable and should also allow the setting of targets for M&E purposes (WHO 2010:6). Indicators are tools that can be used to examine trends and highlight problems. They can be used as early warning signs to predict future conditions. By selecting indicators, NGOs managing HIV/AIDS in the uMngeni Local Municipality can identify the need for management action if activities are not going according to the initial plan. They can also evaluate the effectiveness of actions which will help determine if objectives are being achieved (McCoy,Njeri ,Ngari, Krumpe and Sonko 2008:4-1).

M&E capacity development plan

The results indicated that 50% of the organisations agreed that they have an M&E capacity development plan and 50% were not sure if they have a capacity development plan. These results reveal that resopondents understand the importance of M&E. The capacity development plan for M&E is a crucial element for an organisation to implement an effective and efficient HIV/AIDS M&E system. According to Lansdown and o'Kane (2014:12), it is important to support M&E capacity building of all relevent stakeholders in order to increase their confidence, skills and knowledge to undertake effective M&E HIV/AIDS programmes. The UNAIDS(2008:27) noted that at the individual level, it is important for people to obtain and maintain the knowledge,skills and competencies required to carry out the variety of duties for a particular professional position or among a team of people responsible for HIV M&E. Human capacity, as one of the 12 components of HIV/AIDS M&E, is essential for the effective and efficient management of the HIV/AIDS M&E system. Programme staff members should be capacitated to manage M&E systems for HIV/AIDS programmes. This can be done by conducting trainings and ongoing mentoring on M&E activities (UNAIDS 2008:10).

Use of M&E findings to make decisions

The purpose of monitoring and evaluation exercises is to provide feedback to the decision makers of organisations to make reflections and assist in the refinement of policies and the development of effective strategies (Presidency 2008:19). M&E programmes must inform decision making on programmes. Hence the importance of feedback loops. Data from best practice M&E is said to be living data because it leads

to the establishment of structures that influence the improvement of programmes (Evaluation Bulletin 2003:17). NGOs implementing HIV/AIDS programmes should make evidence based decisions from the responses, 71.4% of the organisations use M&E findings to make decisions while 28.6% were not sure if they use M&E findings to make decisions. According to Lahey (2011:35), results feed into policy and programme decision-making. Cuesta and Guzmán(2014:20) also argued that one of the most important characteristics of M&E is the use of information in one or more stages of the HIV/AIDS programme cycle. Failure to incorporate information into the decision making process means that M&E is of little importance to performance management.

Use of logical framework approach

On the use of the log frame, 50% of the organisations were using the logical framework approach in managing HIV/AIDS programmes; 33.3% were not sure if they were using logframes; and 16.7% of the organisations were not using the logical framework. The results show that almost half of the NGOs were using the logical framework, some of them might have been using other methods or they were using the logframe but not sure that the method they were using was the logical framework. A logical framework is an important tool for the M&E of HIV/AIDS programmes as it specifies the objectives of the project, programme or policy and how these will be achieved and measured. It draws the path that the project will take, bearing in mind the need to measure the objectives of the project and how the achievement of these will be accomplished (Chaplowe 2008:7).

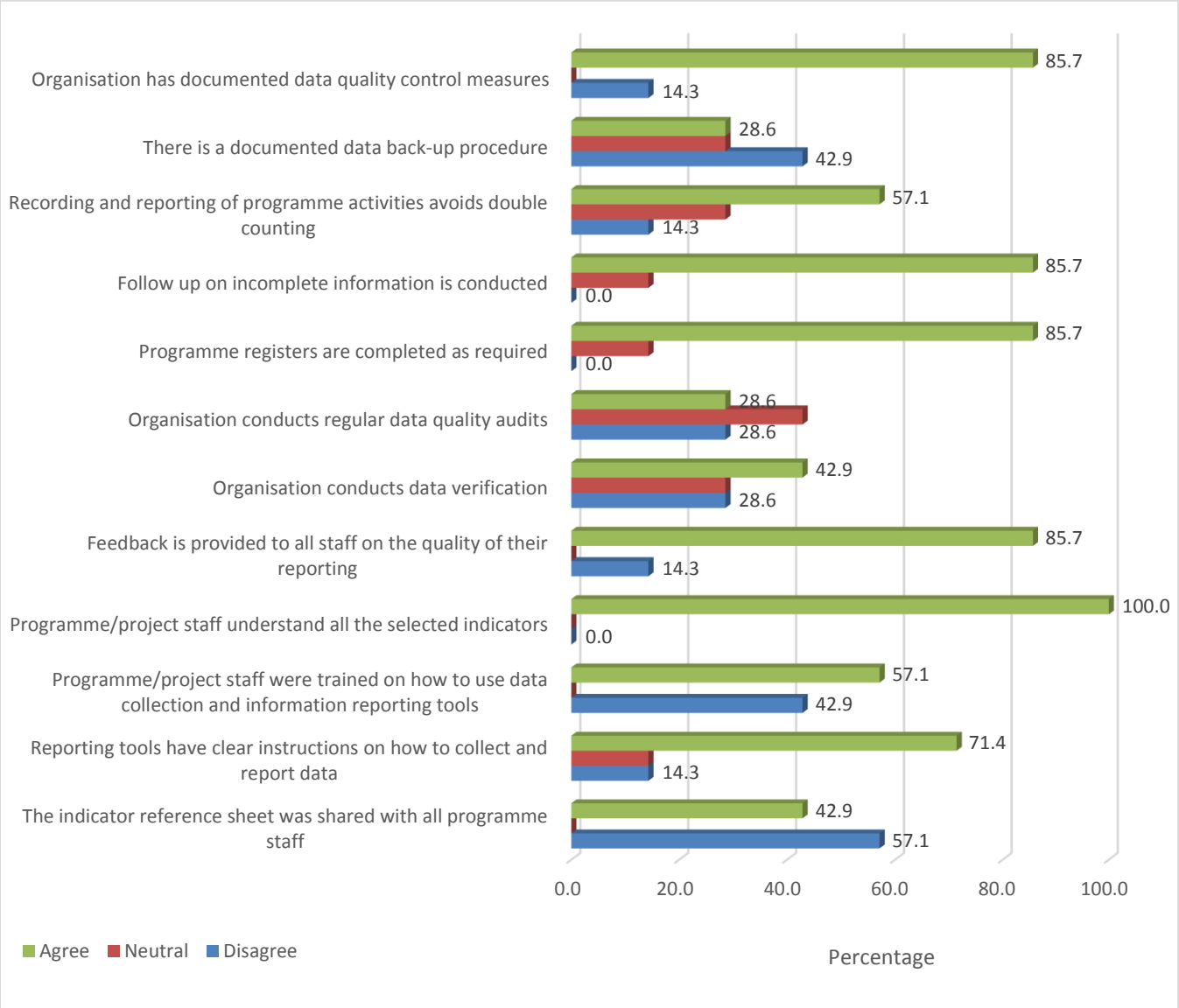
The World Health Organisation (2009:47) argues for the use of the input-processes-output-outcome-impact assessment model which is arguably the most popular and effective model. However, with the log frame, it is difficult to represent interactions between multiple events at the same level of a logical framework such as how different project, programme or policy outputs feed into each other (Pasteur and Scott-Villiers 2001:200). This might be the reason why 16.7% of the organisations which participated in this research are not using the logical framework approach.

National Treasury (2007:6) also noted that the logical framework is crucial in managing M&E systems because it brings together five interrelated components namely inputs, activities, outputs, outcomes and impacts.

5.6 Data quality management

According to IFRC (2011:23), data management refers to the processes and systems for how a project/programme will systematically and reliably store, manage and access M&E data. McCoy *et al* (2008:4) defined data quality as the worth/accuracy of the information collected and focuses on ensuring that the process of data capturing, verifying and analysis is of a standard that meets the requirements of an internal or external data quality assessment/audit. Respondents were requested to answer questions on data quality management. Figure 5.11 below shows the results on data quality management.

Figure 5.10: Data quality management



Availability of documented data control measures

Stats SA defines data quality in terms of “fitness for use”. Whether data and statistical information are fit for use depends on the intended use and on the characteristics of the data or information (Stats SA: 2006:2). Section 3(2) (f) of the Statistics Act of 1999 confers a legislative obligation on Stats SA as follows: "Official statistics must protect the confidentiality of the identity of, and the information provided by, respondents and be …in accordance with appropriate national and international standards and classification." Section 14(6) confers a discretionary power on the Statistician-General as follows: "The Statistician-General may advise any organ of state regarding the application of appropriate quality criteria and standards, classifications and procedures for statistics (Stats SA: 2006:2). The data above shows that 85.7% of the organisations agreed that they have a documented data quality control measure in place while 14.3% of the organisations did not have a documented data quality control measure.

Availability of a documented data back-up procedure

The results also show that 42.9% of the organisations did not have a data backup procedure while 28.6% had a data backup procedure. The NGOs without data backup procedure were risking losing all their programme information which is critical to the M&E of programme activities and it will be difficult to make evidence based decisions without sufficient programme information. Gathered information will be needed by project stakeholders for analysis and this can be done formally as is the case with annual project review workshops, or it can be done informally. The discussions and reflections can trigger adjustments to the M&E process and in so doing, identification of the gaps in information (IFAD 2002 4:5).

Double counting

Double counting of beneficiaries or adverse activities affects the quality of data which will also have an impact on the decisions that will be made by management. The results in Figure 5.11 show that the recording and reporting of programme activities was not avoiding double counting in14.3% of the organisations while 28.6% of the organisations were not sure and 57.1% agreed that recording and reporting of programme activities avoided double counting. Recording and reporting systems should by all means avoid double counting because double counting result in decisions made with wrong information. Almost half of the NGOs were at risk of making uninformed decisions

because their systems that were not avoiding double counting of activities and beneficiaries.

According to the WHO (2013:30), it is important to have an SOP that will guide the organisation to ensure quality data is reported because strong M&E evaluation systems produce high-quality data and vice versa. The SOP should be clear and everyone should understand what they have to do at different stages of data management because the quality of information available usually depends on the strength of the information systems that are in place.

Incomplete information

The study revealed that 87.5% of the organisations actively involved in managing HIV/AIDS in the uMngeni Local Municipality follow up on incomplete information and they also check if programme registers are completed as required. These results show that they have ideas of how to ensure data quality. However, there is still room for improvement since 28.8% of the NGOs were not conducting data quality audits or data verification. Effectiveness of the M&E system is crucial in managing HIV/AIDS programmes because it does have an important relationship with the amount, quality, and periodicity of information produced (Cuesta and Guzmán 2014:17). It is crucial for NGOS managing HIV/AIDS programmes in the uMngeni Local Municipality to establish a set of indicators that will enable data collection systems to be relevant and reliable.

Completion of programme registers

According to the results of the study, 85.7% of respondents agreed that they were completing programme registers as required and 14.3% were not sure if they were completing programme registers as required. Registers are crucial for collecting data that will be used to measure performance. Performance measurement is crucial for the management of HIV/AIDS programmes and this is sometimes referred to as results-based management or managing for results; the objective of which is to improve efficiency; effectiveness; and accountability in HIV/AIDS programme management.

Data quality audits

According to Stats SA, data and statistical information are fit for use depending on the intended use and on the characteristics of the data or information (Stats SA: 2006:2). Data quality audits or data verification is another important component of ensuring that decisions on HIV/AIDS programmes are made based on accurate data. Results indicate

that 28.8% of the organisations were not conducting data quality audits or data verification; 42.9% were not sure if they were conducting data quality audits; and 28.6% were conducting data quality audits. According to McCoy,Njeri ,Ngari, Krumpe and Sonko (2008:3-1), “data quality assessment is an essential procedure that provides an organization with the means to determine the status of data quality at any given time and the opportunity to develop and implement strategies to address existing gaps”. Through data quality assessments, organisations managing HIV/AIDS programmes in the uMngeni will be in a position to follow up on incomplete information and to check if programme registers are completed as required. The M&E of HIV/AIDS programmes requires regular assessment of data quality and addressing of gaps in order to produce data that is valid and reliable (UNAIDS 2008:10).

Data verification

Programme data should adequately represent performance for it to be considered valid. Data validity is crucial for HIV/AIDS programmes because without valid a data, programme management decisions will be made based on incorrect data. Consequently, wrong decisions will be made and the objectives of the programme will not be met (Stats SA 2010:31). The study revealed that 42.9% of the organisations were conducting data verification; 28.6% of the organisations were not sure; and 28.6% of the organisations were not conducting data verifications. Data verification should be conducted on a regular basis as stipulated in the organisational M&E SOP. This helps the organisation to identify gaps and address them accordingly before reporting and using the M&E findings.

Provision of feedback

The results of the study revealed that 85.7% of the organisations agreed that feedback is provided to all staff on the quality of their reporting and 14.3% of the organisations were not providing feedback to their staff on data quality issues. The SOP should indicate how feedback on quality is shared at different stages of the data management process and also how quality issues will addressed. According to IFAD (2002 4:5) feedback should be communicated to all parties involved in the programme because it helps with correcting issues of concern and aids parties to plan if something is not going according to the actual plan.

Indicators

NGOs actively involved in the management of HIV/AIDS programmes should select and share with their team indicators that are measurable; ideal for setting up targets and should be in line with district; provincial; national; and international standards (WHO 2010:6).Results in Figure 5.11 show that 100% of organisations actively managing HIV/AIDS programmes in the uMngeni Local Municipality agreed that programme/project staff understand all the selected indicators. This is, however, subject to criticism because 57.1% of the organisations didn't share the indicator reference sheet with programme staff. Data from the approved indicators should be collected using relevant tools and everyone involved in the process should have been consulted and trained on the actual indicators and the tools that will be used to collect and report activities of the indicators (Krause, Mackay and Lopez-Acevedo 2012:106).

Training of staff on the use of tools

According to PEPFAR (2012:3), NGOs implementing HIV/AIDS programmes require capacity building which is an evidence-driven process of strengthening the abilities of individuals; organizations; as well as systems to perform core functions sustainably, and to continue to improve and develop over time. Training and mentoring activities are crucial in ensuring that quality data is available for data driven decisions. The study also reveals that 42.9%, which is close to half of the organisations disagreed that programme/project staff were trained on how to use data collection and information reporting tools. A majority (57.1%) agreed that programme/project staff were trained on how to use data collection and information reporting tools.

Instructions on reporting tools

Reporting is the first stage in which the data collected is presented to stakeholders. It is a critical stage. The success or failure of the M&E process depends on steps taken in sharing the information. Funding agencies usually form part of the group of important stakeholders that need feedback on the progress of the project that they funded (IFRC 2011: 57). It is critical to develop specific instructions for data collection McCoy *et al* (2008:5-4). Respondents were asked to indicate if reporting tools had clear instructions on how to collect and report data. A significant percentage of the respondents (71.4%) indicated that reporting tools had clear instructions on how to collect and report data, 14.3% were not sure; and another 14.3% disagreed that their reporting tools had clear instructions on how to collect and report data.

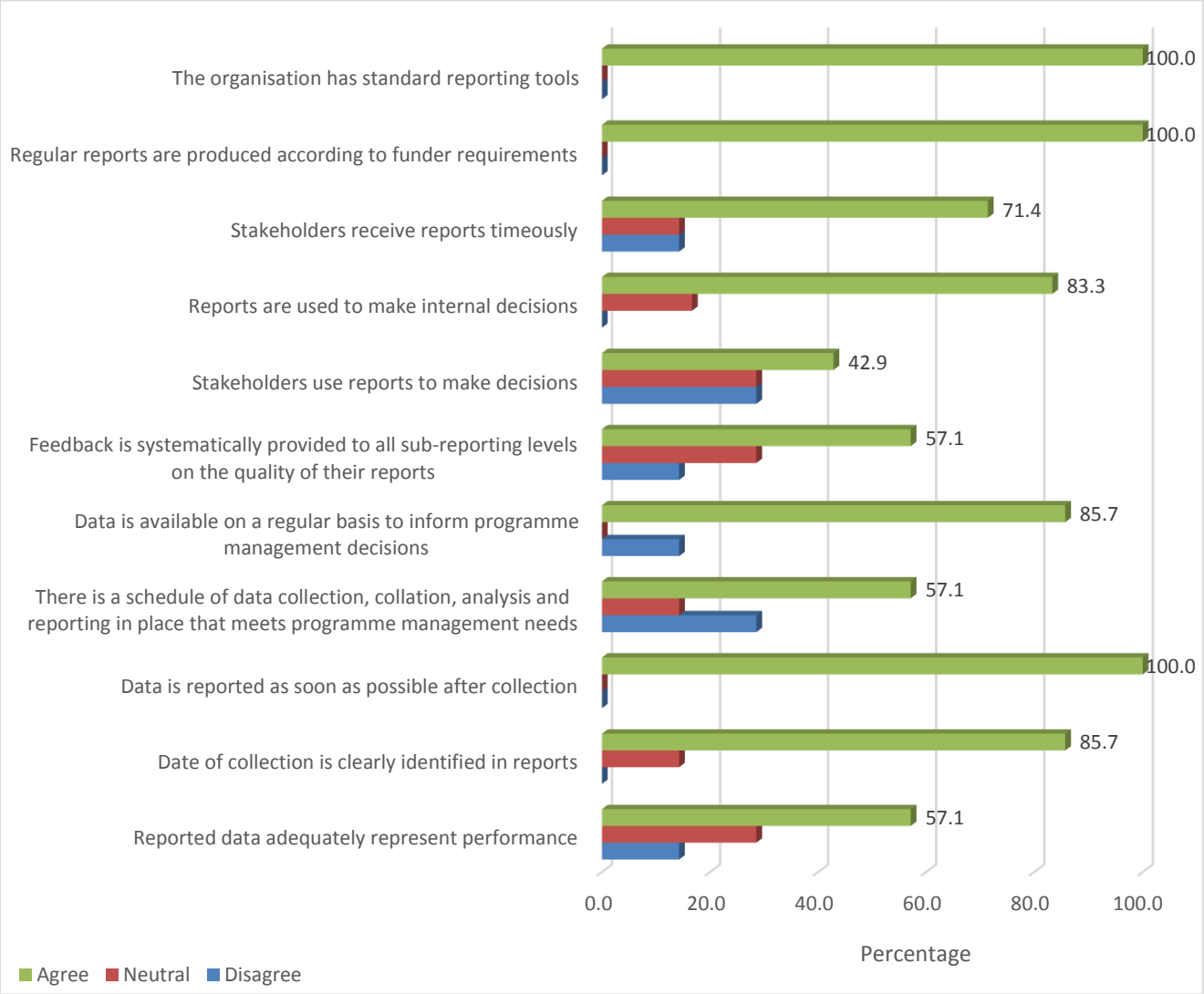
Indicator reference sheet

All relevant stakeholders such as development partners, counterparts, and beneficiaries should be involved at each step of the indicator selection process. Stakeholders can bring in their experience and they can obtain consensus throughout the process. Indicator reference sheet(s) should be drafted and shared with all relevant stakeholders (McCoy,Njeri ,Ngari, Krumpe and Sonko 2008:4-1). According to the results of the study, 57.1% of the organisations disagreed that the indicator reference sheet was shared and 42.9% agreed that the indicator reference sheet was shared with all programme staff. The indicator reference sheet should also be shared amongst the entire programme implementation team. The reference sheet should also be used as the dictionary during indicator training sessions.

5.7 Reporting Mechanisms

This section investigates the reporting mechanisms of NGOs managing HIV/AIDS programmes in the uMngeni Local Municipality. The section will also cover tools that were being used to collect data and the methods that were being used to disseminate the collected information. Respondents were probed to share their reporting mechanisms and Figure 5.12 shows the results.

Figure 5.12: Reporting mechanisms



Reporting tools

According to Kusek and Rist (2004:24), programme implementation and results monitoring, or tracking the progress of the implementation and the assessment of the results, requires reporting tools that are user-friendly and that collect the required information. According to the study, 100% of the organisations actively managing HIV/AIDS in the uMngeni Local Municipality were using standard reporting tools and they were producing regular reports according to funder requirements. The use of standardised tools helps with improving the quality of data collected and reported, thereby contributing to data driven decisions. Data sources are an important consideration as they determine the validity of the programme.

Regular reporting

UNDP(2009:119) noted that the designing and formats for reporting HIV/AIDS programme results should be agreed upon in advance in order to meet the needs of stakeholders. Stakeholders should agree on a common monitoring format and this should be adopted by all partners in order to improve the quality of data collected, as well as to meet the commitments of simplification and harmonization agreed upon in international forums. All (100%) of the NGOs managing HIV/AIDS programmes in the uMngeni Local Municipality were using reporting tools as required/recommended by funders. Funders are usually strict. NGOs receiving funding should either follow requirements or risk losing funding. This might be the reason why 100% of the organisations were using reporting tools as required/recommended by funders.

Dissemination of findings/reports to stakeholders

Involving stakeholders in the planning phase is important in securing participation when the monitoring and evaluation process takes place at a later stage. In Turkey M&E case study, the partners where involved even in the data analysis committee (Evaluation Bulletin 2003:17). The study revealed that 71.4% of the NGOs were disseminating M&E findings timeously to stakeholders; 14.3% were not sure; and another 14.3% noted that stakeholders were not receiving reports timeously. According to Stats SA (2010:31), timeliness of statistical information refers to the delay between the reference point to which the information pertains and the date on which the information becomes available. Timeliness addresses aspects of periodicity and punctuality of production activities within the statistical value chain. Stakeholder involvement is crucial in the M&E of HIV/AIDS programmes. Stakeholders should be involved in all the stages of M&E, from planning to implementation and the use of M&E findings (UNAIDS 2008:10).

Use of reports to make internal decisions

The results in Figure 5.12 indicate that 83.3% of respondents agreed that reports were used to make internal decisions and 16.7% were not sure if reports were used tom make internal decisions. Management decisions for HIV/AIDS programmes should be evidence based. The results show that the NGOs have an understanding of the importance of evidence based decision making.

Use of reports by stakeholders to make decisions

Respondents were also probed to share if stakeholders use reports to make decisions. The results indicate that 42.9% agreed that stakeholders use reports to make decisions; 26.8% disagreed; and another 28.8% were not sure if stakeholders use reports to make decisions. Stakeholder involvement is crucial in managing HIV/AIDS programmes, and all stakeholders should use reports to make decisions. According to McCoy, Njeri, Ngari, Krumpe and Sonko (2008:5-4), it is crucial to consistently promote use of the data and, if possible, data should be provided in the form of spatial or graphic representation. Data should always be available at key decision points such as staff meetings; review sessions and stakeholder update meetings. It is also beneficial to come up with processes that will be used to review how data has been used for decision making over time and take corrective action to enhance data utility. Kusek and Rist (2004:129) argued that by using reports to make programme decisions, the available data in the form of reports can be used to argue for the necessity of certain projects. Reports can be used to educate stakeholders and organisations on issues unbeknown to them which allows organisations and stakeholders to determine the techniques that are useful and those that are not useful.

Provision of feedback to all reporting levels

Respondents were also requested to clarify if feedback is systematically provided to all sub-reporting levels on the quality of their reports. A majority (57.1%) of the organisations agreed; 26.8% were not sure; and 14.3% disagreed. Not all NGOs were giving feedback on the quality of reports. This, however, affects the quality of data collected, reported and used for making programme decisions. Feedback should be given to all sub-reporting levels and reported data should adequately represent performance.

Availability of data to inform programme management decisions

Data should be available on a regular basis to inform programme management decisions. A significant percentage of respondents (85.7%) agreed that data is always available and 14.3% were not sure. Unavailability of data will result in decisions being made without evidence and which affect the achievement of goals and objectives.

Schedule of data collection, collation, analysis and reporting

According to the results of the study, 57.1% of the respondents agreed that there is a schedule of data collection; collation; analysis and reporting in place that meets programme management needs while 28.6% disagreed that there is a schedule of data collection; collation; analysis; and reporting in place that meets program management needs and 14.3% were not sure if there was a schedule of data collection; collation; analysis and reporting in place. The World Health Organisation (2010:9) notes that NGOs managing HIV/AIDS programmes should consider the timing of information dissemination as this will help in planning at the right time to ensure that the information needs of the users are met. Organisations can seek assistance from communication experts who can assist in the interrogation of information.

Frequency of data collection and reporting

A hundred percent (100%) of the NGOs agreed that data is reported as soon as possible after collection. This is a positive result because the concept of timeliness is very crucial when managing complex HIV/AIDS programmes. Data should be available at the next stage on time and according to the M&E plan. The results of the study also show that 85.7% of organisations managing HIV/AIDS programmes in the uMngeni Local Municipality agreed that the date of data collection is clearly identified in reports, while 14.3% of the organisations were not sure if the date of data collection is clearly identified in the reports. The findings above contribute to the quality of the data collected and the quality of information NGOs actively managing HIV/AIDS programmes in the uMngeni Local Municipality use to make important decisions. If dates are clearly indicated, everyone using the reporting tools will be able to know when to collect information as well as the time to send the information to the next level.

Quality of reported data

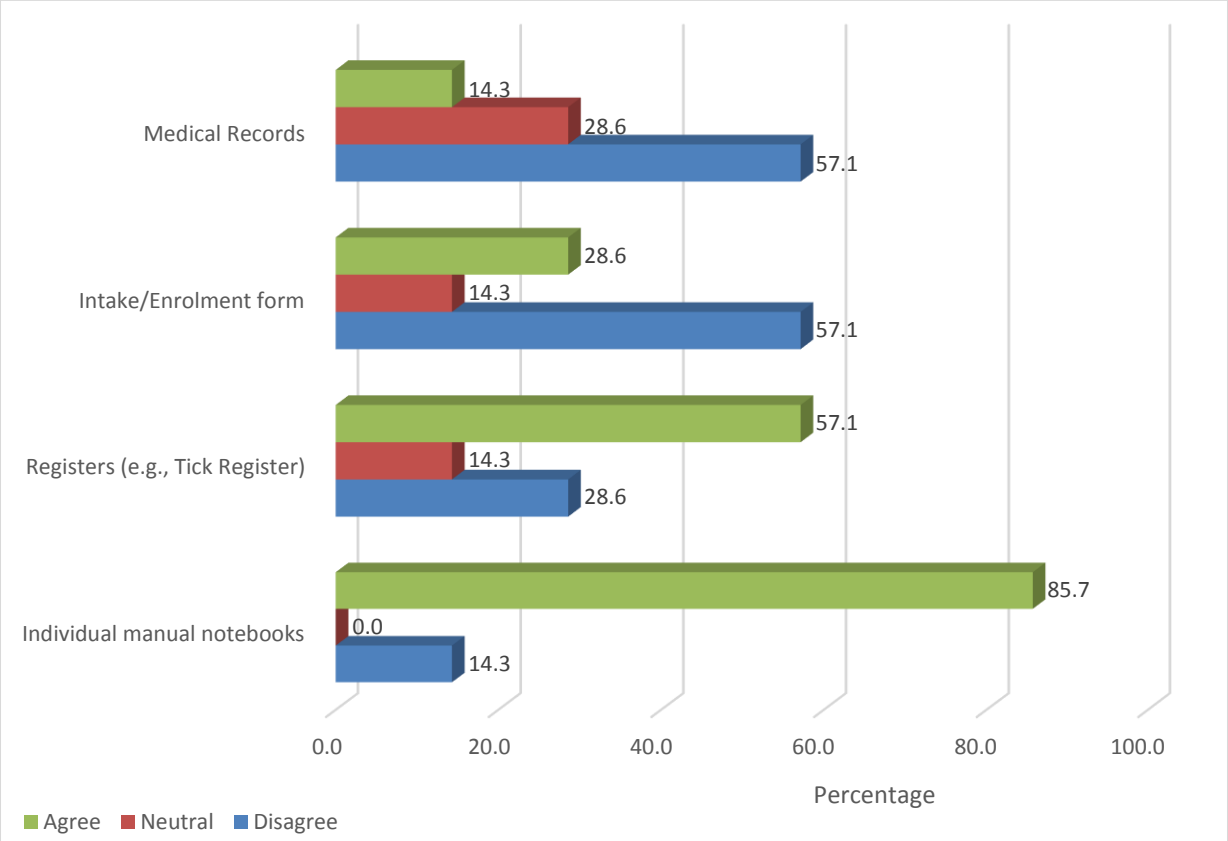
For data to be valid, it should adequately represent performance. According to The Global Fund (2011:22), performance-based funding requires NGOs managing HIV/AIDS programmes to demonstrate results against predefined performance targets. However this depends on the quality of data being collected and reported. When respondents were asked if reported data adequately represents performance, 57.1% agreed; 14.3% disagreed; and 26.85 were not sure if reported data adequately represent performance. Poor data quality can lead to inappropriate decisions by funders and inaccurate external reporting by other stakeholders. At organisational level poor

data quality can result in inadequate programme management and an inability to demonstrate accurate results (The Global Fund 2011:22).

5.7.1 Data collection tools

The figure below shows the results that indicate the different types of tools that were being used by NGOs managing HIV/AIDS in the uMngeni Local Municipality.

Figure 5.13: Tools that were used to collect data



Medical records

The study revealed that 14.3% of the organisations were using medical records; 57.1% indicated that they were not using medical records; and 14.3% of the organisations were not sure if they use medical records.

Intake/enrolment forms

The study revealed that 28.6% of the NGOs were using intake/enrolment forms; 57.1% were not using intake/enrolment forms; and 14.3% were not sure if they were using intake/enrolment forms to collect HIV/AIDS programme data.

Registers

The collection of programme data using registers is crucial in managing an effective and efficient M&E system. Registers should be completed as required and they should meet the necessary standards. The study revealed that 57.1% of the organisations were using registers to collect HIV/AIDS programme data; 28.6% indicated that they were not using registers; and 14.3% were not sure if they were using registers. Registers should be utilised as a tool to collect all the important programme activities. Furthermore registers can be electronic or paper based depending on the indicator, programme and availability of resources.

Individual manual notebooks

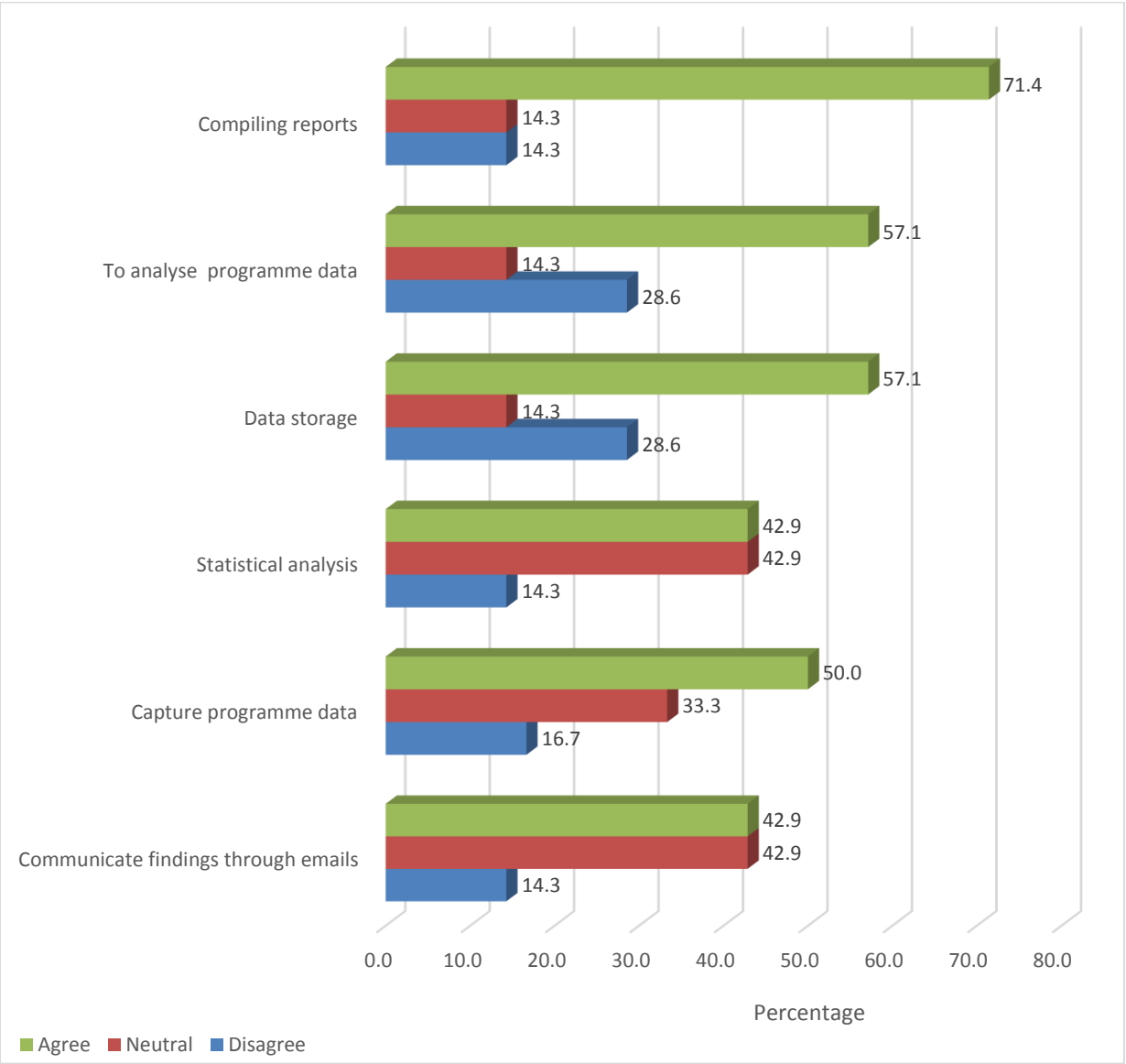
Individual manual notebooks were also used as data collection tools, mainly by field workers such as community care givers. They can record their daily activities in individual notebooks and transfer these to the electronic or paper based register when they get to the offices. According to the study, 85.7% of the NGOs were using individual manual notebooks; and 14.3% were not sure if they were using individual manual notebooks to collect HIV/AIDS programme data.

Data collection tools are crucial for data collection, management and reporting. According to McCoy *et al* (2008:5:4), NGOs managing HIV/AIDS programmes should start by designing appropriate data collection tools and train data collectors on how to collect data. Secondly, they should develop SOPs for managing the collected data process and SOPs should also guide how the tools will be reviewed. HIV/AIDS programme managers must select the correct mix of monitoring tools and approaches for each project, programme or outcome in order to ensure that the M&E system contains an appropriate balance between data collection, data analysis, validation, reporting and data usage (UNDP 2009:111).

5.7.2 Information and Communications Technology (ICT)

ICT is an important component of a successful M&E system for HIV/AIDS programmes. Respondents were also asked to share how they use ICT to improve their M&E systems.

Figure 5.14: Information and Communications Technology (ICT)



Use of ICT to compile reports

The study revealed that 71.4% of the organisations managing HIV/AIDS programmes in the uMngeni Local Municipality were using ICT to compile reports; 14.3% were not using ICT to compile report; and another 14.3% were not sure if they were using ICT to compile reports. Compiling HIV/AIDS programme report requires the use of ICT. This improves the quality of the reports by running quality checks such as running duplicates, which avoids double counting. Compiling reports using ICT makes data analysis and presentation easy. Therefore, the NGOS that were not using ICT were experiencing data quality issues. According to Lopez-Acevedo, Krause and Mackay (2012:89), the use of ICT improves access to information and transparency, particularly when information is provided in the public domain. The use of ICT allows stakeholders,

beneficiaries and the community to have access to information which helps in evaluating a programme in a manner that is people-centric and addresses their concerns and priorities.

Use of ICT to analyse programme data

The results indicate that 57.1% of organisations were using ICT to analyse programme data; 26.6% were not using ICT to analyse programme data; and 14.3% were not sure if they were using ICT to analyse programme data. Data analysis is a crucial component of a good data management system. The WHO (2013:40) noted that the aim of the analysis should be to provide a factual and objective basis for interpreting the performance of the programme and making recommendations for moving forward.

Data storage

Data storage is also crucial for running an M&E system that is efficient and effective. Respondents revealed that 57.1% of the organisations implementing HIV/AIDS in the uMngeni were using ICT to store the data; 28.6% were not using ICT to store data; and 14.3% were not sure if they were using ICT to store HIV/AIDS programme data. Data should be captured and stored electronically for easy access and usage.

Statistical analysis

The study also revealed that 42.9% of the organisations agreed that they use ICT for statistical analysis; 42.9% were not sure; and 14.3% responded that they were not using ICT for statistical analysis. The fact that not all organisations were using ICT to analyse programme data means that some of the NGOs were reporting and using incorrect information. Statistical analysis using ICT improves the quality of data and data should be of high quality. Users should be confident that the data they are using is accurate, complete, and timely. Poor data quality means data-informed decision making does not occur. Consequently, programme efficiency and effectiveness will suffer.

Data capturing

HIV/AIDS programmes should be captured electronically to allow easy analysis, reporting, storage and usage. Data indicates the 16.7% were not using ICT to capture programme data; 33.3% were not sure if they were using ICT to capture data; and 50% were using ICT to capture programme data. Data capturing and storage contributes to the quality of HIV/AIDS programme data. Data should be captured and stored electronically for easy access and usage. However, with some of the NGOs, this is not

possible because they are not using ICT to capture and store programme data. In the long run, this will result in poor data quality, which affects data driven decisions.

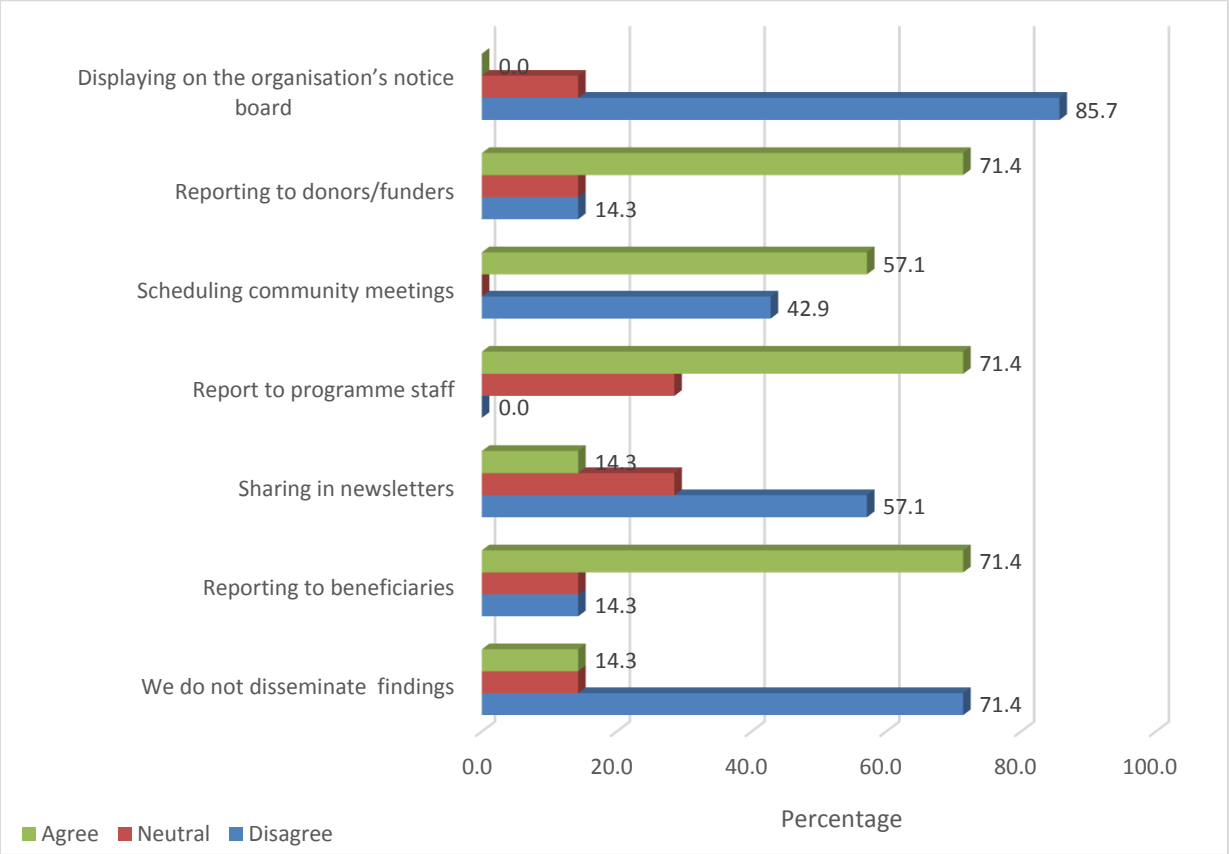
Communication of findings

ICT should be used to communicate findings of HIV/AIDS programmes. Results show that 42.9% of the NGOs actively managing HIV/AIDS in the uMngeni Local Municipality use ICT to communicate findings; 42.9% of the organisations were not sure; and 14.3% indicated that they do not use ICT to communicate findings. Reporting is the first stage in which the data collected is presented to the stakeholders. It is therefore a critical stage and the use of ICT can make reporting easy (IFRC 2011:57).Upholding an information culture where the demand and use of information is encouraged will help mitigate the dynamic link between demand; supply; and quality of information.To ensure that the process is done as efficiently as possible; the help of communication experts can be sought; as well as using ICT to ensure accuracy (WHO 2010:9).

5.7.3 Data dissemination methods

Data dissemination internally and externally is crucial for the effective and efficient management of HIV/AIDS programmes. Respondents were asked to select how they share M&E findings. Figure 5.15 below shows the results.

Figure 5.15: Data dissemination Methods



Use of the notice board to disseminate M&E findings

The findings of the study reveal that 85.7% of NGOs managing HIV/AIDS in the uMngeni Local Municipality were not displaying M&E findings on the organisation's notice board and 14.3% of the organisations were not sure if they were using the organisation's noticeboard. Dissemination of findings on the organisation's notice board increases information access by beneficiaries, community and other staff members. The results are showing that 85.7% of the organisations were limiting the access to programme information by relevant stakeholders.

Reporting to funders/donors

The results also reveals that 71.4% of the organisations report M&E findings to funders;14.3% revealed that they do not report M&E findings to funders; and 14.3% were not sure if they share M&E findings. Sharing M&E findings with stakeholders such as partners; funders; community; and beneficiaries is one of the cornerstones of managing a successful M&E system for HIV/AIDS programmes.

Sharing of M&E findings at community meetings

Results indicate that 57.1% of the organisations were disseminating M&E findings at scheduled community meetings while 42.9% were not sharing the findings at scheduled community meetings. Community meetings can be used to communicate M&E findings to the community. Ideas can also be shared on how to resolve programme gaps during community meetings.

Reporting of M&E findings to programme staff

Respondents were also asked if they disseminate M&E findings with programme staff and 71.4% of the organisations agreed that they share M&E findings with programme staff while 28.6 % were not so sure if they disseminate information to programme staff. M&E findings should be disseminated to the programme team because they are responsible for the management of the programme. Any gaps identified will require their action and sharing reports with them will help in addressing identified gaps.

Sharing of M&E findings in newsletters

Local newsletters can be used to disseminate programme activities. Different stakeholders can be reached by newsletters. The community and beneficiaries can access updates of programme activities. The study revealed that 14.3% of the organisations were using news letters to disseminate M&E findings; 57.1% were not using newsletters; and 28.6% were not sure if newsletters were being used to disseminate updates of programme activities. The use of newsletters can be a cheaper method of sharing M&E findings with all stakeholders.

Reporting of M&E findings to beneficiaries

Research results show that 71.4% of the organisations were sharing M&E findings with beneficiaries; 14.3% were not sharing M&E findings with beneficiaries; and 14.3% were not sure if they were disseminating information to beneficiaries. Participatory M&E involves sharing findings with the beneficiaries. Beneficiaries should have access to M&E findings for them to participate in making decisions that affect or improve their welfare.

Dissemination of M&E findings

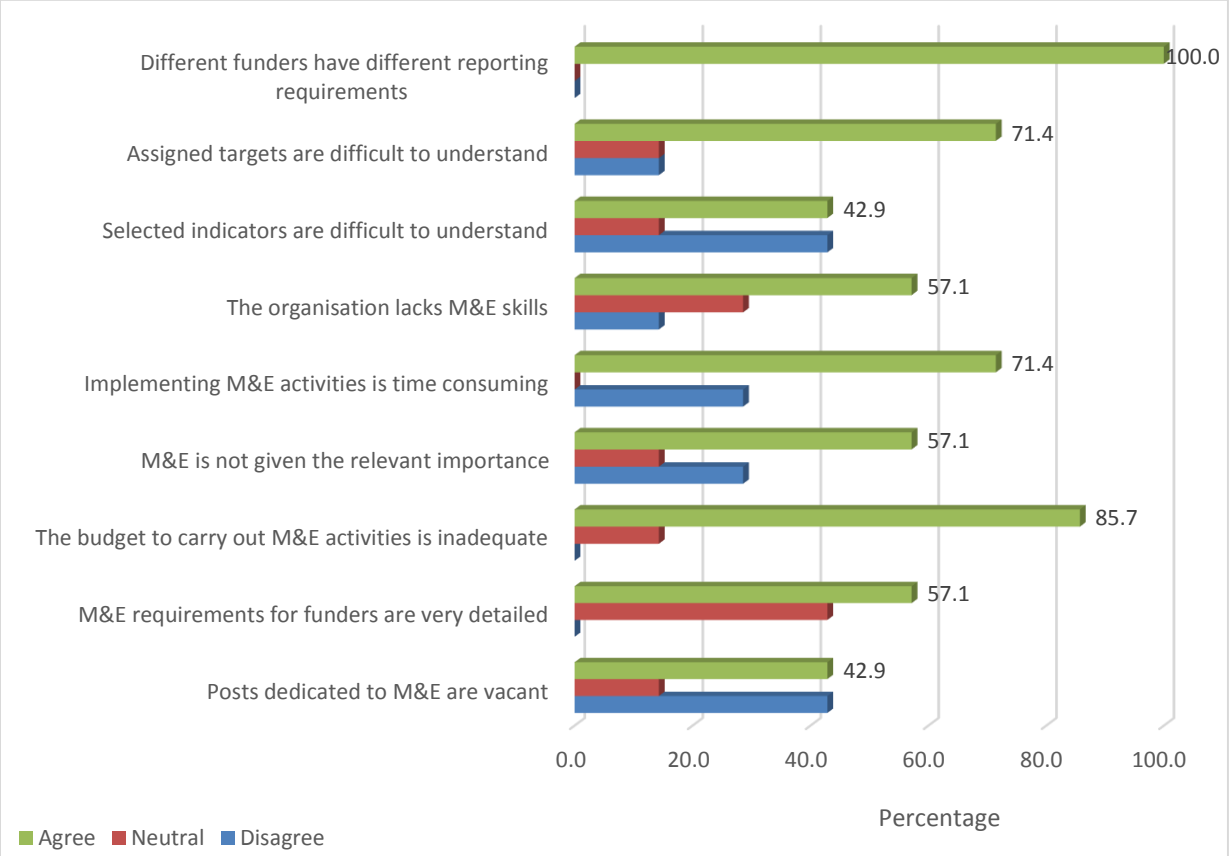
Respondents were also asked to indicate if they do not share M&E findings at all. A significant percentage of the NGOs (71.4%) disagreed, meaning that they disseminate

their M&E findings; 14.3% agreed that they do not disseminate information at all; and another 14.3% was not sure.

5.8 Challenges and general monitoring and evaluation issues

This section covers the M&E challenges that are encountered by NGOs actively involved in managing HIV/AIDS programmes in the uMngeni Local Municipality. Respondents revealed the challenges they encounter in managing M&E systems for HIV/AIDS programmes. Figure 5.16 below show the results.

Figure 5.16 Challenges and general monitoring and evaluation issues



Reporting requirements

All the organisations (100%) managing HIV/AIDS programmes in uMngeni Local Municipality agreed that different funders have different reporting requirements. This can pose a challenge to NGOs because they might end up collecting the programme data using different tools but doing the same activities. Workload is also increased because they have to report the same activities in different formats to different funders.

Assigned targets

Assigned targets should be explained to organisations so that they should understand the targets they have to reach. A majority of the respondents, (71.4%) of the organisations revealed that assigned targets are difficult to understand. Training can be used as a method to capacitate implementing NGOs to understand their assigned targets as well as how they can implement the programme in order to reach the assigned targets.

Selection of indicators

The selection of indicators is an important part of managing a successful M&E system. The study results show that 42.9% of the NGOs managing HIV/AIDS in the uMngeni Local Municipality believe that indicators are difficult to understand. Once people managing a programme have a problem understanding the indicators, then the whole programme could fail. Programme team should be familiar with all the selected indicators. They should make use of a simple indicator reference sheet to understand the definitions, tools and methods of collecting data for each selected indicator.

M&E skills

According to the results of the study, 28.6% of the respondents disagreed regarding the availability of M&E staff and expertise; which links with the 57.1% of the organisations that revealed a lack M&E skills; 28.6% were not sure if they have M&E skills; and 14.3% disagreed that they have M&E skills. In the previous sections, the study revealed that 57.1% of the organisations lack M&E expertise while 50% also revealed that they did not have statistical skills. The results from these different sections show that there is a need for capacity-building of existing staff members. They can be capacitated through training, ongoing mentoring or exchange programmes.

Implementation of M&E activities

The respondents were also asked to share their views on the time that they spend implementing M&E activities. A significant percentage (71.4%) of the NGOs revealed that implementing M&E activities is time consuming and 28.6% disagreed that conducting M&E activities is time consuming. M&E is a prerequisite for proper management of HIV/AIDS M&E systems. It should not be seen as time consuming and should be regarded as the cornerstone for managing HIV/AIDS programmes.

Importance of M&E

More than half (57.1%) of the organisations agreed that M&E was not getting the relevant importance. This result can be supported by 57.1% of the NGOs which indicated that they lack M&E skills; 14.3% were not sure if M&E was getting relevant importance; and 28.6% of the NGOs revealed that M&E was getting the relevant importance. Again, capacity building can be used to address this challenge. Programme teams should understand the importance of M&E, which can be achieved by training programmes.

M&E budget

In the previous section, half of the respondents (50.0%) indicated that the percentage of the total programme budget allocated to M&E was less than 5%. One third indicated that the total programme budget allocated to M&E was between 5% and 9%; while 16.7% used more than 10% of the total programme budget for M&E activities. Organisations managing HIV/AIDS programmes in the uMngeni Local Municipality should allocate 10% of the total programme budget to M&E activities. The study reveals that 85.7% of the organisations indicated that the budget to carry out M&E activities is inadequate. Results in the previous section indicated that 50% of the organisations were allocating less than 5% of the programme budget to M&E activities. There is therefore a need to top up the M&E budget to around 10% of the programme budget. According to the WHO(2009:8) M&E activities should be allocated 10% of the total programme budget.

M&E requirements for funders

According to the study, 57.1% of the organisations indicated that M&E requirements of funders of HIV/AIDS programme activities were detailed. In the previous section, 57.1% indicated that they were lacking M&E skills which is a challenge. Therefore, they were viewing M&E requirements as detailed and difficult to manage. In addition to that, 42.9% of the NGOs were not sure if M&E requirements for funders were very detailed.

M&E posts

When the respondents were asked to indicate if post dedicated to M&E were vacant; 42.9% indicated that they were vacant; another 42.9% noted that posts dedicated to M&E were not vacant; and 14.3% were not sure if the posts dedicated to M&E were vacant. Vacant posts dedicated to M&E should be filled and not remain vacant in order

to allow the smooth operation of M&E activities. For an organisation to manage an effective and efficient M&E system, all M&E vacant posts should be filled.

5.8.1 List of additional M&E challenges

Respondents were asked to list other/additional challenges that they were facing in implementing an efficient and effective HIV/AIDS M&E system. The following additional challenges were noted,

- Relevant and useful information is not gathered since incorrect tools are used;
- Some organisations did not have a mentoring programme to develop individual M&E skills; and
- There is a lack of financial aid to fund skills training.

The afore mentioned capacity development challenges could negatively affect the management of M&E systems for HIV/AIDS programmes. Skills training, mentoring and the appropriateness of the tools used to gather information has to be enhanced in order to improve M&E outputs; outcomes; and impacts.

5.9 Correlations

Bivariate correlation was also performed on the (ordinal) data. Positive values indicate a directly proportional relationship between the variables and a negative value indicates an inverse relationship. All significant relationships are indicated by a * or **. For example, the correlation value between “We don’t have skills to design an M&E plan and “Organisation conducts data verification” was 0.885**. This is a directly related proportionality. Respondents indicate that the availability of skills result in designing M&E plans with schedules for data verification and vice versa. The correlation value between “M&E Staff” and “Assigned targets are difficult to understand” was .870*. This is also directly related proportionally and the lack of M&E staff within organisations had an impact on the understanding of indicators and vice versa.

Negative values imply an inverse relationship. That is, the variables have an opposite effect on each other. That is, as one increase, the other decreases. For example, the correlation value between “We don’t have skills to design an M&E plan” and “Community involvement” was -0.980. This implies that the more skills sets that are lacking, the less likely the community will be involved.

5.10 Conclusion

Chapter five covered the research findings. Coding of data from the study was done in order to convert questionnaire data into meaningful categories in order to facilitate analysis. Data obtained through questionnaires was vetted for consistency and completeness. An analysis of the findings was conducted using narrative discussions; tables; graphs; and pie charts. Inferential techniques which include the use of correlations; and chi square test values and which are interpreted using the p-values were also used. Chapter six provides conclusions and recommendations.

CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This Chapter elaborates on the conclusion of the research by referring to the main objectives/aim of the study. Conclusions for all the research objectives were summarised per objective using the findings of the study. Recommendations for NGOs managing HIV/AIDS programmes are covered in this chapter by referring to the main objectives/aim of the study, reviewed literature and the findings of the study. The recommendations covered what should be done in managing a successful M&E system for HIV/AIDS programmes.

6.2 General conclusion(s)

6.2.1 Objective 1: To evaluate the current M&E systems of NGOs implementing HIV/AIDS programs in the uMngeni Local Municipality, KwaZulu Natal.

M&E plan

The availability of the M&E plan is crucial for managing a succesfull M&E system for an HIV/AIDS programme. However 42.9% of the organisations did not have a formal M&E -plan. All (100%) of the organisations agreed that the M&E plan should include the individual accountable for M&E; a schedule for all M&E activities; and the frequency of data collection; as well as should indicate tools to be used for M&E activities.

M&E skills

All of the respondents indicated that statistical skills were not available(100%) and 28.6% of the oganisations indicated that they did not have M&E staff and expertise. The study revealed that staff performance was not monitored accordingly because only 57.1% of the NGOs were monitoring monthly performance of staff;14.3 % quarterly and annually and another 14.3 % was not monitoring staff perfomance at all. Not all organisations managing HIV/AIDS programmes in the uMngeni had a documented M&E capacity development plan because only 50% of the organisations agreed that they have an M&E capacity development plan.

M&E budget

Only 16.7% of the organisations were allocating more than 10% of the programme budget to M&E activities. A total of 42.9% of the organisations indicated they did not have financial resources to design an M&E plan.

Indicators

The selection of indicators is not a major problem since 85.7% of NGOs implementing HIV/AIDS programmes in the uMngeni Local Municipality indicated that key indicators are selected. The study also revealed that 100% of organisations noted that programme/project staff understand all the selected indicators.

Data quality management

A total of 85.7% of the organisations agreed that they had a documented data quality control measure in place. Not all NGOs managing HIV/AIDS programmes in the uMngeni Local Municipality were conducting data quality audits and/or verification. A total of 42.9% of the NGOs were not sure if they were conducting data quality audits while 28.6% were not conducting data quality audits at all. The study also revealed that only 42.9% of the organisations were conducting data verification. In addition, only 57.1% agreed that programme/project staff were trained on how to use data collection and information reporting tools.

Programme Evaluation

There was a gap in the evaluation of programme activities on a regular basis because 33.3% of the organisations managing HIV/AIDS in the uMngeni Local Municipality were evaluating their programmes monthly and quarterly, 16.7% were evaluating their programmes bi-annually; and 16.7% were not evaluating their programmes at all.

Decision-making

Information is critical for making evidence-based decisions. However, not all the NGOs were using M&E findings to make evidence-based decisions since only 71.4% of the organisations were using M&E findings to make decisions.

6.2.2 Objective 2: To investigate the reporting mechanism of NGOs implementing HIV/AIDS programs.

Reporting tools

All the NGOs (100%) that participated in the study agreed that they were using standard reporting tools and that they were producing regular reports according to funder requirements. They were also using the reporting tools as required by the funders because 100% of the NGOs agreed that they were using reporting tools as required/recommended by the funders. A total of 71.4% of the NGOs indicated that reporting tools had clear instructions on how to collect and report data. NGOs were using different tools to collect programme data since 14.3% of the organisations were using medical records; 28.6% of the NGOs were using intake/enrolment forms; and 85.7% of the NGOs were using individual manual notebooks.

Schedule of data collection, collation, analysis and reporting

A total of 57.1% of the respondents agreed that there is a schedule of data collection; collation; analysis; and reporting in place that meets programme management needs. Therefore, not all NGOs had a formalised schedule for data collection.

Use of ICT

A total of 71.4% of the organisations managing HIV/AIDS programmes in the uMngeni Local Municipality indicted that they were using ICT to compile reports and slightly above half of the NGOs (57.1%) were using ICT to analyse programme data. In addition to that, only 57.1 % of the organisations implementing HIV/AIDS in the uMngeni were using ICT to store the data. Only 42.9% of the organisations were using ICT to analyse statistics.

Reporting to stakeholders

A total of 85.7% of NGOs managing HIV/AIDS in the uMngeni Local Municipality were not displaying M&E findings on the organisation's notice board. The study also show that only 14.3% of the organisations were using newsletters to disseminate M&E findings. The respondents indicated that not all NGOs were reporting M&E findings to

all the relevant stakeholders. According to the findings of the study, 71.4% of the organisations were reporting M&E findings to the funders, programme staff and beneficiaries.

Timeliness

The study revealed that there was a gap in ensuring timeliness because only 71.4% of the NGOs were disseminating M&E findings timeously to stakeholders. A total of 87.5% of the organisations actively involved in managing HIV/AIDS in the uMngeni Local Municipality were following up on incomplete information timeously.

Budget monitoring

The NGOs were not consistently monitoring their planned budget against against expenditure monthly since only 42.9% of NGOs undertook this task monthly.

Decision-making

A total of 83.3% of the respondents agreed that reports were used to make internal decisions and only 42.9% agreed that stakeholders use reports to make decisions. The results of the study indicate that provision of feedback was done by only 57.1% of the organisations; 26.8% were not sure; and 14.3% of the organisations were not providing feedback at all.

6.2.4 Objective 3: To identify M&E challenges faced by NGOs implementing HIV/AIDS programmes in the uMngeni Local Municipality of KwaZulu Natal.

Reporting requirements

Different funders have different reporting requirements. All the organisations (100%) managing HIV/AIDS programmes in the uMngeni Local Municipality agreed that different funders have different reporting requirements. According to the study 71.4% of the organisations revealed that assigned targets were difficult to understand.

Lack of M&E skills

The study revealed that not all NGOs had M&E skills, expertise and statistical skills. Results show that 57.1% of the organisations revealed that they lack M&E skills; 57.1% of the organisations did not have M&E expertise; and all the NGOs revealed that they

did not have statistical skills. A total of 42.9% of the NGOs were facing staff shortages since posts dedicated to M&E were vacant.

Availability of funds

A total of 57.1% of the organisations agreed that M&E was not getting the relevant importance. Lack of adequate funds was also noted as 85.7% of the organisations indicated that the budget to carry out M&E activities is inadequate.

6.3 Recommendations

Due to the interdependence and interrelations of the general conclusions relating to the research objectives, recommendations are made collectively using the headings below.

6.3.1 Capacity building

Management of a succesful HIV/AIDS M&E requires staff members dedicated to M&E who should have relevant M&E knowledge and expertise.The study revealed that lack of statistical skills was one of the challenges that was being faced by the NGOs managing HIV/AIDS in the uMngeni Local Municipalitry. This affects the quality of programme data which will in turn affect evidence based decision making.

To adress the afore mentioned challenge,capacity buliding of existing staff can be an alternative to improve M&E skills if the organisation cannot afford to pay staff with the required M&E skills and expertise.The capacity-building programme should be an evidence-driven process of strengthening the abilities of individuals; organizations and systems to perform core functions sustainably as well as to continue to improve and develop over time. NGOs managing HIV/AIDS should use the available resources to capacitate existing staff members. This can be done either through training, mentoring or exchange programmes with other NGOs that are managing effective and efficient M&E systems for HIV/AIDS programmes.

Training and mentoring on data collection; collation; analysis; and reporting tools can be used as capacity building methods for improving data quality. Programme team/staff and all relevant stakeholders should be consulted during the initial designing of data collection and reporting tools. All relevant stakeholders should be trained on how to use the selected tools for collecting, analysing and reporting data. It is also recommneded that NGOs use a capacity plan to improve the skills of the M&E staff.

6.3.2 M&E plan

There is a need for building capacity on how to design M&E plans for some of the NGOs managing HIV/AIDS programmes in the uMngeni Local Municipality.They should design a working M&E plan which should cover all the important aspects of how the M&E system will function. This will guide them on how to run and manage an effective M&E system for HIV/AIDS programmes.

There was also evidence of financial constraints in designing M&E plans. However, as mentioned above, capacity-building is an approach that can be used to improve an organization's ability to perform in relation to its purpose; context; resources; and viability. This can only be achieved by either changes in individual behaviour or changes to an organization's structure; systems; procedures; culture; and/or strategies and decision-making processes.

6.3.3 Stakeholder involvement in designing the M&E plan

All the stakeholders are equally important and all of them should be involved in the designing of the M&E plan for the HIV/AIDS programme. Managers for HIV/AIDS programmes should be informed that it is important to gain increased interest; permission; support; commitment; and buy-in from key stakeholders internally and externally, when designing a participatory M&E system.

Stakeholders such as beneficiaries; community leaders; local or national authorities; government departments; and civil society organisations should be involved in the designing and implementation of an effective and efficient M&E system. Support from all levels of the organisation is crucial because it ensures that you can mobilise adequate human, financial and material resources to undertake systematic; participatory M&E processes; and follow-up. It is further recommended that a participatory M&E approach be utilised.

6.3.4 Financial resources for M&E activities

The study results show that there is a need to capacitate NGOs managing HIV/AIDS programmes in uMngeni on how to do M&E budgets and manage the budget throughtout the whole M&E system since half of the NGOs are allocating less than 5% of the total budget to M&E activities. M&E activities should be allocated 10% of the total programme

budget. NGOs managing HIV/AIDS programmes should design and implement an annual costed M&E work plan.

The plan should indicate all HIV/AIDS M&E activities of all relevant stakeholders and the intended sources of funding. The same plan should be used to coordinate and assess the progress of M&E implementation throughout the year. Management should also determine the resources that will be needed for the whole process before carrying out the M&E process to ascertain whether or not the resources will be sufficient for the process.

6.3.5 Indicators

Selection of relevant indicators should be carefully done and indicators should be used to assess if intended results are being achieved. For indicators to be relevant, timely and of sufficient quality to ensure data driven decisions, they have to be properly selected; defined; and used. Data from the approved indicators should be collected using relevant tools and everyone involved in the process should have been consulted and trained on the actual indicators and the tools that will be used to collect and report activities of the indicators.

The study results show that the indicator reference sheet was not being shared among the programme team. The indicator reference sheet should also be shared amongst the entire programme implementation team and the reference sheet should be used as the dictionary during indicator training sessions.

6.3.6 Design and use of relevant data collection tools

Data collection tools are crucial for data collection, management and reporting. NGOs managing HIV/AIDS programmes should start by designing appropriate data collection tools and train data collectors on how to collect data. Secondly, they should develop SOPs for managing the collected data process and SOP should also guide how the tools will be reviewed. HIV/AIDS programme managers must select the correct mix of monitoring tools and approaches for each project, programme or outcome in order to ensure that the M&E system contains an appropriate balance between data collection; data collection; data analysis; validation; reporting and data usage.

6.3.7 Regular M&E of programme activities

Actual expenditure should be monitored against planned budgets to see if the organisation is on track with the spending of resources. Monitoring of programme targets against expenditure should be done monthly,quarterly and annually to allow M&E of the HIV/AIDS programme. Decision making should be done from M&E findings.

Staff performance is critical to programme performance. If staff members are not monitored; it is difficult to tell if they are doing what they are expected to do at the right time.The results revealed that monitoring staff performance quarterly; bi-annually and annually is not so common with NGOs managing HIV/AIDS programmes in the uMngeni Local Municipality. Staff members should be monitored on a regular basis and should be clearly stated in the organisational human resources policy. Therefore monitoring of staff performance should be done according to the human resources policy.

NGOs managing HIV/AIDS should conduct programme reviews and they should focus on identifying and improving on the results of the programme. Programme review sessions should aim at assessing the results of the programme and come up with recommendations to adress identified gaps. NGOs managing HIV/AIDS programmes should also consider regular data review meetings, either monthly or quarterly depending on the size and structure of their programmes.

6.3.8 Data quality management

Feedback should be communicated to all parties involved in the programme because this will help with correcting issues of concern and for all parties to plan if the programme is not going according to the actual plan.

The M&E systems of some of the organisations were not catering for the elimination of double counting of beneficiaries or activities. This affects the quality of data and outcome of the programme in general. NGOs managing HIV/AIDS programmes in the uMngeni Local Municipality should design systems that will improve the quality of data by avoiding double counting.

Timeliness is one of the five principles of data quality and organisations implementing HIV/AIDS programmes in the uMngeni Local Municipality should collect data frequently enough. If the data is current, it is timely. They should ensure that data is coming in frequently as stipulated in the M&E SOP and that the information is available to inform

programme management decisions internally and externally. NGOs managing HIV/AIDS programmes should also consider the timing of information dissemination as this will help in planning at the right time to ensure that the information needs of the users are met and organisations can seek assistance from communication experts who can assist in the interrogating of information.

Programme data should represent the performance of NGOs in managing HIV/AIDS programmes. Poor data quality can lead to inappropriate decisions by the funders and inaccurate external reporting by other stakeholders. At organisational level, poor data quality can result in inadequate programme management and an inability to demonstrate accurate results. Therefore, it is highly recommended to always check if data represent the performance of the organisation through data quality audits and programme reviews.

A document or a Standard Operation Procedure (SOP) should be drafted and used as a guideline to manage the quality of data because the results of the study revealed that not all NGOs managing HIV/AIDS in the uMngeni had an SOP for data management. The SOP should also explain how data backup will be done by the organisation.

6.3.9 Conducting of Data Quality Audits

Data quality audits or data verification is another important component of ensuring decisions on HIV/AIDS programmes are made based on accurate data. Internal data quality audits should be prioritised because it an important procedure that provides an organization with the means to determine the status of data quality at any given time as well as the opportunity to develop and implement strategies to address existing gaps. Through data quality assessments, organisations managing HIV/AIDS programmes in the uMngeni will be in a position to follow up on incomplete information and to check if programme registers are completed as required.

6.3.10 Use of data to make informed programme decisions

Data should be always available at key decision points such as staff meetings, review sessions, stakeholder update meetings to allow decision makers to make data driven decisions. It is also beneficial to come up with processes that will be used to review how

data has been used for decision making over time and take corrective action to enhance data quality.

6.3.11 Use of ICT on HIV/AIDS programme M&E

The use of ICT allows stakeholders, beneficiaries and the community to have access to information which helps in evaluating a programme in a manner that is people-centric and addresses their concerns and priorities. Statistical analysis using ICT should also be prioritised because this improves the quality of data and quality data gives user confidence to make informed decisions.

Data should be captured and stored electronically for easy access and usage. Reports should be sent using ICT for information to be user-friendly when analysing, interpreting or presenting. Upholding an information culture where the demand and use of information is encouraged will help mitigate the dynamic link between demand, supply and quality of information.To ensure that the process is done as efficiently as possible, the help of communication experts can be sought along with using information technology to ensure accuracy.

6.3.12 Dissemination of M&E findings to stakeholders

Data dissemination internally and externally is crucial for the effective and efficient management HIV/AIDS programmes. NGOs managing HIV/AIDS programmes in the uMngeni should consider discriminating information using multiple methods such as organisation notice board; newsletters; community meetings; reporting to funders; and the internal programme team. Sharing M&E findings with stakeholders such as partners, funders, community and beneficiaries is one of the cornerstones of managing a successful M&E system for HIV/AIDS programmes. Reports can be used to educate stakeholders and organisations on issues unbeknown to them. This allows organisations and stakeholders to determine the techniques that are useful and those that are not useful.

6.4 Recommendations for future studies

The study only covered the uMngeni Local Municipality because of time and costs constraints. Future studies should consider covering the whole uMgungundlovu District Municipality. Future studies should also consider covering all NGOs managing

HIV/AIDS in the KwaZulu Natal province or the whole of South Africa. Analysis and evaluation of HIV programmes in relation to the burden of the disease and the available resources can also be considered by future researchers.

6.5 Conclusions

The study started by introducing the research topic, background of the research and the rationale of the research. The research problem; research questions; aim and objectives; limitations; delimitations; and the significance of the research were also discussed in detail. Definitions from different scholars were used to introduce the main concepts of the research (that is M&E, HIV/AIDS and NGOS).

A literature review was conducted and all the terms that were used during the study and their importance in getting the intended research results were reviewed. This was done with the aid of tables and pictures. All the aspects of M&E, data quality management and data dissemination and usage were discussed in detail with the aid of relevant examples. HIV/AIDS in the South African context; the epidemic's impact on women and children and the M&E of HIV/AIDS programmes was discussed in depth.

The study also referred to M&E practices of HIV/AIDS in Africa and the rest of the world with reference to a number of case studies of the M&E of HIV/AIDS programmes. Recommendations for designing and managing successful M&E systems for HIV/AIDS programmes were drawn with reference to best practices. The study can be used to modify the M&E systems of NGOs implementing HIV/AIDS programmes in the uMngeni Local Municipality and other parts of the world.

Methods that were used to conduct the research were discussed and the theoretical framework guiding the study was also described. The merits and demerits of research methods and research tools were also covered. Justification of the chosen research method and the tool that was used to collect data, which are the quantitative research method and the questionnaire, was done.

Presentation of research findings and analysis of the findings was done using narrative discussions, tables, graphs and pie charts. Inferential techniques were also used which include the use of correlations and chi-square test values, which are interpreted using the p-values. Data analysis was also done with reference to literature.

Conclusions for all the research objectives were summarised per objective using the findings of the study. Recommendations for NGOs managing HIV/AIDS programmes were discussed by referring to the main objectives/aim of the study, reviewed literature and the findings of the study. The recommendations covered what should be done in managing a successful M&E system for HIV/AIDS programmes.

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Annexure(s)

Annexure A:

Letter of Information; request for permission to undertake research; permission letters; Letter of informed consent and correlations

Annexure B:

Research Questionnaire

DUT DURBAN UNIVERSITY OF TECHNOLOGY
INSTITUTIONAL RESEARCH ETHICS COMMITTEE

LETTER OF INFORMATION

Title of the Research Study: Monitoring and Evaluation of HIV and AIDS by Non-Governmental Organisations: A case study of uMngeni Local Municipality, KwaZulu Natal, South Africa.

Principal Investigator/s/researcher: Trust Mapfumo, B Sc. Hons: Sociology

Co-Investigator/s/supervisor/s: Dr I Govender, D Admin., B Sc., B Com., MBA, CFP, LLB

Dear Participant,

I am a registered student at the Durban University of Technology in the Department of Public Management. I am currently pursuing a Master's Degree in Public Management and the primary component deals with a research-based investigation which necessitates, inter alia, field work and data collection. My topic is entitled Monitoring and Evaluation of HIV and AIDS programmes implemented by Non-Governmental Organisations: A case study of uMngeni Local Municipality, KwaZulu Natal, South Africa. The main purpose of this study is to evaluate the current information management systems and reporting mechanisms of organisations implementing HIV/AIDS programs in uMngeni Local Municipality

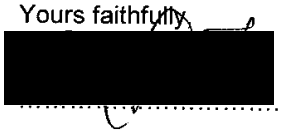
Would you agree to complete a questionnaire for the study? The questionnaire will take approximately 15-20 minutes. Participation is voluntary and you are free to withdraw from the study at any time without giving reasons, and without prejudice or any adverse consequences. The information you give will only be used for research purposes and will be aggregated with other responses and only the overall or average information will be used. Your identity and individual answers will be kept totally confidential. Should you wish to discuss this further please feel free to contact me or my supervisor (Dr I. Govender, telephone: 031 373 5694 or email to: ivang@dut.ac.za, or the IREC Administrator, Lavisha Deonarian: 031 373 2900 or LavishaD@dut.ac.za).

Your assistance will be much appreciated,

I.....,have adequately discussed the study with the researcher, understand that I may withdraw from it at any time without giving reasons, and voluntarily agree to participate by completing a questionnaire.

Signature.....Date:.....

Yours faithfully,



13/08/14

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DUT DURBAN UNIVERSITY OF TECHNOLOGY
INSTITUTIONAL RESEARCH ETHICS COMMITTEE

CONSENT

Statement of Agreement to Participate in the Research Study: Monitoring and Evaluation of HIV and AIDS by Non-Governmental Organisations: A case study of uMngeni Local Municipality, KwaZulu Natal, South Africa..

- I hereby confirm that I have been informed by the researcher, Trust Mapfumo, about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant	Date	Time	Signature / Right Thumbprint

I, _____ (name of researcher) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher	Date	Signature
[redacted]	13/08/14	[redacted]

Full Name of Witness (If applicable)	Date	Signature

Full Name of Legal Guardian (If applicable)	Date	Signature

Dear Sir/Madam

Ref: REQUEST FOR A PERMISSION TO UNDERTAKE RESEARCH

I am a registered student at the Durban University of Technology in the Department of Public Management. I am currently pursuing a Master's Degree in Public Management and the primary component deals with a research-based investigation which necessitates, inter alia, field work and data collection. My topic is entitled Monitoring and Evaluation of HIV and AIDS programmes implemented by Non-Governmental Organisations: A case study of uMngeni Local Municipality, KwaZulu Natal, South Africa. The main purpose of this study is to evaluate the current information management systems and reporting mechanisms of organisations implementing HIV/AIDS programs in uMngeni Local Municipality.

I would like to request program/project officers/managers, monitoring and evaluation managers/officers, data capturers from your organisation to participate in this research. Participation of the respondents will be voluntary with an option of withdrawing at any stage of the process and there will be no negative consequences linked to non-participation. An informed consent will be requested before the respondents' participates in this research. Please rest assured that participants' responses will be treated with utmost confidentiality and will not be divulged to any other party. Interviews and questionnaires will be used to collect data from participants. In addition, a brief summary of the main report and findings will be made available to your municipality on the completion of this project.

Your co-operation in assisting me with this important component of my study would be highly appreciated. If there are any queries, please do not hesitate to contact me on 0780674291/ 033 3424425 / email: mapfumot@gmail.com or my supervisor Dr. I Govender on 031-3735694/ 0836532121/ email:ivang@dut.ac.za. I take this opportunity of again thanking you in advance for enable me to complete this project.

Yours Sincerely

[redacted] 13/08/14

Trust Mapfumo (Mr.)

HIV/AIDS MINISTRY
PO Box 495, Howick, 3290
Tel: +27 33 330 5943
Fax: 0866739724
E-mail:
NPO Registration no: 032-733
PBO Number: 930003873

Date:09/06/2014

Dear Trust

REF: REQUEST TO CONDUCT RESEACH

This letter serves to confirm that permission to conduct research with Ethembeni HIV/AIDS Ministry has been granted.

Thank you

Thembelihle Nzimande

[redacted]

Programme Coordinator

Howick Hospice

Member of KwaZulu Natal Hospice Association

7 MANSFIELD ROAD, HOWICK

TEL/FAX: (033) 3305257
E-MAIL : howkhosp@sai.co.za

P.O. BOX 819
HOWICK
3290

MR. TRUST MAPFUMO

BY HAND

5th May, 2014

Dear Trust,

Re : YOUR RESEARCH PROJECT

The purpose of this letter is simply to confirm that Howick Hospice Association will be happy to participate in the Monitoring and Evaluation research project which you propose to conduct in the uMngeni Local Municipality area.

We look forward to being of assistance to you in your work.

Yours sincerely,

[redacted]

G.L. SMITHERS (Mrs.)
H.R. Manager/Administrator

Registered as a Non profit Organisation under the Nonprofit Organisation Act, 1977: Reg. No. 002-413 NPO

POSTAL
PO Box 1279
Howick 3290
KwaZulu-Natal
South Africa

Masibumbane Mission
2089 Inside Street
Mpophomeni, KwaZulu-Natal
Tel: 033 238 1763
Fax: 033 343 1601
Email: rlk@futurenet.co.za
masibumbane@gmail.org

Cell: .....

6 June 2014

Dear Trust,

Re: Request for Permission to do Research

The purpose of this letter is simply to confirm that Masibumbane Mission will be happy to participate in the Monitoring and Evaluation research project which you propose to conduct in the uMngeni Local Municipality area.

We look forward to being of assistance to you in your work.

Thank you,

Kind Regards

[redacted]

Friends for Life

Physical Address : Mpophomeni Community Hall, Nelson Mandela Highway, 3291
Postal Address : P.O.Box 10007, Merrivale, South Africa, 3291
Telephone : (033) 238 0780
Fax : (033) 238 0780
Email :fflhowick@gmail.com
Reg023-274-NPO

25/6/2014

Dear Trust,

This letter serves to confirm that we are happy to participate in your proposed research project.

We are looking forward to work with you on your project,

Zodwa Patricia Malinga(Friends for Life Management Committee)

Cell: 0826950964/0791941975

Email:zakhelex@webmail.co.za/fflhowick@gmail.com

[redacted]

UMngeni Gender & Paralegal Center

Trading as Mpophomeni Gender and Paralegal Office

03 July 2014

Dear Trust

Please be advised that our organisation is willing to participate in your research project and we hope to learn more about Monitoring and Evaluation of projects from the research project,

Good luck with your studies

Thank you,

Musa Khanyile

Signature: [redacted]

Project Coordinator

Zenzeleni Community Project

2691 Nelson Mandela Highway
Mpophomeni Township
3291

Tel/Fax: 033-2380934
NPO Registration No. 034-239

P O Box 1235
Howick
3290

26 June 2014

Dear - Mr. Trust

REF : Request for permission to conduct research with our organisation

We as Zenzeleni Community Project would like to confirm that we will participate in your research. We hope this will be a learn process for you and us as well

NB PLEASE TAKE NOTE THAT IT WILL BE GOOD TO SHARE WITH US YOUR FINDINGS AND RECOMMENDATIONS AS THIS WILL HELP US TO SEE WHERE ARE WE AND WHAT WE HAVE TO IMPROVE

Yours in Peace and Development

Bonginkosi Ndlovu [redacted]

Zenzeleni Project – Coordinator

033 2380934/ 0728639605

[illegible]
P.O. Box [illegible] 3290
TEL: [illegible]

A2668 LAMGALIBALELE STREET
MPOPHOMENI TOWNSHIP
MERRIVALE
3291

DEAR TRUST

WE ARE WRITTING THIS LETTER AS A SIZAMAMI MEMBERS TO COMFIRM THAT WE AGREE WITH YOU TO DO YOUR RESEARCH IN OUR ORGAMIZATION. WE ARE WILLING TO GIVE YOU AMY SUPPORT IF NECESSARY.

YOURS SINCERELY
O.B. MASEKO (Cordinator)
[redacted]

Sizanani W.S Group
2668 Langalibalele Road
Mpophomeni
Date 27/06/2014

			Computers	Offices	M&E Expertise	M&E Staff	Statistics Skills	Transport	The organisation has a formal M&E Plan	M&E plans are not required for small projects	We don't have financial resources to design our M&E plan
Spearman's	Computers	Correlation Coefficient	1.000	1.000**	.569	.569	.447	.569	.441		.432
		Sig. (2-tailed)			.182	.182	.374	.182	.322		.333
		N	7	7	7	7	6	7	7	6	7
	Offices	Correlation Coefficient	1.000**	1.000	.569	.569	.447	.569	.441		.432
		Sig. (2-tailed)			.182	.182	.374	.182	.322		.333
		N	7	7	7						
	M&E Expertise	Correlation Coefficient	.569	.569	1.000						
		Sig. (2-tailed)	.182	.182							
		N	7	7	7						
	M&E Staff	Correlation Coefficient	.569	.569	-.011	1.000	.707	.189	.301	.730	.453
		Sig. (2-tailed)	.182	.182	.981		.116	.685	.511	.099	.307
		N	7	7	7	7	6	7	7	6	7
	Statistics Skills	Correlation Coefficient	.447	.447	0.000	.707	1.000	.693	.527	-.167	.422
		Sig. (2-tailed)	.374	.374	1.000	.116		.127	.283	.789	.405
		N	6	6	6	6	6	6	6	5	6
	Transport	Correlation Coefficient	.569	.569	.833*	.189	.693	1.000	.904**	-.365	-.137
		Sig. (2-tailed)	.182	.182	.020	.685	.127		.005	.477	.770
		N	7	7	7	7	6	7	7	6	7
	The organisation has a formal M&E Plan	Correlation Coefficient	.441	.441	.732	.301	.527	.904**	1.000	-.033	-.367
		Sig. (2-tailed)	.322	.322	.062	.511	.283	.005		.950	.417
		N	7	7	7	7	6	7	7	6	7
	M&E plans are not required for small projects	Correlation Coefficient			-.274	.730	-.167	-.365	-.033	1.000	.194
		Sig. (2-tailed)			.599	.099	.789	.477	.950		.713
		N	6	6	6	6	5	6	6	6	6
	We don't have financial resources to design our M&E plan	Correlation Coefficient	.432	.432	-.274	.453	.422	-.137	-.367	.194	1.000
		Sig. (2-tailed)	.333	.333	.552	.307	.405	.770	.417	.713	
		N	7	7	7	7	6	7	7	6	7
	We don't have skills to design a M&E plan	Correlation Coefficient	.342	.342	-.300	.678	.693	-.011	.215	.367	.137
		Sig. (2-tailed)	.453	.453	.513	.094	.127	.981	.643	.475	.770
		N	7	7	7	7	6	7	7	6	7
	Government Departments	Correlation Coefficient	-.342	-.342	.367	-.333	0.000	.433	.387	-.167	-.285
		Sig. (2-tailed)	.453	.453	.419	.465	1.000	.331	.391	.752	.536
		N	7	7	7	7	6	7	7	6	7
	Donors/Funders	Correlation Coefficient	.764*	.764*	.422	.422	.115	.273	.385	.424	.024
		Sig. (2-tailed)	.046	.046	.345	.345	.828	.553	.394	.402	.960
		N	7	7	7	7	6	7	7	6	7
	Programme Team/Staff	Correlation Coefficient	-.167	-.167	-.114	-.114	-.447	-.342	0.000	.424	-.540
		Sig. (2-tailed)	.721	.721	.808	.808	.374	.453	1.000	.402	.211
		N	7	7	7	7	6	7	7	6	7
	Community	Correlation Coefficient	-.316	-.316	0.000	-.500	-.707	-.490	-.671	-.167	.112
		Sig. (2-tailed)	.541	.541	1.000	.312	.116	.324	.145	.789	.833
		N	6	6	6	6	6	6	6	5	6
	Beneficiaries	Correlation Coefficient	-.258	-.258	-.176	-.176	-.707	-.529	-.683	.112	.251
		Sig. (2-tailed)	.576	.576	.705	.705	.116	.222	.091	.833	.587
		N	7	7	7	7	6	7	7	6	7
	Specific data to be collected	Correlation Coefficient									
		Sig. (2-tailed)									
		N	7	7	7	7	6	7	7	6	7
	Frequency of data collection	Correlation Coefficient									
		Sig. (2-tailed)									
		N	7	7	7	7	6	7	7	6	7
	The individual accountable for M&E	Correlation Coefficient									
		Sig. (2-tailed)									
		N	7	7	7	7	6	7	7	6	7
	Schedule of M&E activities	Correlation Coefficient									
		Sig. (2-tailed)									
		N	7	7	7	7	6	7	7	6	7
	Plan to disseminate findings	Correlation Coefficient	-.200	-.200	-.141	-.141	-.612	-.424	-.141	.559	-.548
		Sig. (2-tailed)	.704	.704	.789	.789	.272	.402	.789	.327	.261
		N	6	6	6	6	5	6	6	5	6
	Individuals responsible for specific M&E activities	Correlation Coefficient	-.167	-.167	.569	-.683		.569	.441	-.707	-.540
		Sig. (2-tailed)	.721	.721	.182	.091		.182	.322	.116	.211
		N	7	7	7	7	6	7	7	6	7

the blue line splits the results as a mirror image

only use values below the blue line

***. Correlation is significant at the 0.01 level (2-tailed).*

**. Correlation is significant at the 0.05 level (2-tailed).*

Annexure 3

RESEARCH QUESTIONNAIRE

Title: Monitoring and Evaluation of HIV and AIDS programmes by Non-Governmental Organisations: A case study of uMngeni Local Municipality, KwaZulu Natal, South Africa

Instruction(s): Please indicate your level of agreement with the opinion expressed in the statements below by marking the appropriate box with a (X)

BIOGRAPHICAL INFORMATION

a) Name of organisation	
b) Position in the organisation	
c) Number of Years employed in the organisation	
d) Gender	
e) Age	
f) Race	

1. MONITORING AND EVALUATION (M&E) SYSTEMS

1.1. What type of HIV/AIDS programme does your organisation manage?

a) Care and Treatment	
b) Gender Based Violence	
c) Orphans and Vulnerable Children	
d) Human Rights and Advocacy	
e) Prevention/Behaviour Change Communication	

1.2. How many years has the organisation been involved in managing HIV/AIDS programmes?

0 to 4	5 to 9	10 to 15	16 to 20	Greater than 20

1.3. The organisation has the following resources to undertake M&E.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) Computers					
b) Offices					
c) M&E Expertise					
d) M&E Staff					
e) Statistics Skills					
f) Transport					

1.4. M&E Plan.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) The organisation has a formal M&E Plan					
b) M&E plans are not required for small projects					
c) We don't have financial resources to design our M&E plan					
d) We don't have skills to design a M&E plan					

1.5. The following stakeholders should be involved in designing the M&E Plan:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) Government Departments					
b) Donors/Funders					
c) Programme Team/Staff					
d) Community					
e) Beneficiaries					

f) Are there any other stakeholders that should be involved in designing the M&E Plan?

1.6. The following should be included in the M&E Plan.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) Specific data to be collected					
b) Frequency of data collection					
c) The individual accountable for M&E					
d) Schedule of M&E activities					
e) Plan to disseminate findings					
f) Individuals responsible for specific M&E activities					
g) Tools to be used for M&E activities					

1.7. The percentage of the total programme budget allocated to M&E activities is:

a) Less than 5%	
b) 5 to 9%	
c) More than 10%	

1.8 M&E PERFORMANCE MANAGEMENT

	Never	**Monthly**	**Quarterly(After 3 months)**	**Bi annually (After 6 months)**	**Annually(After 12 months)**
a) Planned budgets are monitored against actual expenditure.					
b) Programme targets are compared against actual expenditure.					
c) Staff performance is monitored.					
d) Programmes /projects are evaluated.					

1.9. M&E ORGANISATIONAL ISSUES

The organisation:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) Sets outcomes to be monitored and evaluated					
b) Sets key performance indicators to be monitored					
c) Has M&E capacity development plan					
d) Use M&E findings to make decisions					
e) Uses the logical framework approach is used in managing the M&E of projects.					

1.10. Please discuss any other framework/method(s) you use for monitoring and evaluation of your programmes.

1.11. How do you document and disseminate lessons learned from programme monitoring and evaluations?

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2. DATA QUALITY MANAGEMENT

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) Organisation has documented data quality control measures.					
b) There is a documented data back-up procedure.					

c) Recording and reporting of programme activities avoids double counting.					
d) Follow up on incomplete information is conducted.					
e) Programme registers are completed as required.					
f) Organisation conducts regular data quality audits.					
g) Organisation conducts data verification.					
h) Feedback is provided to all staff on the quality of their reporting.					
i) Programme/project staff understand all the selected indicators.					
j) Programme/project staff were trained on how to use data collection and information reporting tools.					
k) Reporting tools have clear instructions on how to collect and report data.					
l) The indicator reference sheet was shared with all programme staff.					

3. REPORTING MECHANISMS

3.1	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
a) The organisation has standard reporting tools.					
b) Regular reports are produced according to funder requirements.					
c) Stakeholders receive reports timeously.					

d) Reports are used to make internal decisions.					
e) Stakeholders use reports to make decisions.					
f) Feedback is systematically provided to all sub-reporting levels on the quality of their reports.					
g) Data is available on a regular basis to inform program Management decisions.					
h) There is a schedule of data collection, collation, analysis and reporting in Place that meets program management needs.					
i) Data is reported as soon as possible after collection.					
j) Date of collection is clearly identified in reports.					
k) Reported data adequately represent performance.					

3.2. The following tools are used to collect data:

	Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
a) Medical Records.					
b) Intake/Enrolment form.					
c) Registers (e.g., Tick Register).					
d) Individual manual notebooks.					

e) Please comment on other tools that you are using which are not listed above

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3.3. My organisation uses Information and Communications Technology (ICT) to do the following:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) Compiling reports					
b) To analyse programme data					
c) Data storage					
d) Statistical analysis					
e) Capture programme data					
f) Communicate findings through emails					

3.4 What ICT is used by your organisation?

3.5. Monitoring and evaluation findings are shown by:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) Displaying on the organisation's notice board.					
b) Reporting to donors/funders.					
c) Scheduling community meetings.					
d) Report to programme staff					

e) Sharing in newsletters					
f) Reporting to beneficiaries					
g) We don't disseminate findings					

4. Challenges and general monitoring and evaluation issues

4.1.	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
a) Different funders have different reporting requirements.					
b) Assigned targets are difficult to understand.					
c) Selected indicators are difficult to understand.					
d) The organisation lacks M&E skills.					
e) Implementing M&E activities is time consuming.					
f) M&E is not given the relevant importance.					
g) The budget to carry out M&E activities is inadequate.					
h) M&E requirements for funders are very detailed.					
i) Posts dedicated to M&E are vacant.					

4.2. Please list any additional M&E challenges that are being faced by your organisation.

4.3. Please comment on any other M&E issues.

THANK YOU FOR YOUR COOPERATION IN COMPLETING THIS QUESTIONNAIRE