



**ST. MARY'S UNIVERSITY
SCHOOL OF GRADUATE STUDIES**

**PRACTICES AND CHALLENGES OF MONITORING AND
EVALUATION PRACTICE IN EXPANDED PROGRAM FOR
IMMUNIZATION PROJECT: THE CASE OF PUBLIC HEALTH
CENTERS, ADDIS ABABA, ETHIOPIA.**

**BY
ALI MEKONNEN FARIS**

JUNE, 2017

ADDIS ABABA, ETHIOPIA

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**A THESIS SUBMITTED TO ST. MARY'S UNIVERSITY, SCHOOL OF
GRADUATE STUDIES IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER
OF BUSINESS ADMINISTRATION IN PROJECT MANAGEMENT**

JUNE 2017

ADDIS ABABA, ETHIOPIA

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DECLARATION

I, Ali Mekonnen, hereby declare that the thesis entitled “an assessment on practice and challenges associated with monitoring & evaluation practice of EPI project: the case of public health centers, Addis Ababa”, submitted by me to the award of the degree of Master of project management form St. Mary’s University School of Graduates Addis Ababa, is original work and it hasn’t been presented for the award of any other Degree, Diploma, fellowship or other similar titles of any other similar titles of any other university or institutions.

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ENDORSEMENT

This thesis has been submitted to St. Mary's University, School of Graduate Studies for examination with my approval as a University advisor.

Advisor

Signature and Date

ACKNOWLEDGMENTS

First and foremost I would like to thank Allah (S.W) for enabling me to complete this paper. Alhamdulillah! My special and heartfelt thanks go to my advisor Tiruneh Legesse (Assistant Professor) for his advice, guidance and constructive feedback in the course of conducting this study. I wish to acknowledge the officials and staff of FMoH and Addis Ababa public health center staffs for providing me information and documents as well.

I would also like to extend my gratitude to my mother Halima Ali, you were there for me during all my walks of life and you have played significant role in an incredible way. I am grateful too to my beloved brothers Edris Mekonnen, Dr Awol Seid , Abdulqadir Mekonnen, and Sister Hajira MuhammedAmin for her continuous support and advice and Semira Abdulmenan.

I would also like to express my heartfelt thanks to my entire friends, among them, Mohammed Mohammednur (Assistant Professor), Ali Nury and Sadik Mohammed who encouraged and supported me in completing this thesis.

ACRONYMS

CHIS	Community Health Information System
DPT	Diphtheria-Pertussis-Tetanus vaccine
EPI	Expanded Program for Immunization
FMoH	Federal Ministry of Health
HepB	Hepatitis B
Hib	Hemophilus influenza type B
HMIS	Health Management Information System
HSTP	Health Sector Transformation Plan
L10K	The Last Ten Kilometers project
MDG	Millennium Development Goal
OPV	Oral Polio Vaccine
PHC	Public Health Center
RIIP	Routine Immunization Improvement Plan
SPSS	Statistical packages for social science
TT	Tetanus Toxoid vaccine
UNDP	United Nation Development Program
UNICEF	United Nation Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WB	World Bank

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ABSTRACT

Monitoring and Evaluation practices are very essential to deliver the project/program based on the interest of all stakeholders. It is also important for effective and efficient implementation of the program. Even if monitoring and evaluation is important, it is not known how and to what extent public health centers are practicing monitoring and evaluation in the context of Expanded Program for Immunization (EPI) program of and the challenges. This research, thus, is in the very rationale of assessing the practice and challenges associated with M&E practices of EPI program in public health center with a purpose of filling this gap. Following a review of the literatures related to the problem understudy, a survey questioner was developed and distributed to 24 public health centers. Finally, 101 respondents filled in and returned the questioner properly and the target population of the study was staffs of the selected public health centers. This research employed simple random sampling technique for acquisition of quantitative data. SPSS version 20 was applied for processing and analysis purpose. All the six challenges were found related to M&E practice by health staffs. Another important finding was that the M&E practice of the study organization was more or less good. However supportive supervision, using the guideline properly, is performed in moderately appropriate way to M&E practice. Given the finding, M&E inputs should be well planned for practicing according to the guideline.

Key words: M&E practice, challenges of M&E practice, input for M&E practice, Addis Ababa, Ethiopia.

CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

The conceptualization of project Monitoring and Evaluation (M&E) has evolved over time and has mirrored the paradigm shifts that have occurred in management of projects (Nyonje, Ndunge, & Mulwa, 2012). In the 1950s, M&E practice was dominated by a strong emphasis on prudent utilization of resources, reflecting the social scientific trend of the era (Rodgers & Williams, 2006). The focus of M&E then, sought to concentrate on lived experiences, and give voice to as many stakeholders in a consensus-shaping evaluation process (Schwandt & Burgon, 2006). The effective project monitoring and evaluation enhances the basis for evidence-based project management decisions. M&E itself as a management function, consists four key activities: M&E Planning, M&E Training, Baseline surveys and Information systems (Ogula, 2002).

The Expanded Program for Immunization (EPI) was launched by the Ethiopian government Federal Ministry of Health (FMoH) in 1980, with the goal of increasing immunization coverage by 10% annually and achieves 100% Diphtheria-Pertussis Toxin Vaccine 3 (DPT3) coverage by 19.9% (FMoH, 2009). The public health centers in Ethiopia provide widely immunization vaccines for children's and adults health care services. In addition to this, they have an obligation to report M&E performance based on the scheduled frame work for stakeholders.

M&E process assists the public sector organization and stakeholders in evaluating their performance and identifying challenges which contribute to the outcome. M&E helps to provide an evidence base for public resource allocation decision and helps identify how challenges should be addressed and successes replicated (M&E system 2007).

Successful monitoring and evaluation incorporated with projects /programs in the early stage. It focuses on out comes relevant to the aim and objectives of the project and examines the efficiency without bias. M&E is the use of social science methods to collect, interpret and communicate information about the effectiveness of social project/program, which are initiated to improve human condition (World Bank 2002).

In Ethiopia, M&E is part of health sector transformation plan (HSTP) and are widely implemented in the country by the Federal Minister of Health. The M&E department made

different assessment in the country in broad manner but not focused specifically on public health center monitoring and evaluation practice and challenges to practice the M&E.

Therefore, this study aimed to assess the monitoring and evaluation practice in expanded immunization program and the challenges that affect the programs in the selected public health centers in Addis Ababa, Ethiopian.

1.2 Statement of the Problem

Convicted of the relevance of monitoring to accomplish the program, the EPI adopts a detailed and structured mechanism. The Immunization program is monitored monthly through health facilities that utilize immunization monitoring charts posted at the facility and health officer for ease monitoring the EPI Program (cMYP, 2015). Moreover, the quarter review meetings of the EPI integrated with surveillance consequence made in EPI implemented health centers. The review meeting conducted at all levels of the health structure jointly with EPI partners. National EPI coverage surveys are also conducted every three to five years to see the broader status of vaccination for the major priority vaccines (cMYP, 2015).

All these do not move forward smoothly and without having couple of obstacles. The performance of the EPI very often faces challenges. Resource limitation, among others, has long been hindering the regular and periodical supervision undertaken by the hierarchical level of health administrations (cMYP, 2015). The other challenge would be related to the technological infrastructure. To facilitate this EPI is integrated into the Community Health Information System (CHIS). However the adopted technology based management system itself creates challenges. The major challenges identified in the Health Management Information System (HMIS) include delay in implementation of CHIS in pastoralist and urban areas, inadequate use of data quality assurance mechanisms at district and facility levels, inadequate coordination with stakeholders and partners at region level, gap in establishment and functioning of performance review teams, poor documentation and dissemination of monitoring and evaluation, routine information, surveys, surveillance and operational research findings; and limited practice of experience sharing and scale up of best practices (cMYP, 2015).

The major aim of monitoring and evaluation is to determine the relevance and fulfillment of project objectives, developmental efficiency, effectiveness, impact and sustainability based on Project/program M&E guide (IFRCS, 2011).

Appropriate monitoring and evaluation is instrumental component of government, public offices or non-profit organizations' project oriented actions. It assists project managers measure progress, promote accountability, ensuring implementation compliance to plan & policies, organizational learning and sustainability of the intervention. Nonetheless, many studies conducted by UNDP and other concerned institutions revealed that proper and regular monitoring and evaluation is underestimated among African countries. It is well recognized that Ethiopia is registered as fastest growing countries in Africa, embarking and undertaking highly ambitious Growth and Transformation Plans (GTP1 & GTP2)

Capturing and Communicating best practices and intervention results to external concerned body is one of the core outputs of M&E. However, extensive literature and studies reached a conclusion that there is poor documentation and publication practice of project results and best practices by most government ministers. This limitation is viewed as a major obstacle in sharing accomplishment and challenges of development endeavors to community and relevant government stakeholders for learning and accountability reasons. Hence, assessing the current information gathering, recording and dissemination trends of the project, shall certainly bring light to the issue towards improved M&E practice from this point forward.

Thus, to understand the practices of M&E is expected to draw valuable lessons and to suggest constructive recommendations and propositions. Therefore, acutely examining M&E practice of M&E and challenges shall contribute in minimizing the existing knowledge hole on the subject matter. This in turn is expected to encourage best practices and contribute mitigating and also challenges of M&E associated.

1.3 Research Questions

In conducting this study, the following questions were raised:

1. What is the existing monitoring and evaluation practice of EPI program of public health centers in Addis Ababa, Ethiopia?
2. What inputs/resources are in place for monitoring and evaluation of EPI program in public health centers in Addis Ababa, Ethiopia?
3. What are the monitoring and evaluation practice challenges of EPI program of public health center in Addis Ababa, Ethiopia?

1.4 Objectives of the Study

1.4.1 General Objective

The overall purpose of this study was to assess the practice and challenges affecting M&E practice of EPI project of public health centers of Addis Ababa, Ethiopia.

1.4.2 Specific Objectives

Specifically the study focused to achieve the following objectives:

- i. To assess the existence of input (resources) for M&E practice of EPI program of public health center in Addis Ababa
- ii. To assess the practice of M&E practice in immunizations program of public health center in Addis Ababa
- iii. To assess the challenges associated with M&E practice of EPI program of public health center in Addis Ababa

1.5 Significance of the Study

Conducting this assessment has much help the public health centers to understand the gap and challenges in EPI program of M&E practice. It also helps and contributes in filling the information gap that exists in M&E practices of the explained program. More over this research contributes on the country effort towards achieving the EPI project through measuring the practice of M&E for further improvement. To future researchers, this paper may be stepping stone for further study in the area as their guide and help the public health centers to review the M&E practice of other programs.

1.6 Scope of the Study

Due to countless constraints, the scope of this research was to assess the M&E practice and challenges of only 24 public health centers located in Gulele, Bole, Adsis Ketema, Arada and Kirkos sub cities and currently working on EPI program. As a result the research finding may not be generalized for all public health centers executing EPI program in Addis Ababa. The major target population of the research was those health workers and team members of the public health centers which are part of the EPI project only.

1.7 Limitation of the Study

This research has the following major limitations. Geographically this study has cover only the M&E practices of EPI project in those public health centers located in Addis Ababa city. Conceptually this study was assessing the M&E practices of the public health center under study even if there are many concepts related with project management and should be assessed. The major target populations of the research were those health workers and team members of the public health centers which are part of the EPI project

1.8 Organization of the Study

The thesis has five chapters. The first chapter includes the introductory issues about the research, what the problem in question is, the researchers purpose, brief overview about the methodology, the research objective and the research questions to be answered, definition of terms and concepts used in the study and the significance for undertaking this research.

The second chapter also has devoted to literature to the area under study so as to better understand concepts, theories and related to M&E. The third chapter devoted to research methodology in a bit more detail than what is discussed in the introduction part while the fourth chapter is dedicated to data presentation, analysis and findings.

The final chapter (chapter five) concludes the topic under discussion with concluding remarks and recommendation

1.9 Definitions of Terms

The following definitions are provided to ensure uniformity and understanding of these terms throughout the study:

Monitoring: Monitoring is the continuous checking of the main elements of project such as: inputs, activities and outputs, through regular reporting. Checking the planned implementation against the actual implementation, in order to be able to report on how the project is progressing and if there is need for corrective action and to facilitate decision making (McCoy et al., 2005).

Evaluation: Evaluation is the periodic that could be end term or midterm to decide whether the project goal and objectives meet or not (Duignan, 2003).

Practice: Practice is the actual application or use of monitoring and evaluation practice within the organization (Gyorkos 2002).

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

Through the process of monitoring and evaluation, a project is a temporary endeavor undertaken to create a unique product, service, or result (PMI, 2013). Since the purpose of this paper is to understand the M&E practice of EPI and the challenges that associated with it, it is important to understand the concept of M&E in general. Moreover, a good program/project is integrally linked to well-designed M&E practice and most of organization in the world tries or attempt to develop and implement M&E practice throughout project initiation, planning, execution and closure either from the scratch or by learning lessons from other project implementations.

2.2 Theoretical Literature Review

2.2.1 Definition of Monitoring and Evaluation

As the combined reference of these two terms, i.e. Monitoring and Evaluation, as simply can be observed in a number of literature suggest they can be put in one comprehensive definition. This goes to the level where it creates a considerable degree of challenge that which refers what and one cannot exist without the other. To this assertion, for instance, World Health Organization (WHO) seemingly preferred to apply what their combined definition included. Accordingly, monitoring and evaluation includes a comprehensive framework that addresses indicator selection, related data sources, and analysis and synthesis practices, including quality assessment, performance review, communication and use (WHO, 2011). There are, however, preferences that others try to put a separate and precise definition for the individual terms. European Union, a project by its nature, widely known in providing large scale of funds for a number of projects defines Monitoring and Evaluation independently. For its 2016 evaluation report on Evaluation of Instrument for Pre-accession Assistance (IPA) Information & Communication Programmes, the European Union, hence, define Monitoring and Evaluation from their operational perspective as follow, respectively, a definition that can practically be applicable for all types of projects.

Monitoring uses systematic collection of data on specified indicators to provide the management and the main stakeholder of an on-going intervention with indications of the extent of progress and achievement of objectives and progress in the use of allocated funds (European Union, 2016). Evaluation is a systematic and objective assessment of on-going or completed interventions (actions/policies), their design, implementation and results according to the following criteria: relevance, effectiveness, efficiency, sustainability, impact, coherence and EU added-value. It assesses how well a specific measure has worked (or is working) and whether it is still justified or should be changed (European Union, 2016).

2.2.2 General Overview of Monitoring and Evaluation

A planned project should come to an end. All planned projects, to come to an end, however, should be well intended, organized, stuffed with all and relevant inputs. Two indispensable and inherently inseparable elements of all these, M&E, make not only the job done but satisfactorily accomplished. A Monitoring and Evaluation practice represents all the things that need to be undertaken before, during and after program implementation, in order to track and measure progress (and success) in achieving the goal (Brown, 2016).

A number of challenges compel, for different and respective reasons, a certain project goes well and comes, finally, to a conclusion. Organizational decision making stakeholders, among others, could be taken as leading challenges to practically observe how a given project is underway desiring to ensure that programs are accomplishing their intended purpose (Hogan, 2007). The intended accomplishment of a program inherently demands both Monitoring which takes place when the program is implemented, and evaluation at the end of the project (World Bank, 2013). Evaluation, depending of the type of program in progress, can also be carried out while the program or the project is in its active status. Moreover, thinking and agreeing on the purposes, or the uses, of Monitoring and Evaluation practice will help develop a common understanding of why it is being done. Is it for the accountability to the funder? Will it support the decision-making or inform the next phase of the project? Or is it mainly meant for wider, external learning (Pasanen & Shaxson, 2016).

2.2.2.1 Monitoring

Many scholars and organizations define Monitoring in different ways. International Federation of Red Cross and Red Crescent Societies (IFRC, 2011) define it as “the routine collection and analysis of information to track progress against set plans and check

compliance to established standards. It helps identify trends and patterns, adapts strategies and inform decisions for project/programme management” (IFRS 2011, p 30). On the other hand, monitoring has also, in short, been defined as the process of data collection and measurement of progress toward program objectives (Catherman, 2013). Furthermore, OECD also define monitoring as A continuing function that uses systematic collection of data on specified indicators to provide management and the main stakeholders of an ongoing development intervention with indications of the extent of progress and achievement of objectives and progress in the use of allocated funds (OECD, 2011). This paper defines monitoring by adopting Anne Garbutt’s definition of monitoring which reads as “ Monitoring can be defined as a continuous, methodical process of data collection and information gathering, throughout the life of a project ... for the purpose of regular evaluation of the project progress, so that adjustment can be made while the work is going on...” (A.Garbutt, 2013).

2.2.2.2 Evaluation

Same as Monitoring, Evaluation was defined by different organizations and scholars differently for the purpose of the evaluation which they were conducted. For instance, (Anne Garbutt, 2013) defines evaluation as “a learning and management tool; assessing what has taken place in order to improve future work... determine how far objectives have been achieved and whether the initial assumptions about what would happen were right; and, to make judgments about effectiveness, efficiency, impact and sustainability of the work.” Additionally, (Catherman, 2013) also defines “Evaluation is the periodic assessment of changes in desired outcomes that can be attributable to a program’s interventions. The aim is to determine the relevance and fulfillment of objectives, developmental 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 (OCDE, 2008). Evaluation involves identifying and reflecting upon the effects of what has been done, and judging their worth. Their findings allow project/programme managers, beneficiaries, partners, donors and other project/programme stakeholders to learn from the experience and improve future interventions (IFRC, 2011).

There are common types of evaluations outlined on IFRS project/ program monitoring and evaluation guideline (IFRS, 2011) and listed as follows:

TABLE2.1:Summary of Major Evaluation Types
<i>According to evaluation timing</i>
<ol style="list-style-type: none"> 1. Formative Evaluations: occur during project/ programme implementation to improve performance and assess compliance. 2. Summative Evaluations: occur at the end of project/programme implementation to assess effectiveness and impact. 3. Midterm Evaluations: are formative in purpose and occur mid-way through implementation. 4. Final Evaluations: are summative in purpose and are conducted (often externally) at the completion of project/programme implementation to assess how well the project/programme achieved its intended objectives. 5. Ex-post Evaluations: are conducted sometime after implementation to assess long-term impact and sustainability.
<i>According to who conducts the evaluation</i>
<ol style="list-style-type: none"> 1. Internal or self-evaluations: are conducted by those responsible for implementing a project/programme 2. External or independent Evaluations: are conducted by evaluator (s) outside of the implementing team, lending it a degree of objectivity and often technical expertise. 3. Participatory Evaluations: are conducted with the beneficiaries and other key stakeholders, and can be empowering, building their capacity, ownership and support. 4. Joint Evaluations: are conducted collaboratively by more than one implementing partner, and can help build consensus at different levels, credibility and joint support.

Sources: IFRS (2011)

2.2.3 Practice of M&E in Ethiopia

Ethiopia as a country in development progress, to detach itself from a history old and chronic-level poverty, continues receiving wide range of foreign aids. Varieties of small and large scale projects are underway across the country funded by both governmental and nongovernmental partnership. How do the overall situations of these programs' performances look like as far as Monitoring and Evaluation are concerned in the country? Addressing this very crucial but overreaching question does not seem likely as the task needs a nationwide and centralized mechanism to assess and disclose, a difficult task and what the state of Ethiopia lacks. However going through spectrum of plainly representative projects here and there, the country's Monitoring and Evaluation overview indicates a positive outlook. In a

project that planned to address the issue related to universal health coverage, for instance, the monitoring and evaluation record bore witness that the country showed significant progress (Alebachew, Hatt, Kukla, 2014). The World Health Organization (WHO2014) assessment of its EPI program indicates not only the positive progress record of the program but also the high level of monitoring of the program through the Ministerial Delivery Unit and national Command Post structures of the Federal Ministry of Health (WHO, 2014).

2.2.4 Monitoring and Evaluation Practice

Project or program Monitoring and Evaluation (PM&E) is an embedded concept in every part of a project or program. It integrates both monitoring and evaluation to each project process groups which gets information from previous monitoring process to understand the ways in which the project or program implemented to achieve the goal of the project or program by developing or stimulating changes needed. It contributes to improving the implementation of projects by enabling continuous feedback of their performance, allowing for the identification of problems as they arise (Wegayehu2014).

The following which is described below are the best practices associated with monitoring and evaluation practice

2.2.4.1 Inputs for Monitoring and Evaluation

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

2.2.4.2 Human Resources

Human resources on the project should be given clear job allocation and designation is suitable to their expertise, if they are inadequate then training for the requisite skills should be arranged. For projects with staff that are sent out in the field to carry out project activities on their own there is a need for constant and intensive on-site support to the outfield staff (Reijeret,P.,Chalimb, el.t. 2002).

2.2.4.3 Materials Resources

Material resources are important to get addressed in terms of numbers, such as number of people reached, number of trainings carried out, number of materials distributed (Hugesd' Aeth, 2002). Other resources such as attendances, people served, is best captured by a standardized form then information is aggregated at regular intervals (Gyorko, 2002). Materials distributed can be one of the crucial things in this process. This material resource facilitates the implementation areas and also facilitates data entry of the information. These actual inputs at specified periods such as monthly are then compared with planned.

2.2.4.4 Training on Monitoring and Evaluation

Training in monitoring and evaluation practice is one of the essential processes of an organization for best outcomes. Training employees in required skills can achieve quality (Tannenbanumet.al, 1991). Training is central to the development of work system that aims to increase the contribution of the employees to the production of process (Brum, 2007 and Keep, 2002).

Employees enter into training programs with specific expectation and needs. According to (Muhammad. 2013), the relevance of training also plays an important role in establishing employee commitment. Research on this element of commitment indicates that training can play an integral role in building a sense of debt to the organizing. According to (Keep, 2002), organizations that train their employees consistently have better outcomes than those that do not.

In governmental organization, employees enter in to training with expectations and desires. When these expectations and desires are fulfilled, then the employees are able to better identify with the organizations (Brum, 2007 and Owoyemi, 2001).

In M&E literature, many authors emphasize the need for training the team as part of the system adopted. Formal training contributes to ensuring that goals, limitations, pre-conditions, requirements and components of M&E are understood, and allows staff to develop the necessary implementation skills. Some authors argue that all team members should practice M&E in the field in order to assure the appropriate learning of techniques.

2.2.4.5 Monitoring and Evaluation Supervision

Supportive supervision is one of the core issues of monitoring and evaluation practice and provides a feedback on a daily basis by the immediate supervisor. According to (Dessler, 2005) and (Rees, 2004), the skill and experiences of the supervisors are critical to an employee career as they help to enhance performance standards and basic activities.

In literature, Current supportive supervision particularly in monitoring and evaluation process brings great outputs and plays a key role in project team performance. According to (Dessler, 2005) taking the monitoring and evaluation supervision approach helps to meet the organization desire towards its goals. Supportive supervision can provide an opportunity to clarify for employees what paths they can follow within the organization to meet objectives. According to (Smeenk, 2006) if any organization provides constant supportive supervision and gives valuable feedback, employees are to be committed to the organization goals.

2.2.4.6 Formatting and Scheduling

Monitoring and evaluation practice the primary document to guide the design of the monitoring system in terms of the detailed tasks and resources that need to be controlled in order for the project to achieve its time, cost, and performance goal (wegayehu, 2014). The core of monitoring and Evaluation, in general, comprises data gathering and analysis and so as to gather data properly one need to employ in appropriate formatting with associated specific scheduling.

According to (AAU, 2009) defines formatting as the range of approaches used to gather data which are to be used as a basis for inference and interpretation, for explanation and prediction. There are many kinds of formatting to gather monitoring and evaluation data. Some are used to monitor & evaluate the progress of the project targets; some help to assess project/program structure and organization and others serve to assess the effects of the program activities on people (Samuel 2010).

2.2.4.7 Monitoring and Evaluation Guideline

As it is not likely to be a spontaneous uptake by individuals or institutions simply because it has a rational and persuasive appeal, understanding the existing prevailing policy situation is essential to carry out monitoring and evaluation (Rachel H., et al., 2013).

Over the last decades WHO has a platform and guideline for M&E practice to deliver and control the inputs and activities of the project (WHO, 2002). According to the (HSTP, 2015) improving health and health related regulatory system focuses on ensuring safety in the delivery of health services, products and practices as well as accreditation of professionals.

Among the recent information about the guideline of health programs, regulation and standards offers considerable scope for good and better implementation. And also setting standards and monitoring adherence through regular inspection and accreditations at varying levels will be strengthened to facilitate higher compliance with evidence (Universal immunization program book, 2010, p.16).

2.2.5 Comparing Monitoring and Evaluation

The main difference between monitoring and evaluation is their timing and focus of assessment. Monitoring is ongoing and tends to focus on what is happening. On the other hand, evaluations are conducted at specific points in time to assess how well it happened and what difference it made. Monitoring data is typically used by managers for ongoing project/programme implementation, tracking outputs, budgets, compliance with procedures, etc. Evaluations may also inform implementation (e.g. a midterm evaluation), but they are less frequent and examine larger changes (outcomes) that require more methodological analysis, such as the impact and relevance of an intervention (IFRS, 2011). It also states that “Recognizing their differences, it is also important to remember that both monitoring and evaluation are integrally linked; monitoring typically provides data for evaluation, and elements of evaluation (assessment) occur when monitoring”(IFRS, 2011 p.43).

2.2.6 Why is Monitoring and Evaluation Needed?

If someone asks why and what is the purpose of that M&E? The usual answer to this is a combination of accountability and learning in order to improve performance (Nigel & Rachel, 2010). Monitoring and evaluating organization practices are necessary to improve and enhance the quality of existing programs; government organizations particularly health organization, because of large amount of found they are facing increasing requirements to provide evidence and report to support their performance. According to (McDonald, 2003), monitoring and evaluation helps organizations to:

- ✚ Assess efficiency and effectiveness of a program;
- ✚ Refine and improve an existing program;
- ✚ Decide whether to continue or replicate an initiative;
- ✚ Contribute to the established evidence base; and

Justify the program or initiative and to help procure further funding. For these reasons, it is important that organizations devote resources towards improving their monitoring and evaluation process, as well as their capacity (Eccles & Gootman, 2002).

If you don't care about how you are doing or about what impact you are having, why bother to do it at all? Monitoring and evaluation enable you to assess the quality and impact of your work, against your action plans and your strategic plan. Program managers may wish to monitor or evaluate their activities for different reasons. The following are frequently noted World Bank Operational Evaluation Department (WBOED, 2000).

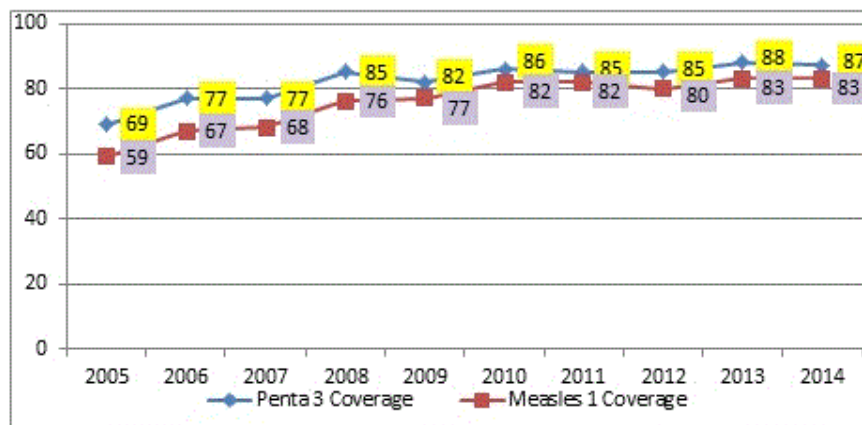
On the other hand large and small organizations should monitor and evaluate their projects/programs to have its benefit which is outlined in project/ program monitoring and evaluation guideline (IFRS,2011) , according to this guideline performing monitoring and evaluation to any project/ programme will be important to the organization because:

- It Support project/programme implementation with accurate, evidence based reporting that informs management and decision-making to guide and improve project/programme performance.
- It Contribute to organizational learning and knowledge sharing by reflecting upon and sharing experiences and lessons so that can gain the full benefit from what do and how organization do it.
- It Uphold accountability and compliance by demonstrating whether or not the work has been carried out as agreed and in compliance with established objectives.
- It Provide opportunities for stakeholder feedback, especially beneficiaries, to provide input into and perceptions of work, modeling openness to criticism, and willingness to learn from experiences and to adapt to changing needs.
- It Promote and celebrate the work by highlighting, accomplishments and achievements of contributing to resource mobilization.

2.3 Empirical Literature Review

2.3.1 EPI program Content, Implementation, Support and Monitoring

EPI, abbreviated form of Expanded Program Immunization, was a part of global policies for immunization and establishment of the goal of providing universal immunization for all children established in 1977, first targeting diseases such as diphtheria, whooping cough, tetanus, measles, poliomyelitis and tuberculosis (WHO, 2013). Three years since its foundation the program launched its activity in Ethiopia in 1980 with the six traditional antigens provided for children below two years of age (WHO, 2015) with the objective of increasing the coverage by 10% annually (cMYP, 2015). The program at its inception aimed to increase the third dose of Diphtheria, Pertussis & Tetanus vaccine (DPT-3) coverage by 10% every year achieving 100% by the year 1990. Between 2003 and 2010, DPT-3 coverage increased from 52% to 80%. In 2013 and 2014, immunization coverage reached 87% and 83% coverage, respectively, for Penta3. The evaluation of vaccination coverage for Penta3 and MCV1 through routine immunization for the last ten years is depicted in the figure below (WHO, 2015).



Source: Administrative Vaccination Data (Federal Ministry of Health, Ethiopia)

World Health Organization (WHO) provides technical and financial support to the Federal Ministry of Health's Expanded Program on Immunization (EPI). WHO supported the FMoH in the development of the national policy guideline and planning documents, capacity strengthening and coordination, implementation and program management, and played a key advocacy role in the formation of the newly established EPI case team within the Federal Ministry of Health and continues to provide ongoing technical support to the team. The WHO Ethiopia Country Office EPI support to the Federal Ministry of Health in 2014 focused on

four key priorities: interrupting and sustaining polio eradication status, routine immunization strengthening, accelerated disease control and improving data quality (WHO, 2014). WHO Ethiopia also supported the set-up of the National and Regional Command Posts, and the National EPI Task Force under the leadership of the FMOH. Significant support has been provided in polio eradication in response to a confirmed wild polio virus (WPV) outbreak in 2013 through heightened advocacy, supplemental immunization activities and new case monitoring and intensified surveillance (WHO, 2015). Implementation of the national routine immunization improvement plan 2014-2015, was accelerated in 2014. 51 poor-medium performing zones were identified and Technical Assistants (TAs) deployed to support the respective Zonal Health Departments; WCO deployed 25 of the TAs (10 under a CDC START project). Immunizations in Practice modules were updated and training facilitated at zonal level (WHO, 2014). The program's 2014 report shows that it adopted proper mechanism to monitor the implementation of the program in the preplanned system. The report claimed precisely that, for example, strengthening of monitoring and supervision was done through development and implementation of a monitoring dash board in Somali to determine level of preparedness for SIAs, deployment of more supervisors in hard to reach areas and refining of tools to expand on reasons for absent children (WHO, 2014).

2.3.2 Challenges in Monitoring and Evaluation Practice

There are many misconceptions and myths surrounding M&E namely: it's difficult, expensive, requires high level skills, time and resource intensive, it is only comes at the end of a project and it is someone else's responsibility (IFC, 2008). Although, IFC concern that there is often a sense of frustration because expectations of M&E activities appear to outstrip resources skill sets. This might relate to the context within which M&E is designed, who is responsible for designing the processes and who is responsible for the analysis. However more effective M&E is necessary to help government officials, development managers, and civil society organizations and funding entities to better plan their projects, improve progress, increase impact, and enhance learning (KPMG, 2014). Moreover, Planning project monitoring and evaluations early and incorporating it to project plans is key to identify and overcoming problems that will may come up against later and ensures that you make the most of your resources (Bates and Jones, 2012).

What makes the monitoring and evaluation of Government organization difficult? (IFC, 2008) The challenges that suggests certainly, not least because:

2.3.3 Lack of Senior Monitoring and Evaluation Support

Lack of adequate monitoring and evaluation expertise support is one area that has been highlighted by several scholars (Hughes d'Aeth, 2002). Support and supervision is the most important concern in such kinds of activity. Monitoring and evaluation requires specific skills and expertise such as monitoring and evaluation design skills particularly log frame design, indicator setting: both qualitative and quantitative, design of data collecting instruments including questionnaires, focus group discussion guides. Other necessary skills include data collection skills such as conducting interviews, conducting focus group discussion, data analysis and report writing skills (d'Aeth, 2002).

2.3.4 Failures of Understanding and Communication

The role of project staff varies at different organizations, but typically designing projects, analyzing problems, developing communication hierarchy evaluation frameworks, managing valuations, utilizing evaluations conducting operations research (ULGDP, 2009). In this process or activity miss understanding and communication barriers happened and it creates great challenges to perform monitoring and evaluation

2.3.5 Poor Cooperativeness

Neglecting pertinent stakeholders particularly staff members monitoring and evaluations could lead to a low degree of possession of findings and reduces the likelihood that project implementers will incorporate findings in decision-making processes. It also can lead to lack of collaboration, or even the development of an adversarial relationship, among beneficiaries, Monitoring and Evaluation experts, the government, donors, stakeholders and implementers (EMI, 2014).

2.3.6 Application of insufficient resources

Lack of adequate and insufficient resources to carry out monitoring and evaluation is another challenge faced. Most organizations lack adequate funding for their activities: this means that the little resources available are challenged to actual implementation of project activities: monitoring and evaluation are looked at as an expense that they cannot afford. If any is done then it is done superficially, just recording a few activities and irregularly (Hughes d'Aeth,

2002). Lack of funds means that organizations may not be in position to bring in external evaluators: they may not be able to adequately collect all the necessary data.

2.3.7 Lack of Focus

The other big challenge for monitoring and evaluation is Lack of focus on and throughout EPI process. Monitoring and Evaluation findings unless focused on doing things in the good manner with great attention it tends fail to improve project implementation and leads organization repeat the same mistakes they made on other projects (EMI, 2014).

2.4 Theoretical Framework

In development cooperation, current trends define M&E as an integral part of project cycle management. It is concerned with systematically measuring variables and processes over time (Wegayehu, 2014) and its main purpose according to (World Bank 2004), is to provide:

“Better means for learning from past experience, improving service delivery, planning and allocating resources, and demonstrating results as part of accountability to key stakeholders”(p.5).

M&E is one of the most significance tools for managing development project special health project in developing country like Ethiopia. And also it contributes to improving the implementations of projects through enabling continuous feedback of their performance; indicate how close with the planned objectives and allowing for the identification of problems as they arise. Furthermore, based on the Development Assistance Committee, Evaluation Quality Standards, M&E contributes to the quality of project management by providing information on:

How results (output, outcome, impact) are achieved and by assessing effectiveness, efficiency and relevance of a specific development intervention (Fekadu , 2011).

Based on the above information and grounds, it is important to notice that all the project team members must participate actively in the M&E process of their projects/programmes-for they are related to the various stakeholders and have a better idea as to how the project is being implemented. However, since M&E tends to put them on the ‘spot’ for they are the ones in charge of the ‘positive’ outcomes of the project – they might be hesitant and resistant to value and accept the learning objectives of M&E. In that respect, project staff and focal persons of the project have to be arranged to perform M&E of the projects by obtaining concepts and skills and by learning to accept it as a knowledge generating and sharing tool.

In M&E literature particularly in health M&E literature and many authors emphasize the need for training to the project staff members as part of the system adopted. Formal training contributes to ensuring that goals, limitations, pre-conditions, requirements and components of M&E are understood, and allows staff to develop the necessary implementation skills.

On the other hand, formal training cannot replace the learning process of project teams, which is necessary to internalize their own participatory approach, experiences demonstrates that knowing concepts and techniques of M&E is necessary, but does not automatically lead to committed practice (Samuel, 2001).

It is important then, to establish a stimulating and knowledge generating and sharing environment where staff members and responsible stake holders reflect, analyze and assume responsibility for the M&E process and its results. Thus, by carrying out M&E, staff members will be able to observe and reflect upon results on the spot, and to plan and act upon them while becoming participatory facilitators. While implementing M&E, they learn to identify for themselves and with other stakeholders those challenges that might have influenced the project. For instance, they have the chance to observe the adverse effects, reflect upon them, and then act accordingly. Likewise, they will be able to observe positive outcomes of the intervention and act upon their enhancement.

In conclusion, literature reflects that knowledge can be generated and shared by people through the assistance of an external facilitator in terms of team member ability to provide feedback to participants and bring a balance into their communication rhythms. Therefore, an external facilitator engaged in M&E processes implemented by project staff and managers can, through his or her relative distance to the project, help pinpoint biases, pre-conceptions, limitations and blind spots that emerge throughout the process. Based on these grounds, the research questions guide the study.

2.5 Conceptual Framework

As shown below on the diagram from the different literatures reviewed the researcher developed the following conceptual framework. Monitoring and evaluation is an aggregate and interconnected activities/process which includes all mentioned in the below figure. So when said monitoring and evaluation, it is the sum total of all the interrelated activities. The performance of the project/programme also has relations and affected by the effectiveness of

the M&E practice. And the diagram shown below displays the components of monitoring and evaluation practice.



Figure2.2: Conceptual framework, source: developed by the researcher

CHAPTER THREE: RESEARCH METHODOLOGY

In this section of research the paper presents the elements of research design and methodology applied in the study. It covers research design and approach, study population and sampling, sources of data, data collection instrument, procedure of data collection, data analysis procedure and data analysis method that are applied on the study are explained.

3.1 Research Design and Approach

Descriptive research design and quantitative approach is employed to describe what the current EPI project M&E practices appear. Quantitative approaches have assumptions about testing theories in protection against biases, controlling for alternative explanations and being able to generalize the replicate the finding. The researcher has chosen this design due to the fact that descriptive research deals with describing the state of affairs as it exists at present and it reports what has happened or what is happening (Kothari, 1990). According to the above major and core reasons for conducting this research to assess the M&E practice and challenges affecting the EPI program of the public health centers of Addis Ababa Ethiopia. For such type of research the recommended research design is the descriptive method. It is used to explain something as it is and to report.

3.2 Data Type and Source

Primary data is obtained distributing structured questionnaire to 101 staff of public health centers. The instruments were of choice to the researcher due to their ability to address wider size of samples and to understand the actual M&E practice the challenges in the public health center.

3.3 Study Setting and Population

The study was conducted in Addis Ababa, the capital city of Ethiopia. The City covers an area of 540 km². The City is organized in 10 administrative sub-cities and 28 woredas. According to the 2007 census, projected total populations of 3.35 million live in the city. Addis Ababa has 83 public health centers.

The source population for the study is health workers (health center staffs) working in public health center in Addis Ababa. The study population was senior staffs of monitoring and

evaluation department in public health centers that implemented the expanded immunization program in Addis Ababa Ethiopia during the study period. The study considered full functional public health centers that provided EPI service for at least one year. A public health center with no approval is excluded from study. Moreover, the staffs that are not enthusiastic to respond the questions also were not considered as part of the research.

3.4 Sampling Size and Target Population

The sample size is calculated using the single proportion formula for objective general practice of M&E program in public health center and the challenges associating with M&E practice.

In this research the researcher considered employees that are working now in the selected public health center in five sub-cities. These five sites are Gulele, Arada, Kirkos, Addis Ketema and Bole Sub Cities. Based on the data obtained from Addis Ababa health office there are 88 public health centers are available in all Sub Cities. The researcher selected public health center randomly from the selected sub cities. In addition to this selected public health centers has a total of 144 employees in these five sub cities. Because it is impossible to include the total population in the study the researcher selected some representative samples of the population. The sample size of the study is determined based on the following simplified formula proposed by Yamane (1997), as cited in Fisseha (2011) by considering the above size of target population:

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

When, n is sample size, N is the population size and e is the level of precision. A 95% confidence level and $e = 0.05$, is assumed for the purpose of determining sample size for this study. Accordingly, the sample size for the study is calculated as follows.

So: $N = (144)$

$$n = \frac{144}{1 + 144(0.05^2)} = 105.88 = 106$$

So the sample size of this study will be 101 staffs that are directly related with the EPI program.

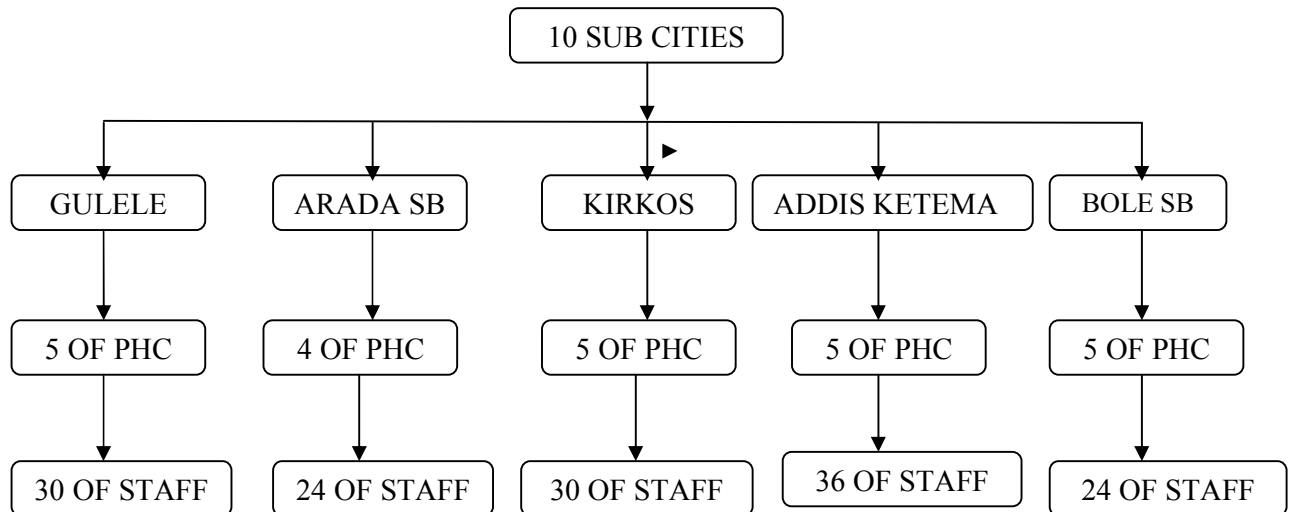


Figure 3.1 Methodological framework

3.5 Sampling Procedure

Multi-stage sampling was employed of the 10 sub-cities available in Addis Ababa; five sub-cities were selected using simple random sampling methods. Once the sub cities are selected, a total of 24 health centers were selected randomly, and be considered for the study where sample units are selected. The respondent was drawn from the aforementioned 24 public health centers staffs including EPI focal person and HMIS focal person and the health center head.

The explanation by (Kothari, 1990) in research methodology book complements the above rationale of this study for adopting the stratified sample design. Stratified sampling technique is applied to obtain a representative sample of the population.

The list of sub cities comprises the first stage of the sampling procedure; health centers were selected, on the second stage of the sampling the public health center was selected based on proportional method. And then individual respondents/sample units (third stage of the sampling) were performed from the targeted health centers, disaggregated by work activities from each health center.

Lastly, the staffs were asked to provide feedback on M&E practice in EIP in public health center. Figure-3.2 below shows the stages of the sampling procedure.

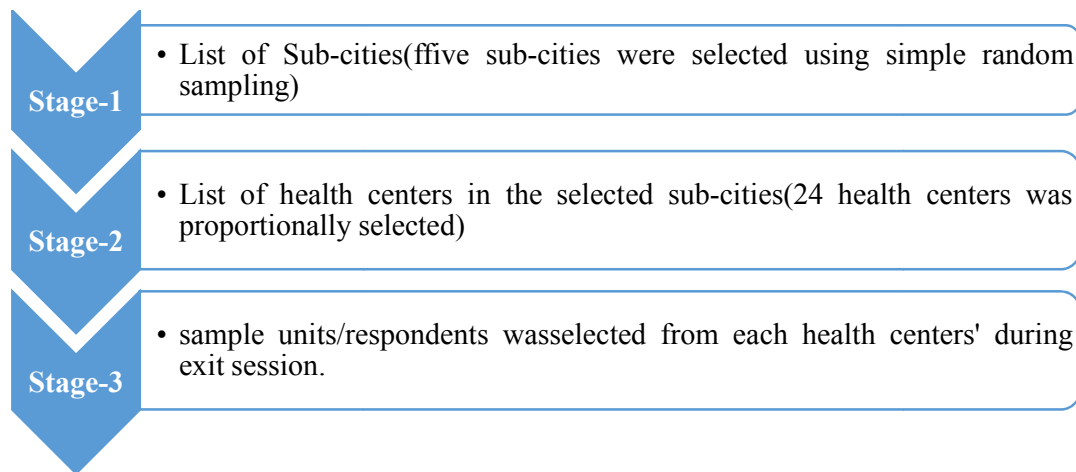


Figure-3.2 the stages of the sampling procedure

3.6 Data Collection Procedure

Variety of data-gathering methods data was collected using standard questionnaire specifically designed to capture responses to assess the M&E practices and challenges of EPI program in the public health. The practice of monitoring and evaluation in health center measured by using the Likert scale question that ranges from 1= strongly disagree to 5= strongly agree. It was also captured in two ways, one, captured by asking question of the overall M&E practice of the EPI program system, second question on the challenges that related to the practice.

3.7 Data Collection Instrument

Data was collected using standard questionnaire specifically designed to capture responses to assess the M&E practices and challenges of EPI program in the public health center Addis Ababa Ethiopia.

The practice of monitoring and evaluation in health center is measured using Likert scale question that ranges from 1= strongly disagree to 5= strongly agree. It will be captured through asking question on the overall M&E practice of EPI program and on the challenges that related to the practice.

The questionnaire has three parts: (1) socio-demographic characteristics; (2) series of questions on the different dimensions of M&E practice assessment; and (3) challenges related to assessment practices. The questionnaire is prepared in English. Reliability of the questionnaire is checked.

Data were edited manually, classified and then entered and organized using SPSS version 20 software. During data entry and prior to analysis, data were checked for entry errors and cleaned and analysis is done using same software.

3.8 Method of Data Analysis

The research focus on assessing the existing M&E practice of EPI program and its associated challenges in public health center using the practice and challenges that obtained from different literatures and journals. The five point likert scale is used to assess the practice and challenges of each health centers and descriptive statistical analysis for all objectives was conducted using SPSS 20 version.

3.9 Ethical Consideration

The ethical issues are seriously considered. The research material which is mentioned in this paper is properly cited, the confidentiality of information and willingness of the respondent are considered during data collection.

3.10 Validity and Reliability

According to (Kotari, 2004) the questionnaire's internal validity refers to its ability to measure what it intended to measures. In other word what find with the questionnaire actually represents the reality of what are measuring. For this research, validity of the questionnaire is assured by getting it reviewed and commented by professionals such as research advisers and M&E staffs. In addition to this, reliability refers to internal consistency involving the correlation of responses to each question in the questionnaire with those other questions in the questionnaire (Kotari 2004). Questionnaire was designed to ensure the respondent given at one set of question is consistently replied by the similar manner.

The Cronbach's Alpha test has used by researcher to compute and measure the reliability of the six variables in the given questionnaires. According to (Kothari, 2004), the cronbachs alpha result of 0.7 and above implies acceptable level of internal reliability. So, based on this assumption the consistency of thee instrument for 23 items tested 0.873. Thus, the crobachn alpha value of measurement under this research proved to be good (near to excellent) and can be concluded that the instrument consistency for the research is 87.3%.This shows that the instruments were reliable.

CHAPTER FOUR: RESULTS AND DISCUSSION

In this chapter, overviews of the data obtained in the study are presented, analyzed, interpreted and discussed. Descriptive statistics like frequencies and mean were used to analyze the data and the result finding from the questionnaires were analyzed using SPSS. The researcher used tables to present the result. The percentages are rounded off to the nearest values to show suitable meaning. Among the 106 questionnaires that were distributed to employees as a representative of the total population 101 questionnaires were properly filled and returned which is 95.4% response rate. The two sections in the questionnaire are described and analyzed and intended to obtain respondents' perception regarding the challenges of M&E practice. The first section deals with the demographic data of respondents. This analysis is conducted based on the conceptual framework that developed in chapter two.

4.1 Background characteristics of Respondents

A total of 101 health professionals were interviewed from 24 public health centers after five percent non-response rate was excluded. Respondents were Head of health center, EPI focal person, HMIS focal person or matron nurse. Majorities (71.3%) of respondents were female and the remaining was male. Pluralities (74.25%) of them were aged between 20 – 29 years; on average, respondents were 26 years of age (SD 4.6 years). Regarding their educational status, more than half (58.4%) had diploma while the remaining, 41.6% had BSC degree. Profession wise, most (68.3%) of interviewed professionals were nurses followed by public health officer and midwifery accounted for 17.8% and 13.9% respectively.

Table 4.1 Background profile of Respondents, Addis Ababa PHC,

Participants character		Frequency, n (%)
Age	20 - 29 years	75(74.25%)
	30 – 39 years	25(24.75%)
	40 and above years	1(1%)
	Median age	26
Sex	Male	29 (28.7%)
	Female	72 (71.3%)
Professional status	Public health	18 (17.8%)
	Nurse	69(68.3%)
	Midwifery	14(13.9%)
Educational level	Degree	42(41.6%)
	Diploma	59(58.4%)
Position	Head office	14(13.9%)
	EPI focal person	58(57.4%)
	HMIS focal person	20(19.8%)
	Matron nurse	9(8.9%)

Source: Questionnaire Survey (2017).

Among the total respondents, the majority 72(71.3%) were female and the rest 29(28.7%) were male. Concerning the age of the respondents, the median is taken and it is 27 because of the skewness of the age distribution. This shows that the study is represented by younger age group who provides good out puts and active on EPI program. Regarding respondents educational status, 59(58.4%) of the respondents are diploma holders and the remaining (41.6) % are first degree holders. Hence, this demonstrates that respondents are with minimum a diploma and would have the required capability to effective respond to the questions provided in the questionnaire.

Concerning their professional status: nurse, public health officer and midwifery accounted for 69(68.3%), 18(17.8%) and 14(13.9%) respectively. Interims of the participants positions, and also observed that 13.9% are the managerial position, while matron nurse is only 8.9 %. EPI focal officers who took part in this research, are represented by 57.4%, while HMIS focal person representing 19.8% of the respondent. From the above information all positions have been well represented in the study allowing the result to be all rounded by tapping into different perspectives of respondents coming from this wide range of position.

4.2 M&E Practice with it Input Availability

The following section deals with the assessment of input variables to run the M&E practice for EPI program. The researcher has focused on the availability of basic inputs with six questions which are believed to entail for M&E.

Table 4.2 Input Characteristics for EPI of Monitoring and Evaluation, Addis Ababa PHC

Input Characteristics	Likert scal	Frequency	Percentage
1 The HC assigns EPI focal person who is responsible for reviewing the performance and coordinate the activities	Strongly disagree	0	0
	Disagree	8	7.9%
	Neutral	4	4%
	Agree	88	87.9%
	Strongly agree	1	1%
	Total	101	100%
2 There are adequate amount of EPI cards (stock level 3 months)	Strongly disagree	0	0
	Disagree	83	82.2%
	Neutral	6	5.9%
	Agree	12	11.9%
	Strongly agree	0	0
	Total	101	100%
3 There is EPI register that will be used for at least next three months	Strongly agree	2	2%
	Disagree	85	84.2%
	Neutral	5	5%
	Agree	9	8.9%
	Strongly agree	0	0
	Total	101	100%
4 EPI recording and reporting guidelines are available (check, it could be integrated with other programs or separate)	Strongly disagree	0	0
	Disagree	15	14.9%
	Neutral	7	6.9%
	Agree	77	76.2%
	Strongly agree	2	2%
	Total	101	100%
5 The HC assigns HMIS focal person who collect and aggregate data and review prior to submission to next level	Strongly disagree	0	0
	Disagree	13	12.9%
	Neutral	5	5%
	Agree	83	82.2%
	Strongly agree	0	0
	Total	101	100%
6 Training on recording and reporting was given for all team members working on EPI	Strongly disagree	4	4%
	Disagree	78	77.2%
	Neutral	4	4%
	Agree	15	14.9%
	Strongly agree	0	0
	Total	101	100%

Source: Questionnaire Survey (2017).

The above table depicts the result about the inputs for the practice of monitoring and evaluation. With regard to this respondents were asked their opinion on whether the HC assign a focal person who review and coordinate the performance. According to the data, majority of the respondents, that constitute 88.2% confirmed with statement. This implies that the public health center has a focal person for reviewing and coordinating the performance and it helps for data quality and for better outputs.

On the same table respondents have forwarded their idea on adequacy of EPI cards on HCs. The data shows that more than 82% of the respondents responded negatively that shows the HCs are lacking enough EPI cards and if something wrong happen for HC the customer information may not record properly.

The analysis of input assessment for EPI program showed that the majority of workers in public health center responded at least disagree on points 2,3,6 as per listed in the table with respective figures 83(82%), 87(86.2%), and 82(81%) respectively. For the elements mentioned points tells us the responsible office must take care of and provide enough inputs for EPI program.

For further discussion, assignment of HMIS focal person per health facility is one of the prerequisite to strengthen program monitoring through supporting the staffs in recording and reporting and also facilitating data use for improvement. This assessment demonstrated that, majority (82.2%) of health centers had assigned HMIS focal person, which is in line with the national HMIS performance assessment conducted by FMOH in 2011, where 81.2% of health facilities assigned focal person. Recording and reporting tools are also the other pre-requisites to provide the service; however, only about a tenth of them have adequate format for next three months, which is very much lower than the 2011 assessment i.e>80%. Overall, the assessment revealed that only about half of the required inputs are fulfilled to run EPI M&E practice, which is supported by the same assessment that showed resources were low scoring at health facility level.

4.3 M&E Practice for EPI program

Table 4.3 EPI of Monitoring and Evaluation Training Status and Content, Addis Ababa PHC

Training		Likert scale	Frequency	Percentage
1	A plan for EPI training is available and given for staff in its application	Strongly disagree	0	0
		Disagree	6	5.9%
		Neutral	4	4.0%
		Agree	89	88.9%
		Strongly agree	2	2.0%
		Total	101	100%
2	Training is given for staff on how to register children on a tally sheet	Strongly disagree	0	0
		Disagree	16	15.9%
		Neutral	8	7.9%
		Agree	76	75.9%
		Strongly agree	1	1%
		Total	101	100%
3	Training is given on how to avoid double counting of infants received immunization service across Service Delivery Points	Strongly agree	2	2%
		Disagree	78	77.9%
		Neutral	4	4.0%
		Agree	16	15.9%
		Strongly agree	1	1%
		Total	101	100%
4	EPI focal person or health worker from EPI unit is given training on performance monitoring.	Strongly disagree	0	0
		Disagree	8	8%
		Neutral	2	2%
		Agree	89	88.1%
		Strongly agree	2	2%
		Total	101	100%

Source: Questionnaire Survey (2017).

The ideal way of providing training according to (Dessler, 2005) and Rees (2004), for employees is through making complete individual and organization need analysis.

According to the availability of training for question 1, is mostly agree 90% by respondent. This implies that the responsible department provides training opportunity for employees for better M&E process in the public health center. However 75.9% of the respondent agrees for

the exclusivity of the training. Providing training is not enough it must include all staff members.

For items 3 and 4 , the respondents have claimed that no training is provide for double counting of infants by responding 77.9%. This tells us the responsible body must aware of such kind of error and if it is not adjusted quickly the data output become totally false. The overall assessment of training has resulted modernly practiced.

Although training was mandatory to fill the knowledge gap and improve quality of recording and reporting, significant number of respondents (42%) claimed that EPI M&E or related trainings were not given for health workers who are working in EPI Unit. High turnover of trained staff particularly in urban areas such as Addis Ababa might contribute for the low training coverage.

4.4 Support and Supervision for M&E of EPI program

Table 4.4 EPI Monitoring and Evaluation for Support and Supervision, Addis Ababa PHC

Items (Support and Supervision)		Likert scale	Frequency	Percentage
1	Responsible staffs filled the registers promptly up on service delivery and correctly	Strongly disagree	4	4.0%
		Disagree	74	73.9%
		Neutral	4	4.0%
		Agree	19	18.3%
		Strongly agree	0	0
		Total	101	100%
2	Performance monitoring team is responsible for monitoring of the service delivery staff (as per standard).	Strongly disagree	0	0
		Disagree	9	8.9%
		Neutral	5	5%
		Agree	85	84.2%
		Strongly agree	2	2%
		Total	101	100%
3	EPI unit is responsible for applying of demographic data for planning and performance review	Strongly agree	0	0
		Disagree	21	20.8%
		Neutral	6	5.9%
		Agree	72	71.3%
		Strongly agree	2	2%
		Total	101	100%
4	There is a control mechanism on staff who uses HMIS for recording of an accurate and quality data	Strongly disagree	6	5.9%
		Disagree	78	77.2%
		Neutral	6	5.9%
		Agree	11	10.9%
		Strongly agree	0	0
		Total	101	100%

Source: Questionnaire Survey (2017).

Practices about M&E supervision and support in EPI program was assessed using four different questions, out of the total respondents, the answer about their practice on supervision and support has maximum values of 85(84.2%) and minimum value of 4(4.0%). It indicates that supervision was made within the M&E departments and they recommended and gave feedback for employees for better collaboration. For example frequency of respondents who answered positively out of four questions has minimum value 11(10.9%) for question number for and maximum value 87(86.2%) for question number two, and those who answered negatively out of four questions has minimum value of 9(8.9%) for question number two and maximum of 84(83.1%) for question number four, the maximum number of respondents with neutral answer is 6(5.9%) in question number three and four. And the minimum value is 4(4.0%) under question number 1. Those who disagree with the supportive and supervision did not have great influence so the researcher did not give them much consideration.

4.5 Formatting and Scheduling in M&E Practice of EPI program

Table 4.5 Formatting and Scheduling practice in EPI Monitoring and Evaluation, Addis Ababa PHC

Formatting and Scheduling		Likert scale	Frequency	Percentage
1	All medical records are filled completely	Strongly disagree	1	1%
		Disagree	47	46.5%
		Neutral	7	6.9%
		Agree	46	45.5%
		Strongly agree	0	0
		Total	101	100
2	MRs returned to MRU on daily basis after clients receive their service	Strongly disagree	0	0
		Disagree	15	14.9%
		Neutral	7	6.9%
		Agree	78	77.2%
		Strongly agree	0	0
		Total	101	100
3	Assigned person or one team member collected all required reportable data elements and provided to HMIS focal person monthly	Strongly agree	0	0
		Disagree	6	5.9%
		Neutral	4	4.0%
		Agree	91	90.1%
		Strongly agree		00
		Total	101	100
4	The EPI unit display EPI information and updated according to the reporting period	Strongly disagree	1	1%
		Disagree	28	27.7%
		Neutral	5	4.9%
		Agree	67	66.3%
		Strongly agree	0	0
		Total	101	100
5	Periodic supervision received from sub-city health offices	Strongly disagree	0	0
		Disagree	72	71.3%
		Neutral	5	5.0%
		Agree	24	23.8%
		Strongly agree	0	0
		Total	101	100

Source: Questionnaire Survey (2017)

Practices about formatting and scheduling for EPI program was evaluated using five different questions, out of five questions, the answer of respondents about their practices on formatting and scheduling is positive dominance in question number 2,3,4 with the value of 78(77.2%),91(90.1%) and 67(66.3%) respectively. This indicates that formatting and scheduling practice is in very good standards, Answer of participants on question number 1 has comparable figure for negative and positive response. It also shows that half of medical forms were incomplete and half of those were filled completely, it is directly related to personal problem. The health workers are somehow ignoring to follow the format and this leads to resource wastages.

On the other hand, those who answered negatively predominates in question number 1 and 5 with the maximum value of 72(71.3%) in question number 5. For this concept the high level of management must visit and give recommendation and feedback for those who worked in EPI program at health center level.

Although the overall recording and reporting practice of immunization program is better than the other components, the assessment showed that filling medical record completely and using and filling the registers promptly up on service delivery were lower. The finding is inconsistent with the system assessment of FMOH, which showed only half of assessed sited filled medical records completely. The low performance might be explained as knowledge gap or inadequate training on recording and reporting and poor perception of staffs towards recording and reporting.

EPI program is one of the scheduled programs that required proper client monitoring and follow-up; nevertheless, the M&E practice of the program doesn't enable service providers to trace defaulters, and dropouts. Furthermore, the system doesn't allow easily identification of repeat visits to avoid double counting. In general using the guide line is the low scored piece among the components. The low training coverage, lack of adequate formats and the poor recording and reporting practice might contribute for the poor following of M&E practice among others.

4.6 Guideline as M&E practice for EPI program

Table 4.6 Guideline use for EPI Program Improvement, Addis Ababa PHC

Guideline		Likert scale	Frequency	Percentage
1	Clear guideline is given for registration that enable me to discharge my responsibility	Strongly disagree	7	6.9%
		Disagree	4	4.0%
		Neutral	0	0
		Agree	88	87.1%
		Strongly agree	2	2%
		Total	101	100
2	The EPI program's guideline is very detail and it encompasses all the necessary issues of the M&E process.	Strongly disagree	6	5.9%
		Disagree	9	8.9%
		Neutral	0	0
		Agree	86	85.1%
		Strongly agree	0	0
		Total	101	100
3	Guideline given by the supervisors are strictly adhered by the performance monitoring team	Strongly agree	10	10.1%
		Disagree	72	72.5%
		Neutral	0	0
		Agree	10	10.1
		Strongly agree	8	8.03
		Total	101	100
4	The guideline has simplified the monitoring and evaluation of the EPI program	Strongly disagree	12	11.9%
		Disagree	84	83.2%
		Neutral	0	0
		Agree	4	4.2%
		Strongly agree	1	1%
		Total	101	100
5	The guidelines are consistent to identification and tracking mechanism for "drop out" and "lost to follow-up" cases	Strongly disagree	3	3%
		Disagree	76	75.2%
		Neutral	6	5.9%
		Agree	16	15.8%
		Strongly agree	0	0
		Total	101	100

Source: Questionnaire Survey (2017)

To monitor and evaluate programs guidance for the implementation team of the project play a vital role for the successful implementation of a project. The use of guidelines for EPI program was assessed using four different points and respondents have shown their degree of agreement. Accordingly, the above table, item 1 shows, 89.1% of the respondent confirmed that there is a clear guideline that facilitates the M&E practice. While insignificant, 10% of them replied negatively. This clearly indicates the existence of guideline in the EPI program.

On the same table respondents were asked on whether the EPI program's guideline is very detail that encompasses all the necessary issues of the M&E process. According to majority of the respondents that accounts for 85%, the guideline being given by the EPI program is comprehensive that incorporates all the issues required for Monitoring & Evaluation practice while the remaining respondents that are 15% of them have negatively responded. This implies that the implementation team can rely on the guideline for its practicing the M & E effectively.

Even though the a guideline is in place it should not be for the sake of existence rather everybody engaged in the M&E program needs to adhere to it and act accordingly. Coming to EPI case, workers engaged in the program have forwarded their opinion on this issue. As per the data displayed on table no 6, there is a problem associated with adherence of the guidelines supported by more than 82% of all the M&E team. From the analysis, it is possible to understand that the guideline is only for documentation although it is well and comprehensively prepared.

Finally, when a guideline is followed in a proper way and the team is acting accordingly, the M&E practices become simplified and successful. In the above analyses respondents expressed the extent to which the guideline has simplified the monitoring and evaluation of the EPI program. However, according to majority 95 % of the respondents, the guideline being given by the focal persons could not make the M&E practice easy and simplified.

Collectively, the data from the analysis shows that there is a practice of developing a detail and comprehensive guideline on how to practice the M&E program in the EPI project; however, since there is a gap on complying the guideline being given, it could not help simplify the monitoring and Evaluation process of EPI program.

4.7 Challenges associated with M&E practice

Table 4.7 challenges that affect EPI Program M&E practice, Addis Ababa PHC

Items (challenges)	Likert scale	Frequency	Percentage
1 Lack of senior management support from M&E department	Strongly disagree	2	2%
	Disagree	29	28.7%
	Neutral	4	4%
	Agree	66	65.3%
	Strongly agree	0	0
	Total	101	100
2 Failures of understanding and communication can be taken as a challenge	Strongly disagree	0	0
	Disagree	16	15.8%
	Neutral	5	5%
	Agree	75	74.3%
	Strongly agree	5	5%
	Total	101	100
3 Poor cooperativeness on the job during EPI activities	Strongly agree	0	0
	Disagree	18	17.8%
	Neutral	8	7.9%
	Agree	75	74.3%
	Strongly agree	0	0
	Total	101	100
4 Inconsistent use of checklist for successful implementation	Strongly disagree	3	3%
	Disagree	22	21.8%
	Neutral	8	7.9%
	Agree	68	67.3%
	Strongly agree	0	0
	Total	101	100
5 Lack of focus on and throughout EPI process	Strongly disagree	0	0
	Disagree	12	11.9%
	Neutral	5	5%
	Agree	82	81.2%
	Strongly agree	2	2%
	Total	101	100
6 Application of insufficient resources particularly for EPI activities	Strongly disagree	0	0
	Disagree	15	14.9
	Neutral	9	8.9%
	Agree	76	75.2%
	Strongly agree	1	1%
	Total	101	100

Source: Questionnaire Survey (2017)

Monitoring and evaluation practice is highly exposed to different challenges. It is not different for EPI to confront with such challenge as do in other project undertakings.

Participants of the study forwarded their opinion towards the challenges in their monitoring and evaluation practice of EPI program using six items displayed in the above table. For the first question majority of the respondents that account for 65% believed that there was a challenge associated with the support of senior management. However, a significant percent of them that account 30.7% of respondents were opposing the idea. This implies that EPI project lacks senior management support and motivation from M & E department.

With respect to communication and common understanding among the M&E team, the data shows that most of the respondents considered failure of communication and common understanding as a major challenge. This was supported by 79.3% of the respondents which indicating that the project is challenge in implementing the M&E program.

If a project is to be successfully monitored and evaluated stakeholders around it need to have a finger print contributions by cooperating the M & E team in providing the required data. On the same table participants were asked the extent to which stakeholders involved in the EPI activities are cooperative. Majority of the respondents, accounting for 74.3 %, asserted that poor cooperativeness of people is among the major challenges observed in the EPI Programs, while 17.8 % of them are agreed on the idea. Generally, it can be understood that lack of cooperativeness on the work area is an obstacle that affects the effective Monitoring and evaluation program of EPI project.

M&E program requires having consistent use of checklist for evaluating the project. However, when the M&E team is using the evaluation checklists inconsistently the ultimate result of the program becomes frustrated and inconsistent. With regard to this, participants of this study have expressed their idea on whether the evaluation checklists are consistently used by the M&E team. To this question 67.3 % of the respondents replied that there is a problem associated with the consistent usage of the evaluation checklist among the evaluation team. And the remaining percent of respondents maintained opposite ideas even some of them didn't give any idea. From this analysis it is clearly known that the EPI program is facing a challenge on the implementation of its project.

Furthermore, the data shows the respondents' feedbacks on the level of commitment those teams had throughout the EPI process. Accordingly, 83.2% of the participants confirmed that there was lack of commitment by the M&E team during the EPI process.

Finally, adequacy of resource enabled and facilitated the execution and success of project evaluation. The above table shows that more than 76% of the respondents believed that the concerned body didn't apply adequate resources for the effective implementation of the EPI program. Minor percent of the participants maintained the opposite idea on the raised question.

To sum up the challenges encountered during the EPI program includes Lack of senior management support from M&E department, inconsistent use of checklist, poor cooperativeness among the work team, lack of understanding and communication, lack of the desired level of commitment during EPI process, and insufficient resources allocation for EPI activities.

As a final point the challenges that affect EPI program M&E practice are allocation of insufficient resources for EPI activities, lack of attention and emphasis for EPI program, poor communication and lack of coordination among team members were the reported as the major challenges where nearly three quarter or more respondents agreed. In addition, about two third of respondents have agreed that lack of senior management support for EPI M&E department and lack of checklist for program monitoring are also challenges that influence EPI program M&E implementation.

CHAPTER FIVE: CONCLUSION AND RECOMMENDATION

5.1 CONCLUSION

The research tried to assess the monitoring and evaluation practice of the EPI project. Based on the collected data through the questionnaire, the following core findings were obtained. Overall, it can be said that the existing monitoring and evaluation practice of the EPI program of public health in the study area is good.

Based on the findings discussed in the previous chapter, the following conclusions are drawn in line with the objective and research questions to be answered.

For the first research question, the analysis of input assessment revealed that the majority of respondents disagreed on the availability of input as described on points 2, 3, and 6 for the EPI program. This shows that there is a great gap in the availability of resources for monitoring and evaluation of the EPI program in the studied public health centers. It may be because of a shortage of budget and a shortage of funds from the donor. In conclusion, there is sufficient input like assigned focal person, HMIS focal person, and EPI reporting and recording cards. However, there is a shortage of EPI stock cards and EPI cards for level III months, and a limitation of training packages on recording and reporting for all team members.

Regarding the assessment of practice using four parameters: training, supervision and support, formatting and scheduling, and use of guidelines, the current study showed that there is good practice on EPI training, formatting and scheduling, but for the use of guidelines, there is a gap, and this gap comes from personal carelessness. This is based on respondents' answers for each question. On the other hand, there is a little gap on supervision and support. Overall, we can say that the existing monitoring and evaluation practice of the EPI program of public health in the study area is good.

With regard to the assessment of the least research questions, based on the participants' responses on challenges, it is positive on all listed items. That means the entire public health worker agreed on the challenges, but varied with the magnitude of response. These will give insight for the responsible body to give emphasis on those points in improving their practice.

Finally, from the health workers' point of view, the six M&E challenges occur during the practice of M&E, but the magnitude varies from public health to public health. This indicates

that the responsible body did not give any focus for such kinds of challenges to improve the M&E practice.

In general, to conclude this section:

- The data show that there is a practice of developing a detail and comprehensive guideline on how to practice the M&E program in the EPI project and the implementation team can rely on it for the M&E practice effectively. However, it is less followed by most of evaluation team and most respondents believed that the guideline is only for documentation although it is well and comprehensively prepared.
- The analysis also indicates, since there is a gap on complying with the guideline being given, it could not help them simplify the monitoring and Evaluation process of EPI program.
- With respect to challenges in the M&E practice, several challenges are evidenced from the study. Among others, inadequate senior management support, less cooperative work area and the like.
- Moreover, lack of commitment by the evaluating teams an obstacle that affects the effective monitoring and evaluation program of EPI project.
- From this analysis it is clearly known that the EPI program is facing a challenge on the implementation of its project.

5.2 RECOMMENDATIONS

The data analysis and conclusion in the preceding sections provide some insight about the overall result of the study. Based on this, recommendations have been made for each gap identified to increase the performance of EPI program.

- The Addis Ababa Health office should consistently provide adequate amount of EPI level III month card, EPI register card and training on recording and reporting.
- As it is mentioned in the findings, there is a need to have training programs on prevention of double counting. Through and by supporting technological advance the double counting problem can be solving or reducing. If all the public health centers are connected to each other within the network the double counting problem solve.
- To facilitate the registration process of child or mother and to minimize the time consuming, appropriate measure should be taken to improve the registry process. For example if one room ready for simple immunization activity and then the chronic one may get chance to take its immunization drug.
- To control the data quality and managing the HMIS activity everyone must have its own login account, and if someone abuses the data, it is easy to identify who is uses inappropriate manner, and also can control supervision practice.
- With regards to supportive supervision, the Addis Ababa health office and FMOH should take a visit supportive supervision and also give feedback for EPI program workers. Supervision helps to monitor and evaluation the health workers, if they did not get the correct feedback the output that uses for country report goes wrong.
- There should be a mechanism to identify and track drop out the immunization receiver form the health center, for example, by receiving his or her phone number and emergency contact and also by collaborating with kebeles officers.

In general

To close the gap between the practice and the theories, the public health center and all stakeholders should look in to its practices and take evaluation, restructuring and corrective actions. If the organization takes the recommendations in to considerations, it would be possible to support the organization performance.

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APPENDIX

SM. UNIVERSITY
PROJECT MANAGEMENT GRADUATE PROGRAM
SURVEY QUATIONNAIRE

Introduction and Consent Form

Dear respondent,

The purpose of this questionnaire is to collect information for the study entitled **Assessment on practice and challenges associated in M&E practice of public health center: the case of expanded program of immunization (EPI) project, Addis Ababa, Ethiopia**. The study is a requirement for achieving master degree. Your response to each question is indispensable for the effectiveness of this study. The researcher would like to assure you that your response to the questionnaire would be kept confidential and it has no intention except for academic purpose. Please don't write your name or any personal identifier on the questionnaire. For any clarification needed, please contact me on the below telephone number.

Thank you in advance

Yours Sincerely

Ali Mekonnen

Mobile: - 0938387078 / 0935260879454587

If you have any concerns or question about the study, please let me know and I will explain you.

Do you get informed consent obtained: **1 = Yes** **2 = No**

Date: _____

Instructions: Please refer/consider/ the EPI projects in your public health center Addis Ababa that you are working and answer the following question. For each of the questions, please tick[x] in the provided space the most suitable answer using the given scale. Please also answer all the questions to enhance the objectivity of the research

Section I: PERSONAL DETAILS OF THE RESPONDENT

Interview Say: "I am going to start by asking you some questions about your background information."

S.N	Questions	Response	
100	Questionnaire number (include sub-city and HC code)	Questionnaire # ____ ____	
101	Sub-city Name	01 = Arada 02 = Gulele 03 = Bole 04 = Kirkos 05 = Addis Ketema	
102	Health facility Name	_____	

103	Interviewer full name	_____	
104	Date Interview Performed (<i>DD/MM/YY</i>)	_____	
105	Time Interview Performed (<i>hh/mm</i>)	_____	
106	Sex of Interviewee	01 = Male 02 = Female	
107	How old are you? (age in completed years)	[_____]years 99 = Don't Know	
108	Educational status	01 = certificate 02 = Diploma 03 = IST Degree 04 = Master's Degree 88 = Others (specify) _____	
109	What is your profession?	01 = medical doctor 02 = Public health officer 03 = Nurse 04 = midwife 88 = Others (specify) _____	
109	What is your current position?	01 = Head of HC 02 = EPI focal person 03 = HMIS focal person 04 = Matron nurse 88 = Others (specify) _____	

S.N	Characteristics	Likert Scale				
		Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
	Input					
1	The HC assigned EPI focal person who is responsible for reviewing the performance and coordinate the activities					
2	There are adequate amount of EPI cards (stock level 3 months)					
3	There is EPI register that will be used for at least next three months					
4	EPI recording and reporting guidelines are available (check, it could be integrated with other programs or separate)					
5	The HC assigned HMIS focal person who collect and aggregate data and review prior to submission to next level					
6	Training on recording and reporting was given for all team members working on EPI					
	M&E Practice (supportive supervision)					
1	Responsible staffs filled the registers promptly up on service delivery and correctly					
2	Performance monitoring team is responsible for monitoring of the service delivery staff (as per standard).					
3	EPI unit is responsible for applying of demographic data for planning and performance review					
4	There is a control mechanism on staff who uses HMIS for recording of an accurate and quality data					
	M&E Practice (training)					
5	A plan for EPI training is available and given for staff in its application					

6	training is given for staff on how to register children on a tally sheet					
7	Training is given on how to avoid double counting of infants received immunization service across Service Delivery Points)					
8	EPI focal person or health worker from EPI unit is given training on performance monitoring.					
M&E Practice (formatting and scheduling)						
9	All medical records are filled completely					
10	MRs returned to MRU on daily basis after clients receive their service					
11	Assigned person or one team member collected all required reportable data elements and provided to HMIS focal person monthly					
12	The EPI unit display EPI information and updated according to the reporting period					
13	Periodic supervision received from sub-city health offices					
M&E Practice (guideline)						
14	Clear guideline is given for registration that enable me to discharge my responsibility					
	The EPI program's guideline is very detail and it encompasses all the necessary issues of the M&E process.					
15	guideline given by the supervisors are strictly adhered by the performance monitoring team					
16	The guideline has simplified the monitoring and evaluation of the EPI program					
17	The guidelines are consistent to identification and tracking mechanism for "drop out" and "lost to follow-up" cases					
M&E Challenges						
18	Lack of senior management support from M&E department					
19	Failures of understanding and communication					

	can be taken as a challenge					
20	Poor cooperativeness on the job during EPI activities					
21	Inconsistent use of checklist for successful implementation					
22	Lack of focus on and throughout EPI process					
23	Application of insufficient resources particularly for EPI activities					