

**ASSESSMENT OF NATIONAL MONITORING AND EVALUATION
SYSTEM FOR NATIONAL AIDS CONTROL COUNCIL KENYA**

By

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DECLARATION

This project is my original work and has not been presented for a degree in any other university.

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DEDICATION

I dedicate this project to my family that has been my source of inspiration throughout the period of conducting and compiling this study.

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ABSTRACT

Monitoring and evaluation (M&E) systems have evolved over time as important tools that can enhance management of programmes and thus facilitate measurement of progress on project implementation. This has raised interest among researchers who have noted on the importance to assess M&E system so as to enhance efficiency of the systems. In this regard, an assessment was carried out on NACC HIV monitoring and evaluation (M&E) system so as to determine the extent to which the system meets the expected standards, as it reports on national indicators of HIV/AIDS in Kenya. The assessment used a descriptive case study design. Mixed methods approach (quantitative and qualitative) was used for data collection and analysis. Data was collected through documents reviews, key informants interviews, self-assessments questionnaire with 21 staff (purposely selected) who support the main system and sub systems, from NACC, NASCOP and Ministry of Health. The three regions were selected because they manage M&E systems and sub systems that collect data that inform on implementation of HIV and AIDS programmes in Kenya.

The results from the assessment indicate that there is a functional M&E system at NACC supported by sub systems at NASCOP and Ministry of Health and other levels. Existence of uniform data collection tools and IT equipment to run district health information software were noted as some of the strengths within the system. On the other hand, inadequate staffing at NACC and NASCOP were noted as the main challenge which affects performance of the system. The issue of funding was widely cited as main reason why most activities for example data audits were not conducted and in this regard, funding for monitoring and evaluation unit was seen to be below minimum international recommendations of 10%.

This study feels that if more personnel are employed at the national level within NACC and NASCOP, it will go a long way in improving functionality of NACC HIV M&E system. Key recommendation made for this assessment is that amount of money allocated to NACC and M&E units should be increased to allow for all planned activities within the organization and department take place. Finally a more inclusive assessment should be conducted involving various stakeholders with national representation to have a better and deeper understanding of functionality of NACC HIV M&E system functions.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Monitoring and evaluation system can be defined as systems that aid in data collection to inform on decisions and policy making processes (Kusek & Rist, 2004). A monitoring and evaluation system gives feedback on progress of project implementation among organizations using them (George, et al., 2010). Kusek & Göergens (2009) highlights on the importance of M&E system in adding to learning process of programmes as they provide feedback on programme implementation. M&E systems are important in programmes as they provide early indications to programme on success and failures in implementation (Warren, et al., 1985). This makes it easy for programme managers to point out problems at an early stage for appropriate actions to be taken in a timely manner. So in a way an M&E system aid programme managers make informed decision and choices on how programmes should be implemented.

M&E system can also aid in promoting greater transparency and accountability within organizations and government (Rubin, 1995). UNAIDS (2009a) notes on the importance of the information from a HIV M&E system which can be used to understand scale and milestone made by intervention and also. IFAD has used M&E systems in the past to track progress, reporting success and failure of programmes and projects (IFAD, 2010). Use and application of M&E systems enhances efficiency, consistence and effective management of resources in programme implementation (Shepherd, 2011). A functional national HIV M&E system provides essential data for monitoring the HIV/AIDS epidemic and improving the response (UNAIDS, 2009a).

HIV/AIDS has been identified as one of the worst epidemic of our times. In the just concluded 2015 Millennium Development Goals, HIV/AIDS was identified as one of the goals the world was fighting against, where targets were to eliminate and reduce new infections of the disease by the year 2015. Statistics from UNAIDS 2015 estimates about 40 million people around the world living with HIV /AIDS with an estimated number of about 17 million people on ARV drugs. In the year 2015, close to 1.3 million people died from AIDS-related causes worldwide (UNAIDS,

2015). UNAIDS (2015) gives an estimates of close to 1.5 million people living with HIV and AIDS in Kenya, with a prevalence rate of 5.6% as at 2015 projection. AIDS contributes to about 36 000 [26 000 - 47 000] deaths in Kenya per a year. AIDS has been cited as one of the leading causes of deaths among adolescents (aged 10- 19 years) in Africa (United Nations, 2016). Efforts to control epidemic in Kenya have been in place with establishment of NACC being the most significant steps.

1.2 Description of NACC Monitoring and Evaluation System.

Establishment of NACC is in line with the three ones principle which requires that a country should have one agency coordinating HIV and AIDS interventions in its territory (UNAIDS, 2003; 2004). The Three Ones Principle”; summarizes that a country should have; one national coordinating agency for HIV/AIDS activities, one national M&E framework and one national M&E system (UNAIDS, 2005). NACC is accountable for HIV/AIDS results in the country and in this regard, NACC manages the national HIV M&E system and is tasked to ensure that system functions well (UNAIDS, 2003). The NACC HIV M&E system was established in the year 2005 and it is designed to collect information to support the activities and outcomes of the initiatives taken by the Government of Kenya to fight against HIV/AIDS (NACC, 2011). According to NACC (2007), the legal notice sets NACC in the Office of the President and the organization is mandated to provide policy and strategic framework, mobilization of resources, coordination of stakeholders and monitoring, evaluation and research.

Since 2005 when NACC was established, the organization has developed and implemented a number of national strategic plans: running over 4-5 years and its currently implementing the fourth strategic framework. Currently NACC has 9 Regional offices, 47 County Representatives, AIDS Control Units in each ministry and state corporations and 290 Constituency AIDS Control Committee. NACC HIV M&E system is composed of various sub systems and the main system. The sub systems are from various organizations that undertake various interventions in the area of HIV and AIDS in the country and they include; National AIDS Control Council (NACC), National AIDS and STIS Control Programme (NAS COP), Ministry of Health and other partners.

Since its establishment, the NACC HIV M&E system has only been assessed once. The assessment conducted on NACC HIV M&E system by Mbondo, et al., (2013) was partial and did not cover on all components of NACCC HIV M&E system. This assessment thus sought to conduct a comprehensive assessment of the NACC HIV M&E system to better understand the status of the system in reporting of progress of HIV/AIDS interventions in Kenya. Comprehensive assessment of M&E system has been recommended as necessary by different authors, if the system is to report on results that can be used to improve continuous programme performance (World Bank, 2009; Kusek & Rist, 2004; Mayne, 2010).

1.3 Problem Statement

Over time, monitoring and evaluation systems have been used to report on results in programmes, and this has generated interest among researchers and development partners to better understand how the M&E system functions and operate. As a result a number of assessments have been conducted on nationally led monitoring and evaluations systems with the aim of checking if the systems conforms to international standards (Lawrence, et al., 2007; Mbondo, et al., 2013; MEASURE Evaluation, 2013; Ogungbemi, et al., 2012; USAID, 2010). Findings from these studies reveals existence of some challenges and gaps that limit functionality of M&E systems in informing decision making process. As noted by Shepherd (2011), assessment of M&E system is important to a country if it is to develop interventions and polices that can improve on the lives of its citizens. Assessment of M&E systems over time is necessary so as to align the systems for better reporting of results (The Global Fund, 2006; UNAIDS, 2009a; World Bank, 2009).

Assessment of Health Information System of Ministry of Health Kenya by the Health Metrics network 2006 and USAID 2010 revealed existence of stand-alone and parallel information systems which tended to support a vertical reporting function with little integration within the Health Information System (USAID, 2010; Republic of Kenya, 2008). Existence of inadequate clinical and data entry staff, poor culture of data use for planning and decision making at all levels and lack of error checking during data transfers were indicated as some of the challenges within the Health Information System of Ministry of Health Kenya (USAID, 2010). These assessments that were conducted on Health Information Management System indicates existence of some

challenges within the Health Information Management System which is a crucial sub system of the NACC HIV monitoring and evaluation system.

As noted by WHO (2009), challenges and gaps within Health Information Management System directly affects performance of NACC HIV M&E system which extracts data from Health Information System on HIV/AIDS indicators collected from various hospitals and facilities in the Kenya. Mbondo, et al., (2013) conducted an assessment of the NACC HIV M&E system with limited focus to capacity. The assessment was peacemeal and did not cover on all components which could give a comprehensive picture on the status of the NACC M&E system. This study thus sought to fill this gap by conducting a comprehensive assessment of the NACC HIV M&E system to understand if the system has appropriate structures for people partnership and planning, together with clear data management processes that produce evidence and research findings for HIV/AIDS interventions in Kenya.

1.4 Research Questions

1. Are there structures for people, partnership and planning for NACC HIV M&E system?
2. Are there data management processes for NACC HIV M&E system?
3. How is evidence used to inform decision making at NACC M&E system?

1.5 Objectives of the Study

The overall objective of the assessment was to determine the extent to which the NACC monitoring and evaluation system meet the expected standards.

The specific objectives were:

1. To establish if there are structures for people, partnership and planning for NACC HIV M&E system.
2. To review data management processes for NACC HIV M&E system.
3. To establish if there is evidence use in informing decision making for NACC HIV M&E system.

1.6 Justification of the Study

A functional M&E system is crucial in a country's response on the results of HIV/AIDS epidemic (UNAIDS, 2005). HIV M&E systems exist to provide data needed to make evidence-based decisions for programme management, policy formulation and advocacy on various HIV/AIDS interventions (UNAIDS, 2009a; 2009b). Given the important role that M&E systems play in programme implementation, keen interest has been developed by stakeholders to regularly assess how the M&E systems are functioning and operating. Assessment of M&E system is important in determining if the systems conform to international standards set for formulation of M&E systems, document challenges that can be used to make recommendations on improved performance (World Bank, 2009).

Over the 11 years that NACC has been implementing M&E system in its programmes, no comprehensive assessment has been conducted on the system. The assessment by Mbondo, et al., (2013) as noted earlier was piecemeal since it had limited focus on capacity in relation to seven other components while ignoring five other components which are important in functioning of the NACC M&E system. A comprehensive assessment of an M&E system is recommended as necessary and it should be conducted within a period of 2-3 years, so to make sure that changes can be made on each component for better functionality of the system (UNAIDS 2009a; 2009b; World Bank, 2009; 2013) and this has not been done at NACC. Findings from this study will add to existing body of knowledge while the recommendations will be useful in strengthening NACC HIV monitoring and evaluation system and other systems being used by different organizations.

1.7 Scope and limitation of the study

This study focused on NACC HIV M&E system and how it affects performance of HIV/AIDS programmes using NACC as the case study. In order to understand how the main NACC HIV M&E system work, the study assessed sub systems within NACC, NASCOP and Ministry of Health. Assessment of HIV M&E system can cover more partners and organizations to give a much wider picture on status of the system. Due to resource constraints and limitation of time, the study limited its focus to three main partners (NACC, NASCOP and Ministry of Health) which manage key systems and subsystems collecting data on HIV/AIDS in the country which were important in responding to study objectives. The study highlighted why assessment of M&E

systems is important and why it should be conducted regularly within programmes using M&E systems. Because of the nature of the assessment and the kind of the design used, the findings of this study cannot be generalized to other context. Moreover, findings from the study were mostly qualitative which cannot be generalized to other contexts.

The assessment adopted framework for 12 components M&E systems strengthening tool as the guiding framework to assess the HIV M&E system (UNAIDS, 2008; 2009a; World Bank, 2009). This framework which was used for the assessment does not give a score how on the status of each component and all the components as assessed. While there are other tools and frameworks that give a score on performance of the system for instance FHI360 assessment tool, these tools and frameworks don't give a comprehensive picture (only cover some components) on status a M&E system in terms performance and thus the need to use this tool. The framework for 12 components M&E systems strengthening tool as the guiding framework to assess the HIV M&E system was chosen also because it was developed for HIV M&E systems and health programmes assessment. The use of the tool and 12 components approach is not limited to HIV and health programmes alone but also other M&E system can use the framework for their assessments as shown by examples from literature.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents literature review covering the following sections; evolution of the conceptualization of the M&E system, components of M&E systems which goes an extra mile in explaining what constitutes to a well-functioning M&E system. This is followed by review of empirical evidence on assessments of M&E systems from literature, conceptual framework and finally operational framework for the assessment.

2.2 Evolution of the Conceptualization of Monitoring and Evaluation System

Monitoring and evaluation systems has evolved overtime as an important tool of management. History of M&E systems can be drawn back to (3000 BC) when Egyptians from time to time used monitoring approaches to track their government's outputs in grain and livestock production in Egypt (Kusek & Rist, 2004). These methods were regarded as traditional it because of less focus and emphasis was on the results. In the period of 1970s M&E was project based and focus was on inputs and outputs with less emphasize on results. In the 1980s, there was shift of focus to Sector Wide Approaches (SWAPS) where focus was on monitoring and evaluation activities from the project level to the sectorial level. In the period of 1990s, there was shift of focus to Poverty reduction strategies (PRSPS), RBM gained popularity and there was a shift in focus from monitoring of inputs and outputs to the measurement of "results" (Mark, et al., 2000; World Bank, 2009).

Millennium Development Goals (MDGs) which came into play in the period 2000s further embraced the idea of monitoring and evaluation systems. The MDG targets were translated into a set of indicators that could measure progress. In the recent past there has been much focus on results based approach which has some elements of monitoring and evaluation, for example reducing poverty and improving on living standards of people (Zhou & Hardlife, 2013). Monitoring and evaluation systems thus can be seen to have roots in results-based management approaches. Kusek & Rist (2004) notes that results based approach uses both the traditional

approaches to M&E, at the same time allowing measurements of results. The focus on results can be termed as the M&E systems and has gained popularity among many organizations around the world (Kusek & Göergens, 2009).

2.3 Components of a Monitoring and Evaluation System

Various authors identifies twelve components that comprise an M&E system (UNAIDS, 2008; 2009a; World Bank, 2009). Applying the system thinking, the World Bank identified eleven components of a working M&E system (Albino & Nzima, 2006; World Bank, 2009). Like other systems, a monitoring and evaluation system has inter- related components that enable it function. The 12 components are grouped into the following three main categories as shown by different in Figure 2.1.

The 12 Components that were developed by (Albino & Nzima, 2006; World Bank, 2009) and adopted by (UNAIDS, 2008; 2009a) have been internationally agreed upon to constitute a functional monitoring and evaluation system and they have been used as guiding principle by national governments and organizations in establishing a functional M&E systems (The Global Fund, 2011; UNAIDS, 2009a; 2009b; 2008; World Bank, 2009). A functional M&E system has 12 components divided into three broad categories as shown in Figure 2.1. The three categories are: outer ring: comprising of components relating to people, partnerships and planning, which together makes an conducive environment for M&E system; middle ring: which comprise of components relating to collecting, capturing, and verifying data, which relates to components related to data management processes and inner ring: comprising of component related to using data for decision-making.

2.3.1 Outer Ring (Components relating to People, Partnerships and Planning)

This category of the 12 components of a functional M&E system aims to show how the first 6 components interrelate. The purpose of this component is to ensure resources are mobilized in readiness for use in managing and running of an M&E system. The 6 components in this category include: component 1: organizational structures with HIV M&E functions, component 2: human capacity for multi-sector HIV M&E, component 3: partnerships to plan, coordinate and manage the multi-sector HIV M&E system, component 4: national, multi-sector HIV M&E plan,

component 5: costed, national, multi-sector HIV M&E work plan and finally component 6: communication, advocacy and culture for HIV M&E (UNAIDS 2008; World Bank 2009). The 6 components of an M&E system which forms the outer ring are summarized as follows;

A functional HIV M&E system should; have organizational structures with HIV M&E functions which are clearly defined. This can be assessed by checking if the M&E unit has enough skilled M&E personnel who complete activities in the M&E work can plan as planned. Specifically the M&E units should have access to an epidemiologist, a statistician, a social scientist and a data manager. An M&E system should have plans for human capacity development for multi-sector HIV monitoring and evaluation. This implies that the M&E system has plans in place to build capacity of its personnel to the expected standards. Partnerships to plan, coordinate and manage the multi-sector HIV M&E system, is another important component of M&E system. This should be enhanced though existence of internal and external partnership plans meant to strength the M&E system (The Global Fund, 2006; UNAIDS, 2000; 2008; 2009a; 2009; World Bank, 2009).

The M&E system should have M&E plan for the organization whose development should involve relevant stakeholders with indicators in the M&E plan derived from national strategic plan. The M&E plan should describe how the 12 components of the M&E system will be implemented. Existence of the M&E plan for HIV M&E system should enable organization to cost all activities planned within a year and the period of implementing the programme and also it should highlight agencies responsible for activities implementation. Finally, in this category, an M&E system should have a communication and advocacy strategy which should assist the organization use M&E for reflecting of planning of policies of programs being monitored (The Global Fund, 2006; UNAIDS, 2000; 2008; 2009a; 2009; World Bank, 2009).

2.3.2 Middle Ring (Components relating to Collecting, Capturing and Verifying Data)

Middle ring is composed of five components which include: component 7: routine HIV programme monitoring, component 8: surveys and surveillance, component 9: national and sub-national HIV databases, component 10: supportive supervision and data auditing and component 11: HIV evaluation and research agenda which forms the last component in this category. The 5 components of an M&E system which forms the middle ring are summarized as follows. This components relates to collection, capturing and verification of all types of M&E data in the system. The HIV M&E system should be able to use routine data which should be timely in programme implementation and taking remedial action. In this regard, the system should have data collection tools, have procedures for data transmission and data management process. Within the system, surveys and surveillance should be conducted to better understand on the impact of some interventions that the programmes are implementing. This means that the system should have an inventory of all completed surveys, schedules for conducting the surveys and protocols for carrying out those surveys.

A functional M&E system should have databases that are functional to enable stakeholders' access relevant data for programmes for better formulation of policies and decision making of programme implementation. These databases should be linked and should not be seen to operate like they are parallel to what other databases are implementing. An M&E system should have structures to conduct data quality audit on all six data management processes often following documented procedures, with feedback session to teams audited. Data quality audits should be supplemented with supervisory visits which should also be carried out periodically. An M&E system should be able to conduct research and evaluation of its activities for the system to better understand the impact of its implementation. (UNAIDS, 2000; 2008; 2009a; 2009; World Bank, 2009).

2.3 3 Inner Ring (Component about Using Data for Decision-Making)

This category of HIV M&E system looks at the HIV M&E systems to assess if the system uses evidence to improve on results and programming within the organization. This forms the last component of HIV M&E system. In a well-functioning monitoring and evaluation system, stakeholders involved in the program should be able to learn from the data presented, gain knowledge about the program, and therefore be able to make better decisions about how to achieve the program results. The data generated from an M&E system should be used to; advocate for actions like for instance abstinence among most at risk population, planning, revising and improving programmes for better and improved way of reporting which should result to better systems (UNAIDS, 2000; 2008; 2009a; 2009; World Bank, 2009).

They 12 components of M&E system been used as a basis for assessing M&E systems at the national and organizational level. World Bank (2009) recommends that an organization should have the monitoring and evaluation components gradually: phase in, in circumstances where there are resource constraints. This should be guided by needs assessment such that the M&E system starts with components that are important for start up and running of the monitoring and evaluation system before expanding to other components (World Bank, 2009).

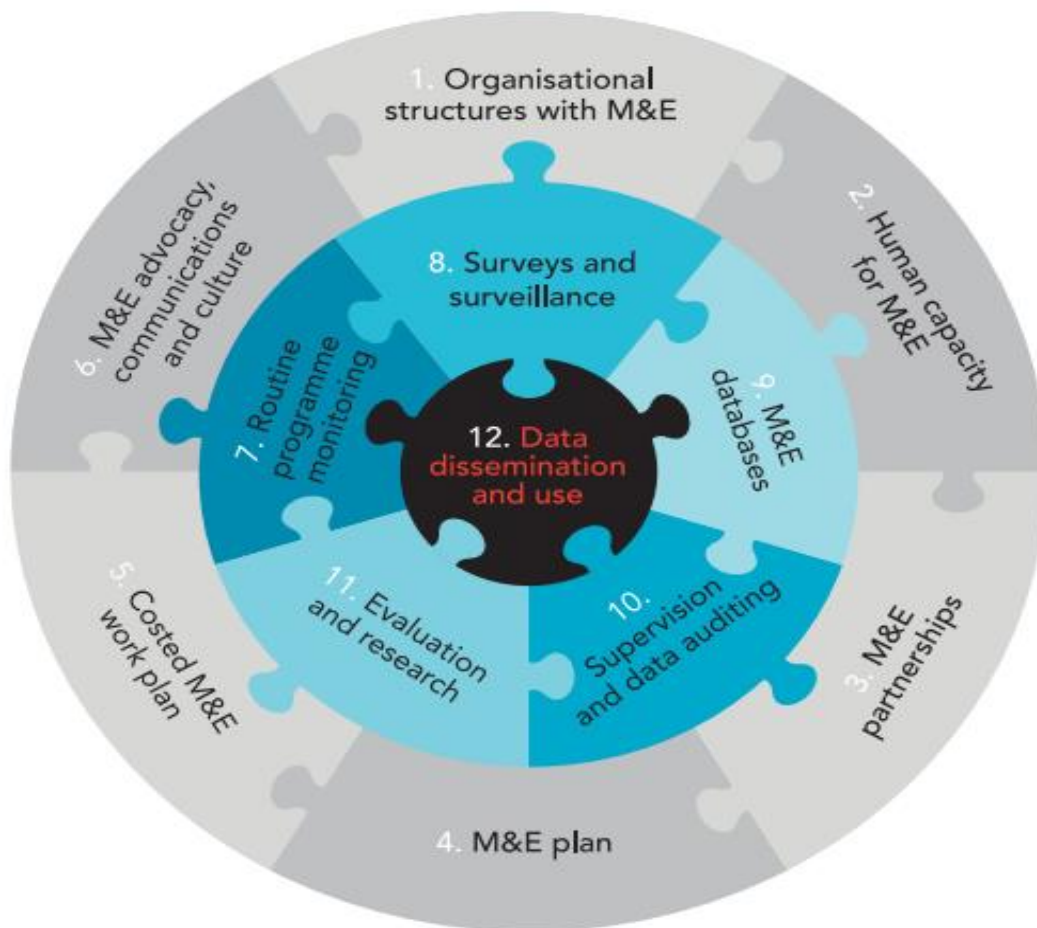


Figure 2.1: Framework for HIV Monitoring and Evaluation System

Source: Adapted from UNAIDS Joint Monitoring and Evaluation Reference Group, 2008

2.4 Empirical Evidence of Assessment of Monitoring and Evaluation Systems

A national HIV monitoring and evaluation assessment is an investigative exercise that is aimed at identifying strengths and weaknesses in the system and recommend actions to maintain its strengths and improve on its weaknesses (WHO, 2009). Previous studies carried on assessment of monitoring and evaluation systems used various frameworks and tools in assessing the M&E. Some of the frameworks that have been used include; monitoring and evaluation systems strengthening tool (Global Fund et al., 2006), participatory monitoring and evaluation system assessment tool (FHI360, 2013) and 12 components monitoring and evaluation system strengthening tool (UNAIDS, 2009a). Review of literature reveals existence of over eleven assessment framework and tools that can be used in assessing M&E systems. The choice on which tool to adapt and use in the assessment depends on the intended use, focus, and target audience. UNAIDS framework and The Global fund guidelines have commonly been used in the past in conducting most of assessments as seen from literature.

Ogungbemi et al. (2012) conducted HIV M&E system assessment of Nigeria's National AIDS Control Authority (NACA) to assess the system's capacities to provide essential data for monitoring the HIV/AIDS. This assessment process was led by NACA and used organizing framework for a national HIV M&E system (UNAIDS, 2009a). The assessment used participatory and qualitative approaches and included various stakeholders with main focus being completion of the 12 components tool by stakeholders (Ogungbemi, et al., 2012). The assessment exercise found out that coordinating agencies at the national level had organizational structures that help them perform their M&E mandates and functions, but these structures were missing at the sub- national, civil society, and facility levels. It was also found that there was need to employ skilled personnel within the organization structure to operate the system. The assessment also revealed on the need to develop much stronger supportive supervision, feedback loops, and technical assistance in M&E at the sector and sub- national levels, including network organizations and the private sector. Further findings revealed the need of concerted efforts to improve capacity building in a holistic way that would focus on individuals, organizations, and systems (Ogungbemi, et al., 2012).

In Malawi, assessment of a national M&E system for rapid expansion of antiretroviral treatment in Malawi used qualitative methods which included key informant interviews with 18 clinic staff (one to two staff members per site) (Lawrence, et al., 2007). The assessment exercise identified some gaps and strengths upon which recommendations were made. Some of the strengths observed from the assessment included; data collection tools and processes were basic and reflected minimum required clinical and program information; data collection tools were easily modifiable to incorporate new elements; quality of data was high and improving steadily with the sites' experience; completeness in antiretroviral therapy registers and patient master cards which were up to date and accurate (Lawrence, et al., 2007). However some weaknesses were noted which included; registers which were not updated; incorrect clinical staging and identification of HIV-related diseases; lack of data aggregation; data collection tools were modified to necessitate changes in the manual quarterly; absence of drug toxicity reporting; lack of pill count information and missing occupation status. (Lawrence, et al., 2007).

Assessment of the HIV M&E system in Moldova followed a participatory self-assessment workshop that took place in Moldova, bringing together national stakeholders from different levels of the Moldovan M&E system to apply the 12 components of M&E system strengthening tool in assessing the overall performance of the national HIV M&E system. The assessment used the 12 components of the UNAIDS framework. Each of the component was assessed and weaknesses and strengths were identified (Chisinau, 2011). The approach of the assessment included; desk review and a multi-stakeholder assessment workshop with different groups of stakeholders representing different institutions and levels of the monitoring and evaluation system. Assessment results indicated that national M&E system had challenges that made the system not function well to the expected standards. Some of the challenges noted in the system include; insufficient human resources, lack of motivation for M&E focal points, missing database of trainers in M&E, lack of capacity building plan, funding of the M&E plan depended on external funding, some indicators missed on operational definition, under developed systems for reporting information and limited participation in development of the M&E plan (Chisinau, 2011).

Assessment of the HIV M&E system of capacity rapid needs assessment in Kenya involved desk review, key informant interviews, focus group discussions, and an M&E stakeholders' forum.

Rapid needs assessment findings revealed that there was great developments at the national level and in the various sub- systems that contribute to the overall HIV strategic information. The assessment however, noted some gaps and challenges which included, parallel reporting systems, lack of M&E guidelines, feedback given to sub-national levels, and data use and general data management and at sub-national levels was seen as to be poor. Recommendations were made to develop national M&E guidelines and a comprehensive training curriculum. Also to ensure success, further capacity building for sub-national levels was seen necessary and finally feedback channels to sub-national staff were suggested be established and maintained (Mbondo, et al., 2013).

Assessment of HIV M&E system in Namibia used observations on M&E system performance and capacity, key informant interviews and self assessments checklist. The assessment used the organizational framework for 12 components of a functional M&E system for assessing the national HIV M&E system an assessment tool developed by MERG. Findings from this assessment revealed some weakness which included; lack of some institutionalized routine reporting mechanisms for inter-sector reporting; insufficient financial allocation from the state budget and overreliance on international financial support which curtails sustainability; skills gap in national technical expertise; lack of size estimations of vulnerable population groups; full coverage and comprehensive M&E of the region was limited by barriers due to political constraints; the mandate and authority among stakeholders to serve as data sources for the national HIV/AIDS M&E system was not formally stated or clearly understood, particularly among non health sector stakeholders non-implementation of operational research for the evaluation of activities; inadequate personnel with M&E technical skills; stakeholders at the regional level and below lacked the appropriate software to analyze the data and communication systems to disseminate the information once analyzed; funding for communication and information use within the national response to HIV/AIDS had not been secured, which was an inhibitor to implementing information use activities; there was limited coordination and collaboration across sectors involved in the national response to HIV/AIDS; data generated was driven by donor and national reporting requirements and gaps in the confidentiality of data (LaFond, et al., 2007).

2.5 Summary of Literature Review

From the literature presented, it is clear that a functional M&E system consist of 12 components which are interrelated and which are divided into three categories as developed by (Albio & Nzima, 2006; World Bank, 2009) and adopted by UNAIDS (2008). This is an evolution from how M&E work used to be conducted in the period of 1970s where focus was mainly on inputs and outputs with little focus on results. The focus of input and outputs can be seen to be the mother of M&E system but it can regarded as a traditional way of conducting monitoring and evaluation. Since M&E exist to provide information and evidence on results, there is need to regularly assess the system so as to point out any challenges within the system which limit on the system's functionality. From the literature reviewed in this chapter, it is clear that various monitoring and evaluation system have challenges that limit on their ability to report on results.

Comprehensive assessment of the M&E system is important and necessary in establishing the status and functionality of the system before recommendations can be made on improving functionality of the systems. Most of the studies highlighted in this chapter are from different countries where comprehensive assessment of M&E system has be conducted and most of them have used the 12 components of a functional M&E framework which has yielded interesting findings on functionality of various systems assessed. Findings from studies conducted in these countries reveal that M&E systems have insufficient personnel, moreover staff supporting the system lack skills in M&E and data analysis skills which are key skills for personnel supporting systems. Inadequate budget allocation for M&E units and HIV M&E system was seen as a major challenge affecting M&E systems. As noted by World Bank (2009) and UNAIDS (2008), a functional M&E system is composed of 12 components which include; component: 1 organizational structures with M&E; component: 2 human capacity for M&E; component: 3 M&E partnerships; component: 4 M&E plan; component: 5 costed M&E work plan; component: 6 M&E advocacy and communication culture; component: 7 routine programme monitoring; component: 8 surveys and surveillance; component: 9 M&E databases; component: 10 supervision and data auditing; component: 11 evaluation and research and component: 12 data dissemination and use (UNAIDS, 2008; World Bank, 2009).

Although these studies were conducted in different countries the findings indicate the M&E systems have challenges and NACC HIV monitoring and evaluation system is no exception. As seen from literature, no comprehensive assessment has been conducted on the NACC HIV M&E system. Assessment of various subsystems in Kenya for instance the HMIS identified weakness within the system, which is a crucial subsystem of NACC HIV M&E system. Challenges and weakness within HMIS system and other relevant subsystems directly affects the system at NACC. Thus the study sought to comprehensively conduct an assessment of NACC HIV M&E system to establish if the system conforms to conventional standards for M&E systems, establish if the system has data management processes and also establish if the system uses evidence generated from research to inform on decision making. This was important in understanding how the system functions in reporting on results to inform on decision making process at different levels on area of HIV and AIDS in Kenya.

2.6 Conceptual Framework

This study adopted the framework for 12 components monitoring and evaluation systems strengthening tool as the guiding framework to assess the NACC HIV M&E system (Albino & Nzima, 2006; UNAIDS, 2008; 2009a; World Bank, 2009) as shown in Figure 2.1 Previous assessments have used and adopted this framework in assessing M&E system for organizations implementing HIV M&E system (Chisinau, 2011; Global Fund et al., 2006; LaFond, et al., 2007; Mbondo, et al., 2013; Ogungbemi et al., 2012). The 12 Component approach has been adopted for world-wide use by UNAIDS and partners to support the measurement of status of monitoring and evaluation system. The components as presented by World Bank are interlocking and interdependent parts of a larger whole and to ensure functionality, efforts should be made to strength all the other existing components in the system (UNAIDS, 2008; 2009a; World Bank, 2009).

According to UNAIDS, the three main components of monitoring and evaluation system are; people, partnership and planning; collecting, verifying and analyzing data and using data for decision making (Albino & Nzima, 2006; UNAIDS, 2008; 2009; World Bank, 2009). These components are divided into three rings as shown in Figure 2.1. The outer rings category is composed of six components which are related to people, partnership and planning. The six

components include; organizational structures with HIV monitoring and evaluation functions; human capacity for HIV monitoring and evaluation; partnerships to plan, coordinate and manage the HIV M&E system; national multi-sectorial HIV M&E plan; annual costed national HIV M&E work-plan and advocacy, communication and culture for HIV M&E system. These components in the outer ring can be compared to inputs that are necessary for functioning of a M&E systems and combination of the six components constitutes to an conducive environment for an M&E system.

The middles circle is composed of five components related to collecting, verifying and analyzing data for a HIV M&E system. The components in the middle ring which are related to data management processes involved in collection, capture, and verification of all types of monitoring and evaluation data. The components in this middle ring can be compared to processes that are involved in data collection which generates evidence and findings. Components in the middle ring category generates the data that are essential to the M&E system which is the primary function of the system. The five components in this category include; routine HIV programme monitoring; surveys and surveillance; national and sub-national HIV databases; supportive supervision and data auditing and HIV evaluation and research.

The inner circle is composed of the last category of the M&E system with one component, (using information to improve results) which focuses on data and dissemination use. This component and category is compared to outputs of an M&E system and it represents the bull's eye in making and keeping an M&E system functional. This component focusses on using data and information to improve projects, policies, and programs from M&E systems which is the main purpose of M&E systems (Global Fund, 2006; FHI360, 2013; UNAIDS, 2008; World Bank, 2009).

As noted by World Bank (2009), the 12 components are not implementation stages and organizations may decide to implement the framework in phases depending on the status of each component of the M&E system. For instance an organization implementing the M&E system may decide to have components in ring one during a given period with plans of having other components later or alternatively pick a few components from any of the rings as part of the steps to set up the monitoring and evaluation system with plans of having other components later when

resources allow (World Bank, 2009). Thus it is important for organizations to assess the status of their monitoring and evaluation systems to check if the system is functional for better results from the system to inform on decision making (World Bank, 2009).

2.7 Operational Framework

The study operationalized the 12 components as the framework for this assessment and used the monitoring systems strengthening tool (MESS) which has been used in other studies as seen from literature (Chisinau, 2011; MEASURE Evaluation 2010; Mbondo, et al., 2013; Ogungbemi, et al., 2012). The MESS tool was chosen to other tools because it allows for comprehensive assessment of M&E system which was compared with conventional indicators for a functional M&E system. This is unlike the participatory tool developed by FHI360 and other tools which only looks at some components of the M&E system, which may not give a clear picture of the M&E system. The operationalization of the 12 components is composed of the tool in the *Appendix B* which was used for document review on status of NACC HIV M&E system. The operationalization of the 12 components has been presented in Table 2.1 below and it summarizes the operational indicators for a functional monitoring and evaluation system (UNAIDS 2009a; 2009b; World Bank 2009).

Table 2.1: Operationalization Summary for 12 components of HIV M&E system

| Outer Ring: Components relating to people, partnerships and planning | | |
|---|--|--|
| Component | | Operational Indicators |
| 1. | Organizational structures with HIV Monitoring and Evaluation functions | <ul style="list-style-type: none"> ▪ Adequate number of skilled M&E personnel at least 7 ▪ Defined career path for M&E personnel in M&E ▪ Well defined job descriptions for M&E ▪ Incentives for M&E personnel managing and running the M&E system ▪ Effective leadership for M&E |
| 2. | Human Capacity for Multi-Sector HIV Monitoring and Evaluation | <ul style="list-style-type: none"> ▪ Local/regional institutions that offer training in M&E ▪ Human capacity assessment within the organization ▪ Standard curriculum for M&E capacity building ▪ Defined skill sets for M&E personnel ▪ Human capacity development plan |

| | | |
|---|--|---|
| | | <ul style="list-style-type: none"> ▪ Supervision for M&E personnel as an in service meant to build capacity of staff. |
| 3. | Partnerships to Plan, Coordinate and Manage the Multi-Sector HIV Monitoring and Evaluation System. | <ul style="list-style-type: none"> ▪ Inventory of all M&E partners ▪ Availability of mechanism for coordination among partners ▪ Participation in the national M&E technical working group ▪ Local leadership and capacity for stakeholder participation |
| 4. | National, Multi-Sector HIV Monitoring and Evaluation Plan. | <ul style="list-style-type: none"> ▪ Is there an M&E plan. ▪ Development of the plan involved relevant stakeholders ▪ Revision of the M&E plan based on reviews and assessment of the M&E system ▪ The M&E plan meets international standards. ▪ The M&E plan describes implementation of the 12 components. ▪ M&E plan has budget estimates for activities |
| 5. | Costed, National, Multi-sector HIV Monitoring and Evaluation Work Plan | <ul style="list-style-type: none"> ▪ The M&E work plan has costed activities with implementers for each activity ▪ Resources are mobilized for implementing activities ▪ The M&E work plan is updated annually or periodically |
| 6. | Communication, Advocacy and Culture for HIV Monitoring and Evaluation | <ul style="list-style-type: none"> ▪ Policies and planning of programmes is guided by M&E ▪ Advocacy activities for M&E are planned, targeted and structured ▪ Availability of M&E communication and advocacy plan ▪ M&E champions who support use of M&E systems |
| Middle Ring: Components relating to collecting, capturing and verifying data | | |
| Component | | Operational Indicators |
| 7. | Routine HIV Programme Monitoring. | <ul style="list-style-type: none"> ▪ Existence of routine data monitoring forms and procedures guiding the process. ▪ Well defined data management processes |
| 8. | Surveys and Surveillance | <ul style="list-style-type: none"> ▪ Inventory of surveys completed ▪ Specific schedule for future surveys ▪ Protocols for surveys should meet international standards. |
| 9. | National and Sub-National HIV Databases. | <ul style="list-style-type: none"> ▪ Well managed databases to provide information for decision making ▪ The databases should be well linked. |
| 10. | Supportive Supervision and Data Auditing | <ul style="list-style-type: none"> ▪ Availability if guidelines for supportive supervision ▪ Data auditing protocols are followed |

| | | |
|--|------------------------------------|---|
| | | <ul style="list-style-type: none"> ▪ Feedback plans in place for supervision and data audit |
| 11. | HIV Evaluation and Research Agenda | <ul style="list-style-type: none"> ▪ Inventory of completed and ongoing research and evaluation studies ▪ Research agenda ▪ Ethical approval and standards in place ▪ Evidence of use of evaluation and research findings ▪ Dissemination of research and evaluation findings ▪ Inventory of stakeholders carrying out different evaluation and studies |
| Inner Ring: Component related to data utilization for decision-making | | |
| Component | | Operational Indicators |
| 12. | Data dissemination and use | <ul style="list-style-type: none"> ▪ Evidence of information use (e.g. improved decision making) ▪ Information products specific to some audiences ▪ Analysis for information per user needs ▪ Standard formats for reporting and tabulations. |

Source: (UNAIDS, 2009a; 2009b; World Bank 2009)

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter presents assessment methodology. It is divided into four sections which include; research design, sampling procedures, data collection and data analysis. The chapter starts by describing the study design that was used why it was chosen, sampling of respondents, methods that were used in data collection and it ends with a section on data analysis. Data was collected using mixed methods (quantitative and qualitative methods) and analysis of data was done both quantitatively and qualitatively.

3.2 Research Design

In conducting the assessment, the study employed a descriptive case study design. Gerring (2004) defines case study design as an all-inclusive study on a single unit with the aim of understanding a larger class of similar units. There are various types of case studies which include; explanatory case study which is used when one is seeking answers to supposed causal link of interventions that are too difficult for a survey (Yin, 2003), exploratory case study which focuses on a studies whose aim is to understand situations of intervention with no clear set of outcomes (Yin, 2003), descriptive case study which is used to give a real-life context of an intervention or phenomenon (Yin, 2003), multiple-case studies which enables the researcher to explore differences within and between cases with a goal to replicate findings across cases (Yin, 2003), intrinsic case study which is used by researchers with passion in a particular case (Stake, 1995), collective case studies which are used for description of multiple case studies (Yin, 2003) and instrumental case study which helps to enhance a theory and provide an understanding of an issue (Stake, 1995).

This study thus narrowed to descriptive case study since it allowed for description of status of NACC HIV M&E system by comparing the system with existing international standards for M&E system. Case study as a methodology of research is appropriate when one is looking at holistic picture on functionality of something (Sjoberg, et al., 1991) and also when one want to cover underlying conditions which are viewed as relevant to the condition under study (Baxter & Jack,

2008). Case study design allows for use of mixed methods in trying to validate evidence on how a unit functions (Yin, 1981). NACC HIV M&E system is a unit in this case representing many systems and sub systems in HIV/AIDS programmes and other programmes. Gross et al. (1971) notes that evidence for case study research can emanate from different sources; fieldwork which is actual data collection, archival records and document reviews, observations, verbal reports, or any combination of these. Thus case study design was used since it allowed for assessment of NACC HIV M&E system in terms of functionality of the system, which was fundamental to the realization of research objectives.

3.3 Sampling Procedures

This study utilized a purposeful sampling approach which necessitated selection of National AIDS Control Council as the study site which is located in Nairobi Kenya. The rationale for the sampling design was to get a unit and other units where data was collected from that will help the research study realize its research objectives and answer the research questions. In order to understand how NACC HIV M&E system functions the assessment had to assess how various sub-systems from various organizations, link and interact with the main system at NACC. Three key organizations (NACC, NASCOP and Ministry of Health) were selected from where respondents were interviewed. The three organizations were selected because they manage systems and sub systems that collect data that inform the implementation of HIV and AIDS programmes in the country. Selection of the three organization was guided by resource and time constraints and also data collected from the three organization gave significant findings on functionality of NACC HIV monitoring and evaluation system.

Twenty one respondents were interviewed (see Table 3.1 below) from the three organizations (NACC, NASCOP and Ministry of Health) whose work supports monitoring and evaluation sub systems and the NACC HIV M&E system. These were staff supporting NACC HIV M&E system both in technical and non-technical operation within NACC headquarters, NASCOP headquarters, and Ministry of Health: at national, county and sub county levels. These were instrumental in responding to key informant interview questions developed. The respondents that were interviewed were distributed as follows, three from NACC, 17 from health information management system which include District Health Information Management System and one

from NASCOP. NACC was chosen because it manages and coordinates the national database for HIV/AIDS in Kenya, while Ministry of Health manages data from all facilities in the country that collect data using the MoH 731 form before this data is transmitted to the national level. NASCOP manages a number of systems that are crucial with the management of NACC HIV monitoring and evaluation system.

Table 3.1: List of cadre of respondents interviewed and the organizations they serve

| S.N | Organization | Programme officer | M&E officer | Management Information System administrator | Total | |
|-----|------------------------|-------------------|-------------|---|-------|---|
| 1 | NACC | 1 | 1 | 1 | 3 | |
| | | Epidemiologist | | | | |
| 2 | NASCOP | 1 | | | 1 | |
| | National | Programme officer | M&E officer | DHRIO/HRIO | | |
| 3 | Ministry of Health-HIS | National | 2 | 3 | 3 | 8 |
| | | County | 1 | 1 | 2 | 4 |
| | | Sub county | 1 | 2 | 2 | 5 |
| | Total | | | | 21 | |

Source: Author.

3.4 Data Collection

The study employed mixed methods in data collection as applied in other studies: (Mbondo, et al., 2013; Chisinau, 2011; LaFond, et al., 2007; Lawrence, et al., 2007; Measure Evaluation, 2013; Ogungbemi et al., 2012). (Denzin, 1978 and Jick, 1979) defines mixed methods as a mixture of both quantitative and qualitative methods in study of a phenomenon. Use of mixed methods which in other terms is referred as triangulation (Denzin, 1978), is aimed at reducing bias in research of a particular phenomenon such that findings of the study are not limited to a particular method and thus the need to use both methods (Bouchard, 1976). This ensures that weakness of each methods are minimized by strengths of the other method.

Cohen & Manion (1980) defines quantitative method as social research that employs experimental approaches. Quantitative methods is also defined as a type of research aimed at explaining occurrences using numerical data analyzed mathematically (Creswell, 1994). Data collected using quantitative methods gives objective and accurate information because the methodology allows for standardized approaches (Kidder & Fine, 1987). Qualitative methods on the other hand can be defined as a discipline of inquiry looking at the personal meanings and personal experiences and actions of their social and cultural contexts (Maxwell, 1992). As noted by Sukamolson (n.d.), qualitative method employs a wide range of methods, which include interviews, case studies, ethnographic research and discourse analysis, among other methods in research. Sechrest and Sidana (1995) notes the importance of qualitative research as enables gaining deeper understanding of a situations and problems unknown issues. (Mixed methods approach was used because the approach gave a better and deeper understanding of the functionality of NACC HIV M&E system and it helped address the study objective of the assessment (Tellis, 1997).

The study used monitoring and evaluation systems strengthening tool for the assessment as outlined and approved by (UNAIDS, 2008; 2009a; 2009b; World Bank, 2009 and as used by other studies (Ogungbemi, et al., 2012; Chisinau, 2011; LaFond, et al., 2007; MEASURE Evaluation 2010) with a participatory approach as used in studies by (USAID Kenya, 2010; Lawrence, et al., 2007; Chisinau, 2011). The study utilized three data collection tools which include; checklists, key informant guide (discussion guide) and self- administered questionnaire. Checklists were used to collect qualitative and quantitative data to assess status and functionality of NACC HIV M&E system and thus helped address objectives for this study. Document review as a methodology of study is defined as a way of collecting data through review of existing information which could be from hard copies and electronic sources (Centre for Disease Control, 2009).

Document review was used because it allowed collection of background information which was helpful in formulation of discussion guidelines and self-assessment questionnaires for the study. Document review was guided by checklist in (*Appendix B*) that was used to collect data on the status of the twelve components and it was implemented with the help of self-assessment checklist

adapted from UNAIDS' guiding framework of the 12 components of HIV M&E system, and was filled in by researcher. The 12 components of monitoring and evaluation system strengthening tool contains a series of statements that yielded responses that helped to respond to the study objectives. Checklist guided the desk review process using key documents listed in (*Appendix C*) among other documents. In areas where there was information gaps from document reviews, discussions with one personnel from NACC and three officers from Ministry of Health which bridged the information gap observed. Scoring in the checklist was as follows; (a). 5-point scale - yes standard is fully met, standard is mostly, partly, standard is not met at all and not applicable and (b). 3-point scale yes, no, not applicable and (c) numerical responses which included percentages and numerical values. This information was guided by a pre assessment guide of documents to review as adapted from UNAIDS framework.

Key informant interview were used to seek for clarification on areas where the review and discussions had gaps and areas where the responses seemed not to be clear. A discussion guide (*Appendix A*) guided discussion with key informants and self-assessment interviews with personnel. Discussions were held with 7 key informants from; NACC, NASCOP and Ministry of Health, who work in the sub- systems and NACC HIV M&E system. Notes were taken during discussion as part of data collection process and also audio recordings which were later transcribed by the researcher. Transcription was done by the author on each day after the discussions. Fourteen respondents were issued with self-assessment questionnaire which covered the 12 components and they were guided on how to fill it. All the fourteen respondents that were issued with the self-assessment questionnaire, filled in their questionnaire and they returned to the researcher. A discussion guide (See *Appendix A*) was used to guide discussions with seven key informants.

Staff from the monitoring and evaluation division from NACC played an important role in providing additional information that was not accessed in the documents review. This was apart from them taking part in the discussion using the key informant interview guide. Scoring in the checklist (for document review) followed three responses, (A). 5-point scale - yes standard is fully met, standard is mostly met, standard is partly met, standard is not met at all and not applicable and (B). 3-point scale yes, no, not applicable and (C) numerical responses which

included percentages and numerical values. These values were filled in the monitoring and evaluation systems strengthening tool which has all these values coded and they are selected from the drop down arrow in the excel sheet. This was done by use of the checklist (*Appendix B*) and also a list of a number of documents (*Appendix C*) and websites that were reviewed to guide the responses in the checklist.

The Table 3.2 below summarizes how data was collected from respondents from NACC, NASCOP and Ministry of Health using self-assessment questionnaire and key informant interviews.

Table 3.2: Distribution of Respondents and the role they played in providing information.

| | Method of data collection | NACC | NASCOP | HIS/DHIS | Total |
|-------|----------------------------|------|--------|----------|-------|
| 1 | Self-Assessment interviews | 0 | 0 | 14 | 14 |
| 2 | Key Informant interview | 3 | 1 | 3 | 7 |
| Total | | 3 | 1 | 17 | 21 |

Source: Author

3.5 Data Analysis

Both qualitative and quantitative methods of analysis were employed in analyzing the data as done in similar studies: (Lawrence, et al., 2007; Mbondo, et al., 2013; Measure Evaluation, 2013).

Qualitative data analysis sought to respond to objectives of the study which helped understand some why there were some gaps and challenges within NACC HIV monitoring and evaluation system. Qualitative data analysis involved content analysis where coding of interview transcripts was done according to the key themes- of the 12 components of an M&E system. Content analysis was done by picking the common answers from the key informant interviews and checklists and then aligning them to each category of M&E system assessed. This was done by reviewing and

summarizing of the interviews across different data sources involved as discussed above. This approach allowed for analysis of similarities and differences between respondents and other data sources. The audio recorded interviews were transcribed in Microsoft Word 2013 by the author and compared against the notes from the interviews. The purpose of these interviews was to obtain additional details and information on the three category of NACC HIV M&E system. Data collected from check list and discussion from key informant interviews were harmonized into three category of themes.

Quantitative analysis method sought to respond to objectives of the study for instance understand why some practices are not as per conventional standards. Analyzed quantitative data also helped in explaining the findings on the challenges and weakness of the NACC HIV M&E system. Quantitative data was analyzed using Microsoft excel 2013, which was used to produce summary tables on how the respondents were distributed across the organizations, generation of table on status of NACC HIV monitoring and evaluation score. Quantitative analysis was achieved with data from the assessment summarized by graphs showing how each of the components compared against the norms discussed above. Data entered into the monitoring and evaluation systems strengthening tool was summarized and generated in graphs with percentages shown by different colors on status of NACC HIV M&E system but this was only done for NACC and Ministry of Health. Monitoring and evaluation systems strengthening tool allows for generation of graphs and dashboards upon entering of values as described in data collection section. Data from graphs was aggregated in form of tables showing how the components scored on a scale of 100 percent by the author in showing the status of the system.

CHAPTER FOUR

STATUS OF THE NACC HIV MONITORING AND EVALUATION SYSTEM

4.1 Introduction

This chapter presents study results which are in line with the objectives of the assessment. The chapter begins by presenting results and findings from the assessment on each of the three categories and 12 components of NACC HIV M&E system. Findings from both review of documents using checklist and discussion with key informants have all been synthesized to give an overall picture on the status of the system.

4.2 Components Relating to People, Partnerships and Planning

This section presents the results for the six components in this category of M&E system. Literature on the indicators that have been used for the assessment has been presented in chapter two. Components making up this category include: component 1: organizational structures with HIV M&E functions, component 2: human capacity for multi-sector HIV M&E, component 3: partnerships to plan, coordinate and manage the multi-sector HIV M&E system, component 4: national, multi-sector HIV monitoring and evaluation plan, component 5: costed, national, multi-sector HIV M&E work plan and finally component 6: communication, advocacy and culture for HIV M&E. The results presented includes the analysis of data from the various sources as described in methodology section.

4.1.1 Component 1: Organizational structures with HIV M&E functions

Assessment results from the document review and discussions, indicate that there is monitoring and evaluation units at various levels among the organizations where data was collected from. This is supported by information from the graph in the *Appendix D* which shows that there are M&E units among all the three organizations. These monitoring and evaluation units generate data that feeds into the NACC HIV monitoring and evaluation system and they have their monitoring and evaluation mandate role clearly defined. During discussion some key informants noted the following;

“Yes we have monitoring and evaluation unit within our organization which is charged with data collection, analysis and dissemination of information. The M&E unit has been there since NACC was established. Previously research and M&E were in one division and we recently separated them in fact from the beginning of this financial year.” (Monitoring and evaluation officer, NACC).

“We have a structured way of doing M&E but sometimes challenges limit us.”
(Programme officer, Ministry of Health)

This finding is consistent with findings by similar studies in Kenya and Nigeria which identify existence of monitoring and evaluation units as some of the key strengths of monitoring and evaluation systems assessed (MEASURE Evaluation, 2010; Ministry of Health Kenya, 2013; Ogungbemi, et al., 2012). In terms of effective leadership and commitment to ensure monitoring and evaluation system work, it was observed that there is leadership at the NACC HIV monitoring and evaluation system. Review of documents reveals existence of a council which is the governing body of NACC and has representation of stakeholders from public sector, private sector, civil society, faith based organization, and people living with HIV and AIDS.

Further findings from review of documents reveals that there is secretariat which includes decentralized structures at regional, district and constituency level, which manages day to day functioning of the institution and coordinates the national response to HIV and AIDS. The council and secretariat are instrumental in offering leadership of the NACC HIV monitoring and evaluation system. This findings contrast with findings on a report of assessment of Nigeria’s HIV monitoring and evaluation system which found that monitoring and evaluation mandate for NACA and other stakeholders was clearly articulated (MEASURE Evaluation, 2010). In terms of job description at NACC, it was seen that each monitoring and evaluation position had its job description clearly laid out, although at times staff have to perform duties not in their job description (terms of reference) and this happen as a result of understaffing as observed from the assessment. This finding is further supported by information from the graph in *Appendix D* where it was found out that most of the positions had their job description documented. This finding is inconsistent to what Chisinau (2011) who in his assessment of national coordination council for

HIV/AIDS and TB programmes in Moldova found out that there was lack of mandate in HIV monitoring and evaluation work across sectors and levels that were key in supporting HIV/AIDS reporting.

4.2.2 Component 2: Human Capacity for Multi-Sector HIV M&E

Findings from the review of documents and discussion with key informants revealed that personnel supporting the monitoring and evaluation system are inadequate at different levels of NACC and NASCOP. For instance at NACC it was reported that staffing was at 40 percent as seen from the graphs where the organization only has four M&E personnel in M&E unit instead of seven as recommended by (Mackay, 2007). During the period of data collection, NACC had advertised for various posts most of them being in the monitoring and evaluation department. This finding was further supported by information from some of the key informants who mentioned that

“For adequate M&E personnel I can say yes and no. Yes we have sufficient staff in the field but now when it comes to HQ you find that work can be sometimes be overwhelming. So what we usually do we get people on internships who support the normal processes. For actual responsibilities there are people involved in handling each activity. Sometimes when it comes to handling some activities, we become overwhelmed.” (Monitoring and evaluation officer, NACC)

Considering the amount of work that has to be done at the organization, the current number of staff does not match the work load and this affects coordination and management of NACC HIV monitoring and evaluation system. This was the same case at NASCOP where there were a few personnel at national level as the system only has one monitoring and evaluation person and two other epidemiologists managing the system, instead of seven as internationally recommended.

“The issues of staffing, you realize that Staff at the HQ are few. Like now I am supporting madam who is the only epidemiologist here.” (Epidemiologist, NASCOP)

These findings are consistent with findings from similar studies (Chisinau, 2011; LaFond, et al., 2007; MEASURE Evaluation, 2010; Ogungbemi, et al., 2012; USAID, 2010) who identify gaps in staffing at various levels of the systems that were assessed.

Findings from review of documents and discussions further reveals that there is lack of career growth guidance which are documented like for example if someone is serving as a programme officer position, which is the next grade should this person be promoted to should s/he perform well during appraisal period. As a practice in most organizations, the issue of career growth is clearly documented in a way that it can act as an incentive to people to work hard with possibility of reward to a higher grade to best performing employees. This finding contrasts to what Chisinau (2011) found in the assessment report of HIV/AIDS monitoring and evaluation system in Moldova, where a barrier was noted with limited motivation and professional growth for monitoring and evaluation personnel which discouraged personnel from working hard with possibility of promotion to better job grades (Chisinau, 2011).

Findings from review of documents and discussions with respondents revealed that there is a human capacity and organization plan for the organization which is within the human resource division at NACC. Staff within the organization identify their capacity needs before going for trainings. This however needs to be supplemented with capacity needs assessments which has not been conducted within the organization for over the past three years as a norm of capacity building. During key informant interview, one key informant from noted that;

“We have human capacity development plan and this is under... But we don't have one specifically meant for M&E but rather we have for the organization. You know what happens, during appraisal people identify their areas of needs where they need to be capacity build on and then they are taken care of in terms of going for trainings. It is usually in the HR division which usually take care of that for all staff but we don't have a specific one for M&E. What happens when you are being appraised and because of issues of budgeting, one is required to identify their needs to avoid conducting trainings in an ad hoc manner. These issues are forwarded to HR and by the way we have a training committee that looks at all

these issues. Then people are taken to different areas of request but all these is dependent on resources.” (Monitoring and evaluation officer, NACC)

In the year 2015 some staff had undergone for training locally and internationally in an effort to build their capacity. Evidence of capacity building plans was further revealed by an ongoing workshops during the period of data collection that had some staff from monitoring and evaluation division in attendance. The workshops were meant to build capacity of staff in supporting a new system by the name; HIV implementing partner’s online reporting system.

“Yes staff have in the past gone for different trainings, a colleague of mine from M&E unit they went to South Africa for training in M&E. Us ourselves were trained but we did it locally on M&E. The training was very helpful and I can say it was very important and what we do when someone is newly employed within the organization, we plan to have them trained on the M&E concepts and so on and what is expected of them so that they are at bar and they understand on their role in the various position that they hold.” (Monitoring and evaluation officer, NACC)

Findings from key informant interview revealed that senior staff within the monitoring and evaluation unit work closely with junior staff in mentoring them and this happens in the course of supervision and also at times when the “seniors” assigns tasks to the juniors. This is really helpful in helping the staff bridge their capacity gaps as they work closely with their seniors who offer guidance in case the officer assigned roles and responsibilities faces challenges.

A number of challenges were noted in this component, one of it being that the organization lacks a standard curriculum that is used to guide capacity building efforts and which can be shared with partner organizations that supplement work of NACC. This differs from what was found in a similar assessment of Nigeria HIV monitoring and evaluation system, which found the existence of training curriculum developed to build capacity on monitoring and evaluation (MEASURE Evaluation, 2010). From discussions with key informants it was revealed that NACC as an organization does not utilize the institutions locally (local universities offering training in monitoring and evaluation) by recommending their staff to undertake training at the local

institutions. The organization instead opts to send staff to South Africa as it happened in 2014 instead of doing it locally and maybe in the process accommodate more staff in the training and thus bridging the capacity gaps. Lack of a clear way of undertaking trainings was seen as a challenge too in effort to capacity build staff. The assessments identifies lack of skills in monitoring and evaluation and data analysis skills among staff at lower levels. Skills in monitoring and evaluation and data analysis are important for someone supporting system and sub system at any level. This could help explain why there was data gaps and lack of information use for decision making especially from the lower levels. This contrasts to what LaFond, et al. (2007) found when he conducted an assessment of HIV monitoring and evaluation system in Namibia. In his assessment, he noted that inadequate human resources with monitoring and evaluation technical skills working in the national monitoring and evaluation system (LaFond, et al., 2007).

The trainings undertaken so far did not yet have a database where they record the names of personnel who have undergone training to avoid duplication of efforts and wastage of resources. NACC only maintain hard copies which are not reliable in giving information at a click of a button. Also in line with this, the assessment results notes that there is no database that hold names of trainers in the areas of monitoring and evaluation systems in Kenya. This could explain the reason why some of the staff had to go for training outside the country. This is similar to what (Chisinau, 2011) found out when he conducted similar assessment in Moldova. In his assessment of HIV/AIDS monitoring and evaluation system, he notes the same challenges. Missing lists and database of experts who could offer training to monitoring and evaluation personnel, lack of database of ongoing monitoring and evaluation capacity events, missing inventory of existing capacity and avenues for capacity building and lack of harmonized curriculum were some of the challenges the assessment identified in Moldova (Chisinau, 2011). While the training that were observed to have taken place were meant to move the organizations in the right directions in terms of capacity, little input is seen coming from the government as most of trainings are funded by development partners like USAID. This was observed in the two trainings that were taking place during data collection and also from review of past records on staff and self-administered questionnaires. This shows lack of ownership from the government and also it shows that the institutionalization of the monitoring and evaluation systems is still weak in Kenya.

4.2.3 Component 3: Partnerships to Plan, Coordinate and Manage the Multi-Sector HIV M&E System.

In terms of partnerships to plan, coordinate and manage the monitoring and evaluation system, the assessment found that partnerships for HIV monitoring and evaluation are built and maintained through various committees and bodies formed within NACC and its stakeholders. This is supported by findings from the graph in *Appendix D* which shows that the organizations has documentation guiding partnership for M&E. During discussion, one key informant from NACC noted the following;

“Generally we have the M&E technical working group which provides technical assistance for example making key decision and such things as regard to M&E.”

(Monitoring and evaluation officer, NACC)

Kenya HIV and AIDS coordination mechanism as one of the bodies which was formed in 2005 has mandate to coordinate and promote HIV and AIDS research for Kenya national HIV/AIDS strategic framework which identifies research as a key support service. Kenya HIV and AIDS coordination mechanism, coordinates, prioritizes, mobilizes and disseminates research findings. So in a way it guides the process that help inform on how implementation has been in various areas where NACC supports and work in. Within NACC there exist an inventory of all stakeholders of this important committee as an expected norm per UNAIDS. This register which was formed in the old constitutional dispensation has not been updated and incorporated the new governance structure to have all-inclusive members from the 47 counties.

This body has its terms of reference clearly spelt out and which guides it on its day to day operations and which acts as the mechanisms for the operation for the body. Roles and responsibilities of this committee, are well documented and also frequency of holding meetings is also documented which is quarterly and on the last quarter of the year 2015, they were able to meet three times. This finding was further supported by a key informant who said;

“At times I need technical assistance when it comes to very technical things like peer review of researches and such. So we have a body KARSCOM which is

responsible for that. So this committee of KARSCOM offers technical assistance on need basis. Because you realize like in my department I am one officer and some of those things require extra support and that is why we consult the KARSCOM. This is done quarterly because you know we have quarterly meetings when we bring all those key issues. KARSCOM meets on a quarterly basis and it's responsible for a number of things. It coordinate HIV/AIDS research generally so its role is wide.” (Monitoring and evaluation officer, NACC)

Evidence of partnership was further revealed by a key informant from NACC who said

“Development of the HIPORS system was participatory and involved all stakeholders. There was a consultative meeting with the ministers who organized for a round table meeting with stakeholders like USAID. Then after meeting the system was piloted for one month in Nairobi.” (Management systems administrator, NACC)

These findings are similar to what assessment report on Nigeria's HIV monitoring and evaluation found out. The assessment report in Nigeria found existence of a technical working group amongst various partners and partnership was enhanced through joint planning of events like for example joint supervision visits (MEASURE Evaluation, 2010).

Discussion with one of the key informant at NACC revealed that all documents developed by NACC engaged stakeholders for feedback and ownership. The Kenya AIDS strategic framework, revolution roadmap, HIV estimates and monitoring and evaluation framework all involved stakeholders from all counties during development. Whereas the technical working group makes decisions via consensus as is a norm, communication about HIV monitoring and evaluation developments and outputs of the monitoring and evaluation system was seen to be poor between NACC and other sectors. Communication gap possess a challenge among key stakeholders on completed, ongoing and upcoming activities for better and timely decision making. Communication among partners is key as it helps define and address any challenges existing internally and externally for timely remedial action. This finding contrasts to what Chisinau (2011) found out in an assessment report of HIV/AIDS for Moldova where gaps in

communication were cited as a challenge that would lead to overlap of planned implementation activities and incomplete communication of monitoring and evaluation data (Chisinau, 2011).

4.2.4 Component 4: National, Multi-Sector HIV M&E Plan.

Within NACC there is a HIV multi- sectorial monitoring and evaluation plan which was developed by various stakeholders which include; NASCOP, Ministry of Health among others. This finding is supported by information on graph in *Appendix D* which highlights existence of M&E plan and other documentation supporting this component. A key informant from NACC noted that;

“Yes the M&E plan is well developed and of course it is in line with the national policy” This framework communicates or rather it is supposed to monitor KNASP which is the main national framework for HIV.” (Monitoring and evaluation officer, NACC)

This finding is inconsistent to what Chisinau (2011) found when he did similar assessment in Moldova where he found limited participation of relevant stakeholders in preparation of monitoring and evaluation plan for the country’s HIV monitoring and evaluation system (Chisinau, 2011). The monitoring and evaluation plan at NACC describes how the 12 components of a monitoring and evaluation system will be implemented overtime and also matches international and technical criteria for setting up a monitoring and evaluation plan. Different entities and organizations have developed their own monitoring and evaluation plans, which are linked to the national monitoring and evaluation plan for instance counties do their own monitoring and evaluation plans but using the national monitoring and evaluation plan as the guide so as to align county specific interventions. This is in line with the international guidelines for using a monitoring and evaluation plan. Involvement of all stakeholders is important as makes it easier to clarify on the roles each partner and stakeholder is supposed to play in the management of the monitoring and evaluation system. The NACC monitoring and evaluation plan is in line with the national HIV policy as stated in the strategic framework as seen from document review and discussions with key informants. The same finding was revealed by a key informant from NACC who said;

“We have a strategic framework that the one we launched recently and that specific framework we have a KASF M&E framework, a monitoring and evaluation framework that is supposed to guide monitoring and evaluation of the plan and at the same time we have other supporting documents.” (Monitoring and evaluation officer, NACC)

All interventions in the monitoring and evaluation plan have been derived from the strategic directions stipulated within the strategic framework and the objectives of the national HIV policy. This was observed from document review and from discussions as noted by a key informant from Ministry of Health who said,

“From my assessment the objectives of the HIS are reflective of what the M&E framework.” (DHRIO, Ministry of Health)

This helps to measure progress of NACC in meeting targets set in HIV/AIDS interventions. Kenya AIDS strategic framework which is the monitoring and evaluation framework highlights all tools and reporting guidelines for the main monitoring and evaluations system and its sub systems. NACC has also developed fast track plan on how to address HIV and AIDS among adolescents and young people. This document is supposed to guide programming targeted for youths in Kenya and it is used to supplement work of the main monitoring and evaluation plan. This is important in addressing spread of HIV and AIDS among this key population which has reported increased incidences of infections of HIV/AIDS in Kenya.

Review of the Kenya AIDS strategic framework indicates that some indicators in the monitoring and evaluation plan have baseline values which is a plus as it helps in setting targets within some period of implementing the framework. Development of the national monitoring and evaluation plan, was guided by international standards and a review of the existing national indicators was done. This was important in planning for which set of indicators need more resource allocation and effort for better programming in HIV and AIDS interventions. The monitoring and evaluation plan from NACC indicates clearly how data flows from the various partners and organizations and if actualized will lead to a well functioning NACC HIV monitoring and evaluation system that can report better on results and thus improve on decision making.

4.2.5 Component 5: Costed, National, Multi-sector HIV M&E Work Plan

Findings from document review reveal that there are costed-annual work plans with specific timelines of implementation. Findings from review of documents and discussion with key informants reveals that there is an updated annual national multi-partner costed monitoring and evaluation work plan within NACC. This work plan include institution and sector-specific activities that are related to HIV monitoring and evaluation. This finding was further supported by key informants from discussions who said,

“Activities at HIS are costed and this training we are conducting now on HIPOR was budgeted for and thus it was able to run at the current timing.” (Management systems administrator, NACC)

“At the ministry we have annual work plans for the DHIS system as a whole and we meet at the counties and write on the performance reports.” (DHRIO, Ministry of Health)

‘Yes, we do planning and budgeting where activities are costed and work plan is updated annually based on performance monitoring. In terms of reviewing the work plan I can say yes it’s reviewed with my technical input. Yes you know my role is to help the organization with data and information needed for planning and all activities in my area were costed but not implemented due to lack of monetary fund on that issue.’ (Manager HIS, Ministry of Health)

The costed work plans are revised for each quarter based on information on performance monitoring. Revision of the annual work plans quarterly ensures that there are sufficient resources that can be used to coordinate all other components as highlighted in the monitoring and evaluation plan as noted by one key informant. The monitoring and evaluation work plan are normally developed to run for one year and they have responsibilities for each partner clearly stipulated and they are revised quarterly. All the activities in the work plan have been costed and allocated timeframes within which they ought to have been achieved. The work plan also highlights agency responsible for implementation of each of the activities as stipulated. Each division within NACC submits their annual work plans and once this is done it is compiled

together with the final document (the annual work plan) for the organization. Once this is done requisition of the budget is done depending on the funds available the money allocated may be increased or decreased. This finding was supported by information from a key informant from NACC who said,

“We have the organizational work plan. For this organizational work plan we have the different divisions represented. So what happens each division is supposed to submit their annual work plans. So once you prepare, it is put together with the rest and depending on the resources that are available, operationalization of the budget is done and the budget allocated can either go down or up depending on the funds that are available. We prepare our work plans and they are presented and then all the activities are costed. The work plan is updated because the one we are implementing now is 2015/2016 financial year. The work plan is updated in each quarter and so far we have revised quarter three work plan just to make sure the activities we had planned for that quarter are still the same, we cost them and then compare with the initial ones because the initial one we do an annual one and as the quarter comes to an end we keep on revising them.” (Monitoring and evaluation officer, NACC)

This finding is inconsistent with what Chisinau (2011) found in Moldova where his assessment found the missing work plan for the monitoring and evaluation plan, the work plan had understated monitoring and evaluation plans and responsibilities and timelines in implementation of the activities were missing from the monitoring and evaluation plan.

Inadequate monitoring and evaluation financing was seen as a challenge facing the monitoring and evaluation unit. In the previous financial year 2015/2016, out of budget of Kshs 1,171,798,693 allocated to the organization, Kshs 102,354,545 had been set aside for monitoring and evaluation work which translates to 8.7 percent. This is a shortfall from what is recommended UNAIDS (2007), which recommends funding level of the HIV monitoring and evaluation to be at least 10 percent of the total HIV and AIDS funding in order to facilitate effective data collection, collation, analysis, reporting and dissemination (UNAIDS, 2007). Further more, much

of the funding came from World Bank which means the amount could have been less than this as seen in the past years funding which had less than 3 percent of the organization budget set aside for monitoring and evaluation for example monitoring and evaluation budgets for the years 2009, 2010 and 2011. A huge portion of the funding is relied on the donors with the government of Kenya accounting for only 20 percent and 80 percent funding coming from donors and other development partners. This is very disappointing because in an event the external funding stops means programmes and operations with the HIV monitoring and evaluation system will stop literally as it has happened in the past. This evidence was further supported by information from a key informant in discussion who said that

“The main problem is that resources are limited and we have to lobby for resources from the funding agencies. As you know we always seek for partners support and if the unit does not receive funding for a particular activity then we are not able to do it and this is why there less/none DQA done in the last three quarters.” (Monitoring and evaluation officer, NACC)

Sometimes the plans are developed without funds with hopes of lobbying and fundraising from donors and the government and sometimes it does not work as the funds are not realized leading to some activities not being implemented. The same weakness was noted in a similar study by LaFond, et al., (2007) where they note inadequate funding from the state budget and overreliance on international financial support which limited sustainability of systems.

4.2.6 Component 6: Communication, Advocacy and Culture for HIV M&E

In terms of communication and advocacy, it was found from document review that NACC has in the past developed communication campaign on HIV targeting people living with HIV and AIDS who were on antiviral drugs. NACC has in the past participated in annual agricultural societies of Kenya shows in various towns in the effort to advocate to the public to continue accessing HIV prevention and control services in the country in various facilities. NACC also has overtime tried to have outreach services especially in schools and colleges where they aim at testing students and counselling them. This has been aimed at reducing transmissions among students and also it provides avenues for NACC to distribute condoms among the students who come for testing.

NACC has in the past participated in international events for instance the 16th international conference for AIDS and STIS in Africa in Ethiopia and the delegation from Kenya highlighted various HIV and AIDS programmes and activities currently being carried out in Kenya.

In the past NACC ran several adverts which were meant to encourage people use condoms as a way of reducing incidence rates in the country. An example of this is “*Weka condom Mpangoni*” “*Wacha Mpango wa Kando*”. NACC also ran successive TV programme entitled *Shuga* where the same message on abstinence was communicated to people. The organization has also recorded a number of DVD and CD videos which they disseminate to people visiting the organization. These DVD and CD videos contain plays and information on key documents for example Kenya AIDS strategic plan. Also yearly NACC organizes events on world AIDS day in December 1st of every year to create awareness on HIV and AIDS in the country. These events target large groups of people and useful information is disseminated to large group of people. This finding is inconsistent to what a baseline study on Division of Reproductive Health found in Ministry of Health Kenya where communication and advocacy tools were cited to be missing in the division of reproductive health system (MEASURE Evaluation, 2013).

Assessment of this component reveals some challenges within this component of NACC HIV monitoring and evaluation system. Review of the current Kenya AIDS strategic plan reveals that there is no communication strategy for the current Kenya National HIV/AIDS Strategic Framework. This was revealed during discussion with a key informant from NACC who said.

“We usually have a communication strategy and we are in the process of developing one for the current monitoring and evaluation framework. You know we have developed a new monitoring and evaluation framework and we in the process of developing a communication strategy for the current. We want all stakeholders to understand their role accordingly. The one we have is for the past framework. Instead of developing a strategy per say we want to develop a communication agenda that will be more focused and we will do it on annual basis. That is what we are thinking and we support counties to do their own as well. As much as we encourage them to do their own plans, we also encourage them to do

their own communication agenda as well.” (Monitoring and evaluation officer, NACC)

This finding contrasts finding to similar studies in Kenya and Moldova where communication and advocacy plans for the systems assessed was missing (Chisinau, 2011 and MEASURE Evaluation, 2013). During discussion it was revealed that plans are underway to develop communication strategy to guide the framework so that all stakeholders understand all the documents accordingly. This is not in order as the communication strategy guides how information and communication of findings to the stakeholders and general public ought to be done. Findings from discussion among key informants and document review revealed lack of high-level officials identified as “monitoring and evaluation champions” who may approve monitoring and evaluation actions within the three organizations. Monitoring and evaluation work sometimes relies on champions or support from senior management for it to owned by everyone in the organization and also externally.

Review of documents reveals that NACC has developed a fast track document which is focused in addressing spread of HIV/AIDS among youths in Kenya. This will be useful in addressing interventions targeted at reducing incidences and prevalence rates among the youth in Kenya who have reported increased infection rates. This information was also cited by a key respondent at NACC who said;

“As you realize there has been reported increased incidence of spread of HIV and AIDS among youths and as a result M&E unit together with the research unit have developed this fast tract document.” (Monitoring and evaluation officer, NACC)

4.3 Components Relating to Collecting, Capturing and Verifying Data

This section presents the results for the five components in this category of HIV monitoring and evaluation system. Literature on how the assessment of this component was carried out has been presented in chapter three. Components making up this category include; component 7: routine HIV programme monitoring, component 8: surveys and surveillance, component 9: national and sub-national HIV databases, component 10: supportive supervision and data auditing and component 11: HIV evaluation and research agenda which forms the last component in this category. Findings from document review and discussion with key informants have been used to presents results of this category.

4.3.1 Component 7: Routine HIV Programme Monitoring.

Findings from review of documents revealed that there are national data collection guidelines for the health-related programmes which include; anti-retroviral therapy and prevention of mother to child transmission, treatment and care of HIV/tuber closes, and orphans and vulnerable children. This finding was supported by finding from the graph in *Appendix D* which shows that there are some tools for monitoring programmes and guidelines to support use of the tools. All monitoring and evaluation systems and sub systems have data collection tools except HIV implementing partners' online reporting system. This finding was supported by information from a key informant who said;

“At the ministry we have Strong documentation that guide operations of the system at national level which include policy documents guidelines and manuals.”

(Manager HIS, Ministry of Health)

This finding is consistent with what Chisinau (2011) found in Moldova and Measure Evaluation (2013) Kenya where tools for data collection were available for the systems assessed. Once data have been collected there are guidelines on how data should be filled in into the systems from the tools to system for example MAISHA certification and community based programme activity report have guidelines of how data should be filled in into the systems from the tools to system. This was observed both from discussion and review of documents. Various partners have policies

in place guiding how summaries of the data collected should be done which in turn is shared and submitted to the national monitoring and evaluation system.

The guidelines on reporting data collection are all documented in the monitoring and evaluation framework as a requirement of the three ones principle which requires that the country have one coordinating agency, one monitoring and evaluation framework and one monitoring and evaluation system. Review of documents and publications from NACC shows that the organization has developed several guidelines for management and guidance of data such as data quality protocol, standard operating procedures for data management, data and system governance framework, standardized data collection and reporting tools among others. Review of documents revealed existence of guidelines on how data auditing needs to be done in the country at all levels. These findings were supported by evidence from a key informant from NACC who said;

“As I told you earlier the new M&E framework has all those things and tools for data collection clearly stipulated.” (Monitoring and evaluation officer, NACC)

These are helpful in guiding data quality for all data collected on HIV and AIDS in the country. This finding contrasts to what Chisinau (2011) found in assessment of HIV/AIDS systems in Moldova where he found national guides and standard forms available which included: the national epidemiological surveillance standard, the HIV case reporting forms, the treatment case management forms, the VCT reporting forms and the instructions for statistic reports produced by the Ministry of Health (for HIV and STI cases) (Chisinau, 2011). Findings from review of documents and discussions revealed that HIV implementing partners online reporting system does not have data collection forms but it is used to collect information on all organizations providing HIV and AIDS services as it is used to map organizations and also track the amount of money spent in counties on HIV and AIDS interventions. Review of the Kenya AIDS strategic framework showed that the plan contains operational definitions of indicators for routine program monitoring, reporting forms, and data flow charts for both non-health and health implementers.

Further review of documents revealed that non-health programmes, for example, home-based care and behavior change and communication lacked clearly defined data collection, transfer and

reporting mechanisms. Review of past reports and discussions with key informants showed that some implementers used their own reporting systems, ignoring the national procedures for data transfer from facility level to sub-national and to national levels. This poses a challenge to NACC as the body charged with the responsibility to harmonize and consolidate data on key indicators among various implementing partner. Some implementers also collect data on indicators that are not aligned with the national monitoring and evaluation plan, especially for the health-based facilities as seen from discussion with key informants and also review of documents. This especially happens to those organizations that receive funding from elsewhere and by doing so pose a challenge to NACC and other government bodies such as the Kenya National Bureau of Statistics in giving HIV and AIDS projections as they end up having inaccurate data. Review of documents revealed lack of enough critical program monitoring tools at sites for example community based programme activity report forms and this results in poor reporting especially among the private sector health facilities. This was further supported by information from a key informant who said;

“As for me I see lack of training on reporting tools, data collection tools and misinterpretation of indicators, as major weakness within the system.” (DHRIO, Ministry of Health)

This contrasts to what a baseline report on division of reproductive health found out in Kenya where data collection tools were cited as missing (MEASURE Evaluation, 2013). Review of report on end term review of the third Kenya AIDS strategic plan cited language barrier as a major cause why reporting was incomplete among the civil society. Recommendations were made to have the community based programme activity report forms translated from English to Kiswahili but this had not yet happened as seen from findings from document review. This could explain why there is incompleteness in data collected especially from the civil society organizations and community based organization which are served with social workers and community health workers who have low literacy levels. During discussion with key informants, it was found out that NACC frequently makes change to HIV and AIDS forms for data collection without consultation of all stakeholders. Some of these changes in design of tools end up confusing data collection process resulting to incomplete data due to lack of harmonization on the way data

should be collected. This finding contrasts to what was found out in assessment of national monitoring and evaluation system for rapid expansion of antiretroviral treatment in Malawi where it was found out that; data collection tools were easily modifiable on need basis to incorporate new elements which as a result led to data gaps (Lawrence, et al., 2007). Finding from document review indicate poor coordination in data collection process within NACC and its partners. Despite the process being clearly documented in the Kenya AIDS strategic framework, operationally it was missing as revealed from discussion with key informant and document review. A key informant from NACC noted;

“Yes we are supposed to collect our data in a more harmonized way but you realize some implementers don’t comply to the guidelines we have shared and this relay gives us challenges and we are looking at ways of solving it for better harmonization of data that we collect” (Monitoring and evaluation officer, NACC)

4.3.2 Component 8: Surveys and Surveillance.

Findings from review of documents indicate that NACC, Ministry of Health and NASCOP conducts surveys and specials studies periodically. Some surveys conducted in the past are in the main system (Marisha Maisha) and are updated every four or five years. This was further supported by information from key informant from NACC who said;

“We don’t have capacity to conduct surveys because NACC is mandated to coordinate multi partners in HIV/AIDS area and so conducting surveys is not our mandate. We have a system for compiling these completed surveys and yes it is there. We have the NACC website where we upload all our documents and we also upload all our surveys like the KDHS.” (Monitoring and evaluation officer, NACC)

Within NACC there exist a policy stipulating how often surveys and studies should be conducted. This was the same case with the Ministry of Health where there a schedule of data collection exist for various disease like polio, HIV research among others.

“At the ministry we have specified schedule for data collection linked to stakeholder needs. A surveillance system is in place with capacity from personnel to conduct surveys and surveillance.” (Manager HIS, Ministry of Health)

These findings differs from what Chisinau (2011) found in Moldova where formal inventory of surveys had not been carried out but the project work plan outlined the majority of surveys designed to monitor the national action plan as they were to be funded from respective grant. Moreover, there lacked a policy guiding periodicity within which surveys should be conducted (Chisinau, 2011). NACC organizes for stakeholders meeting semi-annually where participants share useful information on surveys and surveillance. From review of documents it was noted that NACC works closely with the institutions named above in developing ethics governing HIV and research among key populations in Kenya. This is a good strategy as it sets to control how studies should be conducted with minimal harm to the study subjects and their communities.

Review of document reveals that NACC has an inventory database/system for keeping and storing data on completed surveys in the country. NACC website has most policy documents and surveys (KDHS, KAIS and any other surveys that have been conducted in the country) which have been uploaded on the website. This is accessible to a wide range of users, who only need to create an account and they are able to access information on various studies that have been conducted in Kenya. This progress will help improve on how studies and surveys are conducted and in turn will improve on uptake of evidence from research among policy makers, various stakeholders and the general public.

Findings from document review and discussion revealed that most of the surveys and surveillance are funded by external funding which is a major weakness. This raises the important question of ownership from the government of Kenya as little effort in terms of funding of the research activities is seen coming from the government- less than 10 percent. Chisinau (2011) and (Ogungbemi et al., 2012) observed the same when they did similar assessment of the Nigerian and Moldova HIV monitoring and evaluation systems respectively. This shows lack of ownership and weak institutionalization within NACC and could help explain why there are data gaps from data collected.

4.3.3 Component 9: National and Sub-National HIV Databases.

Findings from document review and discussion with respondents reveals that at NACC, there are different systems and sub systems managing HIV and AIDS information. There is a sub system for community based programme activity report which is one of the data sources that feed into the national monitoring and evaluation framework. This database is within the monitoring and evaluation division at NACC which has technical people with information technology skills who handle and manage databases. Community based programme activity reporting system is currently running on a stand-alone system and plans are underway to have the system linked to district health information software system so that information is easily accessible in the national system district health information software. This will integrate community based programme activity report with district health information software.

NACC main system at headquarter hosts community based programme activity report sub system. During discussions with respondents from NACC it was seen that NACC has developed HIV implementing partners online reporting as another sub system. This sub system is used to map all non-governmental organizations and what activities and interventions they are implementing in their different areas of jurisdiction and also their source of funding. This system is meant to avoid duplication of efforts among non-governmental organizations and other stakeholders and thus enhance and compliment work among different organizations. This system helps NACC to identify which areas have gaps so that they direct resources and non-governmental organizations to work in that area. This in turn helps NACC to address on its mandate managing resources to other partners working in the same field and thus minimize duplication of efforts.

Further review of documents showed that the main NACC system has list of partners who have various sub systems which feeds into the main systems at NACC and they include management information system, community based programme activity report, monitoring and evaluation database, MAISHA certification sub-system – showing what the different sectors do for example the AIDS Control Units within the government agencies. MAISHA certification system formerly public sector system is another sub system which government institutions use for recording and reporting data on performance of key government ministries and government corporations on activities implemented by AIDS Control Units in the country from the various sectors.

Information from this system is useful as it is used in the ranking of government ministries and department in ISO certification exercise which is done annually. Logistic and supplies management information system as one of the sub systems is managed by Kenya medical supplies agency (KEMSA). This system tracks the distribution and supply of HIV prevention, care and treatment commodities, including ARVS. This system sends this information to NASCOP to track stock level for timely restocking of out of essential commodities such as ARVS, HIV testing kits among others before this information is reported to NACC.

There are also other systems that feed data to the main system at NACC and they include; national blood transfusion services which is the organization that collects data on blood safety indicators at blood transfusion center then it reports information on these indicators to the NACC on a quarterly basis. National leprosy and tuberculosis control programme as another sub system of NACC HIV monitoring and evaluation system that collects data on TB/HIV collaboration activities from TB Treatment centers which is reported to NACC on the TB/HIV indicators in the country. NASCOP as an organization has a sub system which collects data for all the health output level on HIV indicators using the HMIS tools and then it reports them to NACC. Kenya HIV situation room system is another system which was launched in 2015. This system serves the purpose of providing summaries on key selected indicators to policy makers who may otherwise not have time to check through the whole set of indicator summaries before making a decision. Evidence of existence of various systems contrasts to what Mbondo et al. (2013) found when they conducted a similar study of NACC HIV monitoring and evaluation system in 2013 (Mbondo, et al., 2013). The evidence of existence of databases was further supported by information from a key informant who said the following;

“Issues of databases you realize we have some and I have already told that. We have the national database which host our COPBAR and then we have something we have developed called HIPORS (HIV implementing partners online reporting) which captures all our NGOS and what they are doing in their different areas and what are their resource areas and their sources of funding and the reason we did this is avoid duplication of resources and efforts. Because you may realize we may have too many partners and maybe all of them are focusing one area like

prevention etc. This system will help NACC to identify at a glance on which areas have gaps so that they direct resources and NGOs to work in that area. The main NACC website has a database for capturing data from community based data and public sector, the M&E division and they have technical people with IT skills to handle and manage databases. The main NACC system has list of partners there with link to sub systems which include MIS, COPBAR, M&E database, sector database – showing what the different sectors do- the ACUs and the government agencies. NACC main system at HQ hosts COPBAR sub system. So generally these systems help us ensure consistency and monitor duplication of efforts. All these systems report online to the DHIS system and we need to get some information we just simply go to the DHIS system and we are able to access that information. This M&E framework proposes to have a framework for linking all these systems into one major databases and it will be a one stop shop in terms of accessing information for anyone interested.” (Monitoring and evaluation officer, NACC)

These systems helps NACC to monitor issues of consistency, monitoring and evaluation, and reduce duplication of efforts. Findings from review of documents and discussions reveals that district health information software as another sub system that collects data from all facilities in the country and it reports on its indicators online before data can be extracted from the NACC HIV monitoring and evaluation system. District health information software is under Ministry of Health, HIV component is under NASCOP as an information system while the one at NACC is organization based. All these system have documentation guiding how data is managed for instance data entry and user rights for everyone supporting the system. One key informant from Ministry of Health noted;

“Policies were changed at DHIS system and we supposed to bring in new tools. First entry of data collected is done at the sub county level at the end of the month for DHIS system. This is done for the summaries of various forms used to record data on various programs from facility level- summaries are duplicates. Facilities remain with the forms/registers at the facility for back up. This data from facility is collected on daily basis using different tools and for HIV they use MoH 731. At

end Month this information is consolidated according to diseases and entered to DHIS.” (Manager HIS, Ministry of Health)

Most of these systems are parallel and some of them seem to be duplicating work of other system. This finding contrast to what was observed in assessment of monitoring and evaluation system and health management information system of Ministry of Health in Kenya by USAID (2010). This assessment identified parallel systems with government and other stakeholders which end up duplicating work already done (USAID, 2010).

In terms of data architecture, data collected from the facility and community goes through district health information software, public sector data goes through the Maisha reporting system and ends up in the district health information software. Review of the current Kenya AIDS strategic framework shows that plans are underway to have unified country response information system (URIS) at the national level which will act as a link to all the systems that report data on HIV and AIDS response as indicated in the monitoring and evaluation plan. This framework proposes to have one platform where all data on HIV and AIDS will converge at one point which will act as one stop shop at NACC from all the 47 counties in Kenya. This will be important in showing data from all partners in the country and what kind of information to expect from all the organizations working in the area of HIV and AIDS.

The information produced from this system will be accessible by everyone. During discussions with some respondents it was noted that work is underway to link master facility list with district health information software.

“As you can see from the current M&E plan, it has stated clearly on an approach to have one unified system that responds to the national picture and we envision to its success.” (Monitoring and evaluation officer, NACC)

The Ministry is currently using the district health information software that provides efficient linkages between national and sub national levels and gives real time information for evidence based decision making. Evidence of database within the main system and sub system was further seen during discussions as revealed by key informants who said the following;

“You realize in the M&E system we have different systems outlined there indicating who should report where and the frequency of reporting the tools to use and such. The different M&E systems that exist like the HMIS, the LMIS, the COPBAR that we talked about yesterday, the public sector all those. All these are outlined in the M&E framework which clearly states the frequency of reporting and what tools to use and the channels of reporting.” (Management system administrator, NACC)

“We have the public sector system that we are developing we call it emergent certification. I know there are some element of training there where we are supposed to develop some training materials. Now we feel that in the public sector we need to take a more enhanced role which is a performance contract by institutions and we need to enhance it further.” (Monitoring and evaluation officer, NACC)

These findings contrasts to what the assessment of HIV/AIDS monitoring and evaluation system found out in Moldova where an inclusive national database capturing information on HIV/AIDS in that country had not been developed. This database was to integrate data from the Health Information System, data collected at local level and aggregated at district level (Chisinau, 2011).

Findings from review of documents and discussions revealed a number of weakness in this component. During discussion respondents noted that various partners maintain different databases at various levels that are parallels. Some of these databases are also capturing donor-specific information instead of capturing information pertaining to the HIV and AIDS response in general.

“There guidelines on implementing this databases by various partners including ourselves but the main challenge we face so far is implementing the guidelines.”
(Manager HIS, Ministry of Health)

This was seen to happen as a result of lack of clear monitoring and evaluation guidelines. This finding contrasts to what Mbondo et al. (2013) found when they conducted an assessment of

NACC HIV monitoring and evaluation system and lack of monitoring and evaluation guidelines was identified as one of the weakness. Findings from discussions showed that there was skill gaps for personnel employed who could not manage databases especially at health facilities where most of data is generated. This was revealed during discussion with key informants who said;

“At sub national level you realize that there are capacity gaps. Human user level gaps at the ground. People have not been trained well on how to run and manage the systems.” (Epidemiologist, NASCOP)

“Some of the personnel who are responsible for managing data from facility level are not trained in M&E skills.” (Programme officer Ministry of Health)

“A Number of personnel are weak for example there a few personnel with skills to run the system. In this workshop you can only see a few of us and others have not been trained and yet these trainings we are doing are essential.” (DHRIO, Ministry of Health)

Review of documents showed that there are weakness and lack of integration in information flow which is as a result of having many databases from partners reporting on HIV and AIDS. For example at the moment the community and facility community HIV/AIDS information are not linked to DHIS2. NACC system is not linked to District Health Information System, and as a result the systems that collect data on HIV and AIDS interventions are many and they are not linked to district health information software as noted by one respondent. Electronic medical records system is not linked to district health information software and it ends up collecting data parallel to that collected by District Health Information System resulting to duplication of effort. Electronic medical records is used in facilities that offer HIV/AIDS services- comprehensive care center- patients who are positive and monitor their drug uptake.

From document review, it was seen that insufficient computers also affect this component rendering most work to be paper based as seen from document review and discussions. Paper based data are tedious and time consuming as one tries to retrieve information on some issues over large volumes of documents. During discussion with key informants from NASCOP, it was

noted that support in IT is limited unless provided by an implementing partner. This leads to the personnel in charge to rely on technical assistance which at times delay coming leading to non-functionality of the systems which ultimately affects decision making. This was supported by information from key informant who said;

“Most of our data collection is paper based and this happens as a result of lack of enough computers. You know retrieving information from paper based system can be really tedious and time consuming. The database may only operate well if it is supported by enough computers which we don’t have now.” (Epidemiologist, NASCOP)

During discussions, one key respondent noted that the system- District Health Information System database is still hosted at Oslo. Hosting of the District Health Information System database at Oslo in Norway since the launch of the database is one evidence that there are insufficient human capacity that can facilitate running the system and as a result it is kept close to where it was developed.

“The DHIS is hosted at Oslo. In the past the ministry had plans of relocating the system to Kenya but the plans didn’t pick off.” (Manager HIS, Ministry of Health)

During discussions with key informant respondents it was found out that the various systems nationally and at decentralized levels have user rights which are given according to responsibilities of staff, for example those from the sub county level can only be able to view information on their facilities. Even guests are accorded rights and they can be able to use the system after registration but can only access limited information and they have no rights to make changes. This differs from what Chisinau (2011) found in Moldova where accessibility of data via website was limited to formal dissemination (Chisinau, 2011). User rights at various levels ensures there is data quality and reduces manipulation of data at the District Health Information System. This finding is similar to what an assessment on monitoring and evaluation system of Ministry of Health, health management information system found out in Kenya. Parallel data systems was observed to exist within the government and its various stakeholders; weak capacity

in data management and limited ICT equipment in facilities which were less than level IV (USAID, 2010).

4.3.4 Component 10: Supportive Supervision and Data Auditing.

Findings from discussions with key informants revealed that the constituency AIDS control committee do quality checks and audits to verify if what was done is what ought to have been done. This is done by comparing with the primary tool and the reports from these organizations. From these audits, constituency AIDS control committee are able to identify issue of inconsistencies with data and they give feedback to staff so as to improve on data quality for the preceding period/quarter. Within the ministry supervisory visits and data quality audits are conducted quarterly. This was revealed by key informants during discussions as noted by one key informant who said;

“DQA are conducted after every two years but also depends on funds. Supervision is conducted quarterly but at times new fail to do it due to unavailability of funds Data quality after two years also. Feedback from supervision reports and data audits are availed to various parties where the audits were conducted and this happens after three months which is on quarterly.” (Manager HIS, Ministry of Health)

At the regional offices which are the former provinces there are monitoring and evaluation technical working groups who meet on a quarterly basis with community based organizations. When they meet, their role is to check gaps in data and recommend on what needs to be done in monitoring and evaluation at that level. Since devolution was effected, supervision function has been devolved to the counties although the national government has the responsibility for improving capacity at the county level. This was revealed by key informant during discussion who said;

“At the regional offices/former provinces there are M&E technical working groups which meet on a quarterly basis with CSOs and their role is to look at data at that level look at gaps in data and what needs to be done in M&E at that level

and then inform M&E unit at national level.” (Monitoring and evaluation officer, NACC)

These findings are inconsistent to what Chisinau (2011) found in Moldova’s HIV/AIDS monitoring and evaluation system. His assessments cites varying data from different sources which affect proper planning for better service delivery in Moldova. These challenges arose as a result of lack of national guidelines and tools for supportive supervision on monitoring and evaluation (Chisinau, 2011).

Results From discussion with respondents from NACC revealed that the organization has not conducted data quality audits using guidelines from the funding partners in the last two quarters (6 months). Feedback from supervision and data quality audits used to run well under the funding from total war against aids programme which ended sometime back. This feedback session stopped once the funding for total war against aids came to an end. This was seen from interview with two of key informants. One of them said,

“We are supposed to do data quality audits once every quarter however due to lack of finances DQAS for community and public sector data have not been conducted for the last year as a result of competing activities. Ideally CACCS should be doing quarterly audits and visits to public sectors institutions, CSOS, CBOS and FBOS to verify if what they were reporting on was actually the same with primary tool and reports, check for consistency issues and as such.”
(Monitoring and evaluation officer, NACC)

Supportive supervision and data quality audits are an important component in any monitoring and evaluation system as it helps on to improve on the quality of data that should give valid results from all data collected on HIV and AIDS programmes in the country. This finding contrasts to what Ogungbemi et al. (2012) found in Nigeria when they conducted a national assessment of Nigeria’s National AIDS Coordination authority monitoring and evaluation system. The assessment revealed on the need to develop much stronger supportive supervision, feedback loop, and technical assistance in monitoring and evaluation units (Ogungbemi, et al., 2012). Findings from review of documents cites lack of adequate finances to the constituency AIDS control

committee and district technical committee to support office operations and also run follow up on implementers hence hampering field supervision. This implies that more work on advocacy needs to be done and have a budget increment periodic data audit activities.

Data quality audits heavily relies on external funding as a requirement for sub sequent funding as seen from document review. This shows that Kenya has a country has not owned the concept monitoring and evaluation and thus the weak monitoring and evaluation system. Review of documents revealed that data quality guidelines were available but they are not followed by staff when they report on their programmes. This may explain why in the past the issue of incomplete and poor quality of data has been reported from most reporting partners. Incomplete data makes it difficult to inform decision making since some variables are missing making projection of HIV and AIDS interventions and resources a challenge. Incomplete data can be attributed to lack of feedback after data quality audits as mentioned by a key informant from NACC who said;

“We can say the thing which has been a bit weak is the issue of feedback but we working towards that. Ideally the CAACCS are supposed to do the feedbacks to CSO that are reporting but this has not happened as a result of lack of funds. Feedback used to run well under the funding of TOWA (total war against AIDS) programme which ended sometime back. Under this funding programme the CACCs used to organize a number of meetings with the CSOs.” (Monitoring and evaluation officer, NACC)

These findings contrasts to what the assessment of Moldova monitoring and evaluation system found missing mechanisms for data auditing in that system, despite existence of protocols for data auditing (Chisinau, 2011).

4.3.5 Component 11: HIV Evaluation and Research Agenda.

Discussion with a key informant reveals that there is a research division at NACC.

“You know previously we had M&E as on unit but beginning of this year the units were separated and now we have M&E unit and research unit. We did this to make sure that we are a bit more focused.” (Monitoring and evaluation officer, NACC).

Review of documents reveals that there is a catalogue (for the years 2005-2011) of research and evaluation studies that had been conducted in Kenya which was transformed into a research hub (in 2016) and accessible online by all partners. One respondent from NACC noted that the organization is working with ethics and review committee's so that they can share all studies that have been approved and are ongoing in the system. This will be helpful in enabling all users to access all completed and ongoing research. The same hub will link to other systems that keep researches from various organizations. This Hub will be named Kenya national research database and it will host research that has been done and planned. This will transform the database on previous database that used to carry out similar work but crashed in the past. This was also noted by key informant from NACC;

“Yes we do. Previously we developed what we call catalogues where we capture various researchers that has been conducted in the country for periods of time. And now we want to make it web based. We are developing what we call a research hub which is going to have all HIV related research in Kenya being uploaded there. We are working with all ERCS in Kenya so that they share with us. This will information on all researches that have been approved and ongoing, so that we are able to capture ongoing and completed researches. The same hub will link to other systems that keep researches like the permanent and such that we link all this information.” (Monitoring and evaluation officer, NACC)

This differs from what Chisinau (2011) found in Moldova where the operational research was underdeveloped. Development of the research hub will help focus on results and reduce duplication of efforts and thus ensure cost effectiveness. Most of the research findings have influenced policy and recently sex education in schools was introduced for students as a way of enhancing knowledge on reproductive health and HIV and AIDS which was informed by research. The research hub to be developed will have all HIV research publications uploaded in the system.

NACC coordinates institutions that conduct research like Kenya medical research institute, international AIDS vaccine initiative, Kenya AIDS vaccine initiative, and national commission

for science and technology and these institutions are able to share their findings with NACC once they have completed conducting research. NACC has done relatively well in conducting joint reviews of the national response through coordination under Kenya HIV and AIDS research coordination committee with assistance from Kenya medical research institute and NASCOP. This was highlighted by a key informant from NACC who said;

“We coordinate institutions that conduct research the likes of KEMRI, KAWI, IAWI and all those. So we provide them with guidance in terms of what is expected. So we just work together but then they share the findings with us.” (Monitoring and evaluation officer, NACC)

These findings differ from what Chisinau (2011) found in Moldova where he found inventory of research and evaluations was missing. NACC has a body that coordinate and advises on areas of HIV/AIDS research in the country: Kenya HIV and AIDS research coordination committee. NACC has a national HIV research agenda which is up to date and development and review of this research was done in a participatory manner and involved a wide range of stakeholders. A research sub-committee within the Kenya HIV and AIDS research coordination committee was set up to coordinate research and public health evaluation. This committee is instrumental in guiding research on HIV and AIDS that takes place in the country. However, the assessment found out a gap on evaluation and understanding how the progress of implementation of the various research and studies has been and thus the organization is not able to learn from its activities. Evaluation is only conducted from review of strategic plans which is not comprehensive. This finding is inconsistent to what Chisinau (2010) in Moldova. His assessment identifies missing inventory of the research institutions, research and evaluation initiatives both those planned for and those already completed (Chisinau, 2011).

Review of documents reveals existence of a research agenda within NACC. This agenda highlights how objectives in the monitoring and evaluation framework will be accomplished. This information was further revealed by a key informant from NACC who said;

“We have a research agenda which we have recently developed to guide HIV and AIDS research. For us to achieve the objectives in then M&E framework what

areas of research should we focus on. We have outlines some area of focus. But implementation of this research agenda is not mutually exclusive which means that there are some issues which may emerge and we shift our focus to those issue and research is conducted.” (Monitoring and evaluation officer, NACC)

4.4 Component Related to Data Utilization for Decision-Making

This category forms the last category of the HIV monitoring and evaluation system. Literature on how the assessment was carried has been presented in chapter three. This category is made up of one component, data dissemination and use

4.4.1 Component 12: Data dissemination and use

Data use refers to the utilization of the data for purposes of programme planning, monitoring, and reporting and for advocacy. Findings from document review and discussions revealed that there is evidence of data demand and use, which is enhanced through conferences where various stakeholders including researchers, policy makers and county officials meet and during this forum they are able to share findings with plans for implementation. NACC develops some policy reports like in the last conference which took place in May 2015, NACC did a policy report which was shared with key policy makers. This information was supported from a statement from a key informant from NACC who said;

“What we do we bring researchers and other stakeholders during conferences. We encourage the policy maker the governors, the who to attend so that we share what are the findings so that they are able to put them up and implement. We also develop some policy reports, like in after the last conference we did a policy report which we shared with key policy makers.” (Monitoring and evaluation officer, NACC)

Various reports are produced by NACC which are disseminated to various stakeholders and the general public as well via the website. The NACC websites has some information about HIV and AIDS which are accessible to the general public hence increasing the number of people who access the information. This was revealed by a key informant from NACC during discussions;

“In the NACC website is where we upload all our policy documents and we also upload all surveys that have been done.” (Monitoring and evaluation officer, NACC)

Apart from the website NACC also uses the newsletters for communication of monitoring and evaluation activities among partners and other stakeholders. Discussion with key informants revealed that communication and advocacy unit develops popular versions of key policy documents e.g. monitoring and evaluation frameworks so that policy makers and other stakeholders can easily pick key points from the whole document.

“To make sure people understand these policy documents, you know some of them may not understand. The communication department develops popular versions of the same. Popular versions makes it easier for policy makers to run through the documents and pick key issues.” (Monitoring and evaluation officer, NACC)

Popular versions are preferred to most people who may not have time to go through the whole documents and sometimes they use non-technical language thus it increases on the number of people up taking evidence. Discussion with respondents revealed that evidence of monitoring and evaluation information use when conducting review and development of the current national monitoring and evaluation framework. These findings contrast to the findings on report of assessment of Nigeria HIV monitoring and evaluation system which identifies various forums as one way through which the country led organization uses to disseminate its information. Use of website and preparation of reports were some of the ways through which the Nigeria NACA organization ensured various stakeholders get information on HIV/AIDS in the country. Development of the country’s national strategic plan on HIV and AIDS was based on reviews on monitoring and evaluation information use (MEASURE Evaluation, 2010).

From document review and discussion with key informants it was seen that information disseminated is analyzed per user needs for example some summary findings are done in Swahili and also some summary targeting policy makers are done in non-technical terms. All this is done with an aim of increasing uptake of evidence among various stakeholders working in HIV and AIDS interventions. This is further supplemented by existence of a standard format within NACC

and which has been shared among stakeholders to guide reporting and tabulation of reports before dissemination. This finding contrast to the finding from the report of assessment of Nigeria monitoring and evaluation system which identifies lack of stakeholder needs assessment at all levels for the organization to understand how information should be packaged for better uptake of evidence (MEASURE Evaluation, 2010).

From the assessment it was however noted that NACC lacks a timetable showing how often and period within which reports will be shared with stakeholders. This affects policy making process among Ministry of Health officials as seen in the past where decisions are made primarily to donors on major huge studies conducted in the country. From the assessment it was revealed that staff at lower levels facilities have much workload as they are involved in data collection and reporting of the collected data. Staff who support data collection and reporting at the lower levels end up not receiving communication and feedback on outcome of data they supplied. Most of the time they never have time or incentive to use the data to inform their day to day operations before they forward data to their colleagues and superiors at the headquarters. This leads to inadequate data demand at lower levels as much focus is at national and regional levels where most of the policy makers are found. Junior staff end up not learning from programme implementation which can have better outputs in the future.

During discussions with some respondents it was found that poor packaging of the available information was the main cause for not using available evidence for decision making. This was linked to lack of data quality checks at decentralized levels. This finding contrasts to what a baseline study of division of reproductive health found out in the 2013 where ability to use data for decision making was lacking in the Ministry of Health Kenya (MEASURE Evaluation, 2013). Some weakness were observed from the assessment and they include; lack of important information from the website as a result of the system/website crashing as noted by one respondent during discussion. This has made it a challenge for NACC to post some publications as plans are still underway to repair the website.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the findings, conclusion and recommendations from the assessment. The chapter begins by summarizing findings of the assessment of NACC HIV M&E system. Conclusion on the on the status of NACC HIV M&E system based on findings on each category and 12 components as assesses and finally recommendations were made for NACC HIV M&E system, policy and programmes and also recommendations for further research.

5.2 Summary

The assessment was conducted to determine whether the NACC M&E system meet the expected standards of an M&E system. Specifically the assessment sought to establish if there are structures for people, partnership and planning for NACC HIV M&E system, review data management processes for NACC HIV M&E system and establish if there is evidence use in informing decision making for NACC HIV M&E system. Mixed methods approach (quantitative and qualitative) was used to collect and analyze data for this assessment. Quantitative data was collected using self-assessment tool adopted from MERG and it involved graphs which showed on the status of NACC HIV M&E system for each component. Qualitative data was collected through documents review, key informants interviews and discussions with staff who support the systems and sub systems at various levels. The assessment was guided by the framework on 12 components of an M&E system by UNAID (2008) which was operationalized into three categories each discussing all the components in each category of the three rings making up the M&E system.

The assessment revealed that there is a HIV M&E system that is functional at NACC. The assessment observed that the system had some weakness which include; inadequate personnel with requisite skills form a crucial part of monitoring and evaluation system. Some of the key findings from then assessment were as follows; existence of M&E system and its sub systems at NACC and its partners. Within NACC and its partners, there exist M&E units whose function is

production of data on various aspects of HIV/AIDS in the country. The assessment identifies availability of good documents guiding M&E work at various levels. However, staff at some levels do not utilize the documentation in guiding monitoring and evaluation work as it was seen from the assessment.

Some of the strengths that were noted within the system include; existence of uniform tools which have been standardized and which implementers are supposed to use to ensure that there are organized reporting and less cases of double reporting, structures which are well defined and everyone is aware of the responsibilities that they are supposed to play, availability of IT equipment within NACC and its partners and also existence of HIV M&E system databases and other databases from various sub systems which collect data on services given at various facilities. However the various system and sub-systems from various partners are not linked resulting in duplication of efforts.

Some of the key challenges noted within the system include; problem of funding where the NACC entirely rely on donor funding to conduct data quality audits and other activities in the annual work plans, information technology equipment are insufficient and most of the work is paper based especially at the lower levels facilities and as a result they have more paper work at facility and community level and also non reporting by some stakeholders for example, the constituency AIDS coordinating coordinators and private sectors were seen to have poor reporting to NACC and its partners on various indicators of HIV/AIDS in Kenya.

5.3 Conclusion

The assessment had sought to establish if the NACC HIV M&E system conforms to international standards. Specifically the assessment had sought to establish if there are structures for people, partnership and planning for NACC HIV M&E system; review data management processes for NACC HIV M&E system and establish if there is evidence use in informing decision making for NACC HIV M&E system. From presentation of the results, the assessment found out that there is a functional and working M&E system at NACC which conforms to international standards and guidelines. The NACC HIV monitoring and evaluation system has an enabling environment which operate the systems but this category of the component. This was evidenced by existence

of monitoring and evaluation units within various levels and systems which generate data as observed from this assessment. Existence of a monitoring and evaluation plan which describes how the monitoring and evaluation framework will be implemented was seen as a strength within the system. Existence of structures that are defined was seen as good element within the system as it clarifies on responsibilities that everyone is supposed to handle. However, there were some challenges that were observed from the assessment within this component which included lack of enough personnel within the system.

In terms of structures for data management process, the assessment found out that there are tools and guidelines to be used in data collection, collation and analysis, existence of databases for holding data collected by partners. The assessment however, points out on some challenges within the system which limit functionality of the system and particularly this component. Inadequate funding was cited as a major challenge affecting the system. Most activities at NACC and indeed at Ministry of Health were cited not to have been conducted due to lack of funds. The assessment also found out that the Government of Kenya has not committed itself in supporting the NACC HIV M&E system as evidenced from the amount of budget allocated to the organization. Finally in terms of decision making, the assessment found that there NACC as an organization tries to package information in a way that policy makers and other stakeholders can uptake the evidence and thus influence decision making. The organization was seen to perform well in involving key stakeholders in planning on all issues of HIV/AIDS in the country especially organizing for round tables among policy makers. However a challenge was noted component whereby user needs had not been assessed in the past so that the organization can better understand how to package its information for better uptake of evidence for decision making and behavior change among population of interest.

5.4 Recommendations

In view of the findings from the assessment, the following recommendations were made on the three broad category of NACC M&E system, recommendations for policy and programmes and also recommendations for future research.

5.4.1 Recommendations for Policy and Programmes

5.4.1.1 People, Partnership and Planning

Organizational Structures for M&E: More staff with requisite skills (monitoring and evaluation and basic IT skills) should be employed at national level, regional and the decentralized levels. This will reduce workload among staff especially at the national level which will in turn improve their output and lessen pressure with work as observed from the assessment. The assessment observed gaps in skills among personnel at facility levels from where data is generated which makes the system weak.

Human Capacity for M&E: NACC as an organization should conduct human capacity assessment for the organization to understand better on how trainings will be delivered in case of capacity gaps, unlike the current plan where personnel identify the capacity needs on their own.

M&E Plan: More financial resources should be allocated to monitoring and evaluation department. For example from the assessment it was noted that less data quality audits were done as a result of budgetary constraints. Adequate financial resources will enable all costed activities in a year within the organization run smoothly. This calls upon the government of Kenya to increase on the amount of money they allocate to NACC as the body mandated to coordinate HIV/AIDS in Kenya for better coordination and management of activities. In this regard NACC should increase its budgetary allocation to monitoring and evaluation unit to reach the minimum recommended international standards of at least 10% of the total budgetary allocation in a financial year for smoother running of all activities in the annual work plan.

M&E Work Plan: Development of the annual work plans should follow on the success of the previous implementation instead of just completing the activities just because they are in the work

plans. This will help address all issues that were challenging in the previous implementation before focusing on other indicators. This will enhance better management and reporting of data on all HIV/AIDS interventions in the country.

Communication and Advocacy: NACC should develop communication and advocacy strategy for the current monitoring and evaluation framework (Kenya national HIV/AIDS strategic framework IV). This will help all stakeholders and implementers understand on the role they are to play in implementation of HIV/AIDS programmes in Kenya.

5.4.1.2 Data Collection, Capturing and Verification

Routine Program Monitoring: Monitoring indicators should have clear timelines and also each indicator should have a baseline value. This will help in setting targets that various organizations want to achieve over period of times and in result bring focus within organizations working in HIV and AIDS programmes.

There should be adequate reporting tools at all levels for example community based programme activity report forms. Incomplete data reported in the past was cited to have been incomplete due to lack of enough forms and staff resolve to use notebooks and in the end they miss on some data. Also these forms needs to be translated to Kiswahili as recommended from review of the fourth strategic plan something which has not been done as the forms are only in English language.

National and Sub National Databases: Adequate IT equipment should be availed in order for the system to run and function well. Most facilities lack computer and they mostly use papers in reporting data. Adequate IT equipment will help improve on data quality and completeness as data entry will be done at the levels where data is collected and thus eliminating some errors. Adequate IT equipment will also help in limiting on the number of hard copies that are filled by staff at lower levels which will also improve on the way information is stored and retrieved. Availability of IT equipment at various levels will make electronic reporting easier which will translate to greater reporting efficiency and quicker feedback which will translate to better decision making.

Efforts should be made to strengthen systems and databases that we have so far so as that we eliminate the number of surveys that are conducted over some period of time. Functional systems can be able to pick sufficient and relevant information on a wide range of indicators of HIV and AIDS and data from these databases and systems can yield much more information unlike the information we receive from studies and surveys which only pick information on a few individuals and samples. In this regard, efforts to have unified country response system should be fast tracked so as to we have a unified way of reporting activities on HIV and AIDS in the country. This will also help in addressing duplication of efforts as it is currently noted from the assessment.

National monitoring and evaluation system and programmes monitoring and evaluation system should synergize to answer to the bigger monitoring and evaluation system so as to ensure the system responds appropriately to set indicators. This will make information available to a wider stakeholders and thus improve on decision making.

Supervision and Auditing: Supportive supervision and data auditing should be carried out at least once in every quarter. This will help identify areas with data gaps and skills gaps so that mechanisms for addressing the identified gaps are put in place on time. Data quality audits on the other hand should help in addressing data gaps observed in data on time so that there complete data collected on all indicators being tracked by HIV/AIDS.

Establishment of legal requirements of all implementing agencies of HIV and AIDS activities to report to sub county and county levels in a timely manner, using harmonized formats, to ease consolidation of data at national level. The assessment observed non-reporting by some partners.

5.4.1.3 Data Use for Decision Making

Data dissemination and use: User needs should be assessed so as to enable NACC as organization and other implementing partners to understand how to package information for wider reach. This will help NACC and stakeholders understand on better ways of packing information to a wide audience for wider uptake of evidence and also use of evidence for decision making.

More assessment of M&E systems should be carried out more often as recommended by The World Bank. Monitoring and evaluation being a dynamic field, new technologies and methodologies of performing monitoring and evaluation come up overtime and as a result there is need to incorporate these new methods to M&E work. It is important to conduct assessment often so as to identify challenges within the system so that timely remedial actions can be made and also incorporate the new methodologies of M&E to existing systems for better reporting of programme interventions.

Other government departments should consider conducting assessments to determine if the systems are functional so that we have systems that report better on results for better service delivery of services to citizens in Kenya and other countries using the systems. This calls for various government departments and units and other organizations using M&E system to conduct an assessment of the various system in use so as to we have functional M&E systems that can report on results for improved operations of programmes which will translate to improved welfare of citizens in Kenya and across the world.

5.5 Recommendations for Further Research

Future studies should look at how various stakeholders are involved in the data production and transmission to the main system at NACC. This can be done by looking at how various NGOS, CBOS and other partners collect and transmit data to NACC HIV M&E system. This will be helpful in gaining in-depth understanding of functionality of NACC HIV M&E system in terms of challenges for remedial actions to be made and strengths which can translate to better monitoring and evaluation systems.

Other assessment should be conducted on NACC HIV M&E system using different tools to see the kind of results the assessment yield with ultimate goal of improving functionality of the system which may translate to better decision making and improved life of citizens.

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APPENDICES

APPENDIX A: Tools for Data Collection

Discussion Guide: Adapted from (UNAIDS 2009a; 2009b; World Bank 2009)

Key Informant Interview Guide

Hi, my name is I am here today to assess National AIDS Control Council Monitoring and Evaluation system which is the focus of my project my project for M.A. in Monitoring and Evaluation of Population and Development Programmes from the University of Nairobi, Population Studies and Research Institute (PSRI). Since you are the key person to consult, I would like to hear your thoughts, feelings, observations, and experiences of National AIDS Control Council M&E systems. This is not a test, and there are no rights or wrong answers and you should feel free in giving your answers. Your name will not be recorded with your answers, and everything you say will be kept secret. The most important thing is that you answer honestly on what you really think or feel. If there are questions that you do not want to answer, that is ok. If you do not understand the question and need more clarification, please ask.

A) Components relating to collecting, capturing and verifying data

1. Organizational capacity

- a) Does there exist organization structures with the HIV M&E in the organization?
- b) Does the unit have adequate monitoring and evaluation personnel?

2. Human capacity for M&E

- a) Are there times when you need assistance in carrying out your work?

If yes how often? If yes is the quantity provided enough and how often is it provided?

If No are you able to fulfil your responsibility with sufficient quality?

- b) Does there exist a human capacity and organizational development plan (covering sections; data demand and use- data collection and analysis). Probe for yes or no.

If yes how helpful is it?

If no do you think it should be included.

3 Partnership and governance

Is there a communication channel to facilitate exchange of information among stakeholders which is routine, local leadership, and capacity for stakeholder coordination? (This could be through development of the Monitoring and Evaluation plan, strategic plan- Kenya national HIV/AIDS Strategic Framework IV and other key guiding documents).

Probe for answer given

4 National M&E plan at NACC.

a) Is the M&E plan well developed?

b) Are the goal and objectives in the HIV M&E Plan in line with the national HIV policy?

Probe for yes or no.

5 Annual costed work plan

a) Is there a current M&E work plan in the organization? If yes, were you involved in its development?

b) What was your role in development of the current M&E work plan?

c) Are all activities under your department costed? Is the current M&E work plan up to date?

Probe for the answer given

6 Advocacy, communication and cultural behavior

How often is the performance of the monitoring and evaluation system communicated/reported to you?

Probe for answer given

B) Components relating to collecting, capturing and verifying data

7 Routine monitoring

Are there national guidelines to document procedures for collecting, recording, collating, and reporting program monitoring of NACC data?

Probe for answer given

8 Surveys and Surveillance

Does there exist a well-functioning surveillance system and an inventory of completed surveys and surveillance?

Probe for yes or no.

If yes. Do you have capacity to conduct surveys and surveillance protocols?

9 National and subnational databases

a) Does there exist national and subnational databases that respond to the decision making and reporting needs of different stakeholders?

b) Would you say that there are linkages between national and subnational databases to monitor data consistency and avoid duplication of efforts?

Probe for yes or no

10 Supervision and auditing

How often do you conduct supervisory visits and data quality audit status, report writing, and capacity to provide feedback to local staff?

Probe for answer given

11 Evaluation and research

Does there exist inventory at NACC of ongoing and completed country specific research and evaluation and the availability of a national evaluation and research agenda, including existence of dissemination forums.

Probe for yes and no.

C) Component about using data for decision-making

12 Data Demand and Use

Does there exist data use plan in the monitoring and evaluation and national strategic plans, including a data use calendar to guide a timetable for major data collection efforts and reporting requirements.

Probe for answer given

We have come to the end. Thank you for your time!

APPENDIX B: Document Review Checklist

Checklist for assessing the Kenya NACC - monitoring and evaluation system using the 12 components of monitoring and evaluation tool.

Scoring in the checklist was as follows; (a). 5-point scale - yes standard is fully met, standard is mostly, partly, standard is not met at all and not applicable and (b). 3-point scale yes, no, not applicable and (c) numerical responses which included percentages and numerical values. This information was guided by a pre assessment guide of documents review as adapted from UNAIDS framework. The values were entered in the column named NACC, NASCOP and Ministry of Health for each component. The information filled generated a graph in *Appendix D*.

Document Review Guide; Adopted from (UNAIDS 2009a; 2009b; World Bank 2009)

1. Organizational Structures with M&E Functions

- Check if NACC, NASCOP and Ministry of Health have M&E units.
- Leadership structure exist and documented.
- Number of personnel in the M&E units for NACC, NASCOP and MoH.

2. Human Capacity for M&E

- Is there a Human capacity development plan?
- Does the organization have defined skill sets for M&E personnel?
- Has Human capacity assessment been conducted in the organization?
- Are there Local/regional institutions that offer training in M&E?
- Is there a Standard curriculum for M&E capacity building?

3. Partnerships for the M&E system

- Check if there is inventory of all M&E partners with documentation describing how often they should hold meetings and their role.
- Check if there is leadership to enable stakeholder participation.

4. M&E plan

- Check if there is an M&E plan developed for the organization.

- Check if development of the plan involved relevant stakeholders.
- M&E plan meet minimum conventional standards.
- Check for budget estimates for the M&E plan?
- Check if the M&E plan describes how the 12 components will be implemented.
- Check if the M&E plan describes data architecture from various partners.
- Check if the M&E plan has indicators with baseline values.
- Check if all the indicators have targets.

5. Costed annual M&E Work Plan

- Check if the organization has M&E work plan.
- Check if activities in the M&E work plans have been costed and allocated budgets.
- Check if all activities in the M&E work plan have been assigned implementing partners.
- Check if the annual work plans are revised quarterly.

6. M&E Communication and Advocacy Culture

- Check if there is Communication and Advocacy for the organization.
- Check if advocacy activities for M&E are planned, targeted and structured.

7. Routine Monitoring of the Programme

- Check if there are forms and tools for routine monitoring of programmes.
- Check if there are guideline for data collection and general data management.

8. Surveys and Surveillance

- Check if there are inventory of completed surveys.
- Check for documented schedules for surveys and surveillance.
- Assess if the protocols of surveys meets international standards.

9. National Data Bases

- Check if there are any databases within NACC, NASCOOP and MoH.
- Check if the databases are operational.
- Check if the databases are integrated.
- Check if there sufficient IT equipment to manage the databases.

10. Data Auditing and supervision

- Check for documented guidelines for supportive supervision and data auditing.

- Check if the organizations give feedback to supervised teams with data quality audit reports.

11. Research and Evaluation

- Is there an updated research agenda for the organization?
- Check for inventory of completed and ongoing research and evaluation studies.
- Check for documented ethical approvals and procedures.
- Check for inventory of various partners carrying evaluation and research in HIV/AIDS.
- Check if evaluation and research findings are disseminated.

12. Use of Data and its Dissemination

- Check if there are schedules for dissemination of findings.
- Check if information is analyzed per user needs.
- Check if the NACC has developed information products for specific audiences.

APPENDIX C: Key Documents reviewed

Addressing Barriers to Rights to HIV services

AIDS in Kenya- Trends, interventions and impact 6th edition 2005

Annual Reports and accounts for the year ended June 20th 2011

Data collection and reporting tools for both facility based service delivery and related guidelines.

Data Use Manual for use by the Decentralized Structures (CACCs and DTCs) - National and AIDS Control Council

Guidelines for Field Operations at NATIONAL AIDS CONTROL COUNCIL Decentralized Structures 6th Edition 2011

Guidelines for Field Operations at NATIONAL AIDS CONTROL COUNCIL Decentralized Structures 3rd Edition 2007

Guidelines for HIV Testing and Counselling in Kenya- NATIONAL AIDS AND STIS CONTROL PROGRAMME

HIV and AIDS Research Strategy 1st edition 2007

HIV response in Kenya

Kenya Health Policy 2014–2030

Kenya HIV and AIDS Research Agenda 2014/15-2018/19

Kenya Nutrition and HIV/AIDS strategy 2007- 2010

Kenya Private Sector Advisory Network (KPSAN) constitution.

Multi-sectorial HIV MONITORING AND EVALUATION system

National AIDS Control Council and Stakeholders code of conduct guidance notes 2010

National AIDS Control Council Grants Manual 1st edition July 2011

National HIV/AIDS Monitoring and Evaluation framework – 2005

Quarterly HIV and IDS Monitoring and Evaluation report quarter 3 and 4 2007

Strategic plan 2011- 2015 Kenya Private Sector Advisory Network (KPSAN) and National and AIDS Control Council.

Sustainable financing options for HIV and AIDS in Kenya

The national policy on HIV/AIDS

The national strategic plan on HIV/AIDS (KNASP I-IV)

APPENDIX D: Overall Summary Graph on all the 12 Components Across All Partners

