

**INVESTIGATING THE MONITORING AND EVALUATION PROCESS OF  
HIV/AIDS PROGRAMMES BY NON-GOVERNMENTAL  
ORGANIZATIONS IN KWAZULU- NATAL PROVINCE**

by

**Olayinka Abiola Fasanmi-Kana**

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**SUPERVISOR:** Prof KA MABOE

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## DECLARATION

I, Olayinka Abiola Fasanmi-Kana, declare that **INVESTIGATING THE MONITORING AND EVALUATION PROCESS OF HIV/AIDS PROGRAMMES BY NON-GOVERNMENTAL ORGANIZATIONS IN KWAZULU- NATAL PROVINCE** is my own work and that all the sources used or quoted in this study have been acknowledged by means of complete references.



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14 December- 2018

## **DEDICATION**

This study is dedicated to my parents, Omotayo Bolajoko and Oluwayemisi Ebunoluwa Fasanmi, whose immeasurable love and support gave me the confidence and courage to be relentless in achieving my goals.

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# **INVESTIGATING THE MONITORING AND EVALUATION PROCESS OF HIV/AIDS PROGRAMMES BY NON-GOVERNMENTAL ORGANIZATIONS IN KWAZULU-NATAL PROVINCE**

Student number: 54591295

Student: Olayinka Abiola Fasanmi-Kana

Degree: Master of Public Health

Department: Health studies, University of South Africa

Supervisor: Prof KA Maboe

## **ABSTRACT**

In South Africa, HIV/AIDS takes the lead, and this is a serious health concern. Being a country that is mostly affected by this epidemic, various stakeholders such as international organizations, Non-governmental organizations, private organizations and government organizations have come up with a collaborative effort to manage the epidemic. Through various interventions, it has been noted that monitoring and evaluation of HIV/AIDS remains underdeveloped.

The purpose of this study was to investigate the monitoring and evaluation process implemented on HIV/AIDS programmes by the Non- Governmental Organizations (NGOs) in a specific municipality in KwaZulu-Natal province.

A quantitative, explorative and descriptive design was used. A self-developed questionnaire was used as data collection instrument. Data was collected from November 2017 to March 2018. Seventeen (17) NGOs and a total of 83 respondents who met the inclusion criteria participated to the study.

The results revealed that the NGOs in this specific municipality had some inconsistency in implementing and delivering M&E process on the HIV/AIDS programme. The results of

the study indicated that the challenges and issues identified by the respondents affected the way they monitored and evaluated the projects they implemented.

It was recommended that through training of staff to acquire skills for designing monitoring and evaluation plan for all projects and development of comprehensive M&E plan document that detailed the programme's objectives, developed the interventions to achieve these objectives, the NGOs in this specific municipality will be able to improve their current monitoring and evaluation process implementing on HIV/AIDS management programme. The need for communication between programme planners and various funders on how to put in place a structured M&E plan for all the projects to be implemented in future and adequate resources to implement M&E processes and functions were highly recommended.

**KEY TERMS:** AIDS, evaluation, HIV, implementation, investigating, monitoring, Non-governmental organizations, process, programme, project.

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## ABBREVIATIONS AND ACRONYMS

AAHI	Action Against Hunger International
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti- Retroviral Therapy
ASARECA	Association for Strengthening Agricultural Research in Eastern and Central Africa
AUSAID	Australian Agency for International Development
CBOs	Community based Organizations
DPME	Department of performance monitoring and evaluation
DPSA	Department of Public Service and Administration
FMPPI	Framework for Managing Programme Performance Information
GFATM	Global Fund to fight AIDS Tuberculosis and Malaria
GWM&E	Government-wide Monitoring and Evaluation
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HSRC	The Human Sciences Research Council
HST	Health Systems Trust
HTLV-111/LAV	Human T-cell Lymphotropic Virus-type III/ Lymphadenopathy-Associated Virus
IFAD	International Fund for Agricultural Development
IFRC	The International Federation of Red Cross
KZN	Kwa Zulu-Natal
LGBTIs	Lesbian, Gay, Bisexual, and Transgenders
MDGs	Millennium Development Goals

M&E	Monitoring and Evaluation
MIDP	Municipality Integrated Development Plan
MMC	Male Medical Circumcision
NACOSA	Networking HIV/AIDS Community of South Africa
NDOH	The National Department of Health
NGO	Non-Governmental Organization
NRCS	Nepal Red Cross Society
NSP	National Strategic Plan
OVCs	Orphan and Vulnerable Children
PEPFAR	The United State President's Emergency Plan for AIDS Relief
PFIP	Partnership Framework Implementation Plan
PLHIV	People Living with HIV
PMBOK	Project Management Body of Knowledge
PMI	Project Management Institute
PMM	Performance Management Meeting
PMTCT	Prevention of Mother to Child Transmission of HIV/AIDS
PEP	Post Exposure Prophylaxis
RBME	Results Based Monitoring and Evaluation
SA HIV/AIDS	South Africa HIV & AIDS Statistics
SANAC	South African National AIDS Council
SPSS	Statistical Package for Social Sciences Software
STATSSA	Statistics South Africa

STIs	Sexually Transmitted Infections
TB	Tuberculosis
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nation Children Fund
USAID	US Agency for International Development
VMMC	Voluntary Male Medical Circumcision
WHO	World Health Organization

## CHAPTER 1

### ORIENTATION TO THE STUDY

#### 1.1 INTRODUCTION

According to the South African National AIDS Council (2012:12) and UNAIDS (2014: 19-21), South Africa is facing severe pandemics of Human Immune Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS). Similarly, Shisana, Rehle, Simbayi, Zuma, Jooste, Zungu, Labadarios, Onoya, Davids, Ranlagan, Mbelle, van Zyl and Wabiri (2012:9) observed that South Africa is listed in the world ranking as one of the countries most affected by the HIV/AIDS pandemic. Statistics South Africa (STATSSA) indicates that the disease reached acute epidemic proportions with an estimated increase of people living with HIV/AIDS from 4.2 million in 2002 to 6.19 million in 2015 and an immense disease prevalence of 11.2% in 2015 (Statistics South Africa 2015:6). Likewise, the United Nations Programme on HIV/AIDS (UNAIDS 2016:5) estimated that 33.2 million people are infected with HIV globally, of which 22.5 million are in sub-Saharan Africa and South Africa topping the list with the highest number of HIV-infected persons.

It is significant to note that the occurrence of the human immunodeficiency virus has surpassed all expectations since it has been identified 30 years ago. According to UNAIDS (2016:5) projected figures, 36.7 million people are living with HIV, 2.1 million of these are new occurrences of HIV infection, and 1.1 million died of AIDS-related causes in 2015. Generally, an average 57,000 of new HIV occur daily and more than 66 percent of it are in Sub-Saharan Africa (UNAIDS 2016:9). A study by Shisana, Rehle, Simbayi, Zuma, Jooste, Jungi, Labadarios and Onoya (2014:24) reported the presence of HIV prevalence rate of 12.3% for women in 2012, meaning that approximately one-fifth of women in their reproductive ages were HIV positive in South Africa.

Owing to the alarming statistics of HIV/AIDS prevalence in South Africa, several measures were and are being taken in partnership with several Non-Governmental Organizations (NGOs) to curb the spread of the disease. Among these were monitoring

and evaluation measures and programmes developed and implemented even by NGOs. Notwithstanding these measures, the problem remains persistent. It is in view of these that this study aimed to investigate how the process involved in Monitoring and Evaluation process is been implemented on HIV/AIDS programmes by the Non-Governmental Organizations in specific local municipality in KwaZulu-Natal province, South Africa.

## **1.2 RESEARCH BACKGROUND**

The HIV/AIDS epidemic has become one of the foremost challenges in the past 30 years South Africa (Lozano, Naghavi, Foreman, Lim, Shibuya & Aboyans 2012: 2118). It should be indicated at this point that there are in total nine provinces in South Africa, namely: KwaZulu-Natal (KZN), Gauteng, Limpopo, Mpumalanga, Eastern Cape, North West, Northern Cape, Free State and Western Cape. Among these, the KwaZulu-Natal province according to South Africa National AIDS Council (SANAC 2012:13) has an estimated 40% prevalence of HIV/AIDS, of which about 28% of people are living with it. Consequently, the province is characterized as the epicenter of AIDS epidemic in South Africa and there is no easy way of addressing this challenge.

However, the monitoring and evaluation of HIV/AIDS projects are undertaken via NGOs working on the issue and are viewed as a best practice requirement in this regard (UNAIDS 2013:11). This is because the monitoring process is used to acquire and analyze the relevant information for tracing progress, determining impact and improving future actions by accounting for the failures or successes of programmes. The comprehensive nature of the monitoring process necessitates the involvement of the implementing staff and stakeholders' representatives such as the funders, community leaders, and health care workers in the organizations' programmes on HIV/AIDS. Accompanying the monitoring process is the evaluation process, which is used to assess whether the programme implementers have been able to realize the emphasized objectives, which includes responding to HIV pandemic and mitigating its impact in KwaZulu-Natal province, and if not, the reasons for such a failure is identified for future purpose (UNAIDS 2013:12). The evaluation process is often conducted during organizations' performance review meetings to realize if the aim of the project has been

or was attained. Gertler, Martinez, Premand, Rawlings and Vermeersch (2011:5) state that the M&E process can be carried out monthly, bi-monthly (once in two months), quarterly, bi-annually or annually.

According to the President's Emergency Plan for AIDS Relief (PEPFAR 2010:10), monitoring and evaluation of HIV/AIDS management programme is a process that assists the organization in improving performance against targets and attaining the anticipated results. It is required to assess the progress of two interrelated goals which measure performance against target (Déglise, Suggs & Odermatt 2012:278). The M&E of HIV/AIDS programme is a significant element of the complete HIV/AIDS management plan which aims to reduce the pandemic of HIV/AIDS disease in South Africa (Déglise, Suggs & Odermatt 2012:275). The purpose of the M&E framework is to help donors in monitoring the resources invested in the activities carried out by the organizations, services delivered, evaluation the outcomes, worth and impact of the programme (PEPFAR 2010:10). Effective M&E can also be used to determine if and to what extent programme activities achieve their intended outcomes (Déglise, Suggs & Odermatt 2012:279). So, to all intents and purposes, M&E is useful for programme improvements and justification of the resources from funders, and for informing decisions makers about future resource allocations. While programme evaluation helps the implementers to collect evidence- based information about projects activities to determine the worth of a programme.

Globally, researchers have been focusing on addressing the HIV/AIDS problem on treatment, care, support and prevention from a social, technical, educational, and managerial perspective. They have also identified M&E of HIV/AIDS programmes as a major area of focus that could be of importance in addressing the HIV/AIDS pandemic. According to Dorothea and Hans (2012:11) M&E provides a means through which transparency can be demonstrated to other stakeholders for the benefit of future projects facilitated. As such, donors are particular about the M&E aspect of any HIV/AIDS programme, given their interest to recognize if the projects are achieving the set targets and goals (UNAIDS 2010:9). Efficient M&E can be used by program implementers to

improve accountability, inform budget allocations, and guide policy decisions towards the development of HIV/AIDS management strategies.

The Municipality Integrated Development Plan (MIDP 2009:13) reported that this specific municipality is the largest local municipality within the specific district of KwaZulu-Natal with about 61% of that specific district population. The specific municipality encompasses eleven areas (MIDP 2009:14). It has the largest number of NGOs implementing HIV/AIDS programme compared to the remaining ones. A study by Kelly, Mkhwanazi, Nkhwashu, Rapiti and Mashale (2012:13) established that this specific district has been recording the highest HIV/AIDS prevalence rate of about 42, 5% and the district has the highest prevalence rate of HIV in South Africa. Given this prevalence and the overwhelming effect of HIV/AIDS, the South African government formed a Joint Health and Treasury Task Team in 2002 (Government 2003: 17). The aim of the team is to recommend options for expanding the treatment response of HIV/AIDS beyond prevention of mother to child transmission (PMTCT) and post-exposure prophylaxis (PEP) in the year 2002 (Honermann & Heywood 2012:9; Meyer-Rath & Over 2012:7). More so, PEPFAR, has, since 2004 spent more than \$5 billion in South Africa for HIV response such as, the expansion of treatment, prevention, and care management services to successfully minimize the spread of HIV (PEPFAR 2016:1). Even with these efforts, the South African National AIDS Council (2015:36) still identified poor monitoring and evaluation of HIV/AIDS intervention programme amongst major challenges in addressing the pandemic.

As HIV/AIDS continue to affect lots of lives in South Africa, a priority has established about the need to respond to the epidemic (Mabhena, Ndirangu & Mutevedzi 2013:249). This has also led to the notion of partnership of shared responsibility for the development and execution of HIV/AIDS programmes between Government and NGOs. Assistance from donors such as: Clinton Foundation, Global Fund, PEPFAR, USAID and other international agencies continue to support various intervention, including funding of large NGOs to assist and deliver care for HIV/AIDS infected individuals. In addition to this, several stakeholders including NGOs have instituted several interventions such as HIV/AIDS prevention and treatment programmes to curb the epidemic which affects the



economic and social sectors of the country (Maurice 2014:1535). In this regard, the role of NGOs is to support the South African government in turning tide against HIV/AIDS epidemic. In the case of the KwaZulu-Natal province, Sassman, Lehaney, Bali, Naguib and Marshall (2010:120) observe that NGOs' partnership with the KwaZulu-Natal government would ensure a successful strategy that can lead the province to be HIV/AIDS free in the next generation. According to Meyer-Rath and Over (2012:7) this is achievable on the basis that technical or direct assistance is rendered to the public health care facilities through involvement in the management of HIV/AIDS programmes of which there has so far been some committed efforts towards achieving this aim.

Generally, NGOs addressing HIV/AIDS problems and programmes solicit funds from donors to carry out their various activities that include bringing HIV/AIDS services to the marginalized communities (Sassman et al 2010:120). At the same time, funders require NGOs to be accountable for funds used and the M&E process can in this light help NGOs present adequate feedback on the use of resources to these funders. It is noted that NGOs services are delivered through projects implementation such as HIV/AIDS management programmes that primarily focus on:

- Social and behavioural change where HIV/AIDS messages are communicated to people for protecting themselves from HIV/AIDS.
- Elimination of mother-to-child HIV/AIDS transmission through enrolling HIV/AIDS positive pregnant mothers on ART programme.
- Improving the quality of life of HIV/AIDS positive people through enrolment on ART programme.
- Providing both basic and palliative care, counselling and psychosocial support to HIV/AIDS infected people and their families.
- Improving voluntarily medical male circumcision through education and awareness and strengthening referrals and linkages within the facilities.
- Prevention of new occurrence of HIV/AIDS infection through outreach prevention programmes (Barron, Pillay, Doherty, Sherman, Jackson, Bhardwaj, Robinson & Goga 2013:72; Sassman et al 2010:120).

### 1.3 PROBLEM STATEMENT

According to Kelly et al (2012:13), in terms of HIV/AIDS prevalence in South Africa, the KwaZulu-Natal province has the highest prevalence in comparison to other provinces. SANAC (2012:13) describes the province as the epicenter of HIV/AIDS and TB infection. While numerous NGOs are implementing various HIV projects that play a big role in the community they serve, the monitoring and evaluation processes conducted and implanted, remains unclear. The scale of HIV infection has increased the complexity of HIV/AIDS programmes in recent years, thereby necessitating the obtaining of accurate data to inform donors and decision-makers as well as demonstrate progress towards the set goals and targets. However, many NGOs are still lacking knowledge of the implementation of monitoring and evaluation and therefore face challenges of producing routine quality data that is crucial in the tracking of progress health interventions (WHO 2010:4).

South Africa's global aids response progress report (2012:36) identified poor monitoring and evaluation of HIV/AIDS intervention programmes as one of the major challenges. Mabhena et al (2013:249) indicated that monitoring and evaluation of HIV/AIDS programmes remain undeveloped, with constant anomalies of high initiation numbers of HIV/AIDS positive patients yet to follow-up with the treatment. Looking at KwaZulu-Natal province as the case in point for this study, it has been observed that there are quite a number of NGOs undertaking HIV/AIDS programme. A case-study conducted by Mapfumo (2015:98) on Monitoring and Evaluation of HIV programmes by NGO uMngeni Municipality (a smaller municipality with a limited number of NGOs compared to this present research settings) of KwaZulu Natal revealed that M&E process are not properly implemented.

In that specific municipality, not only are there several NGOs implementing HIV/AIDS programmes, but also issues regarding abortive HIV/AIDS projects amongst NGOs and patients' failure to follow-up on HIV/AIDS treatment in clinics and hospitals supported by NGOs remain an immense concern.

Based on the researcher's working experience with NGOs implementing HIV/AIDS programme in KwaZulu-Natal province, the following were observed: failed HIV/AIDS intervention programmes; poor performance targets; inconsistency in accountability to funders; and patient lost to follow-up. This ignited the researcher's interest to investigate further how the current monitoring and evaluation process is being carried out in those NGOs. Thus, the impetus to carry out a research that not only looks at the need to establish M&E process on the programmes in order for them to be effective, but also find out about the challenges that may be hindering the monitoring and evaluation of HIV/AIDS programme implementation.

#### **1.4 PURPOSE OF THE STUDY**

This study aimed to investigate the monitoring and evaluation process of HIV/AIDS programmes implemented by Non-Governmental Organizations (NGOs) in a specific municipality in KwaZulu-Natal province.

#### **1.5 RESEARCH OBJECTIVES**

The objectives of this study are the following:

- To explore and describe the monitoring and evaluation process of HIV/AIDS programmes implemented by NGOs in KwaZulu-Natal;
- To identify and describe the challenges the NGOs are confronted with in ensuring the effective monitoring and evaluation process of the implementation of HIV/AIDS programmes;
- To propose the support interventions to overcome the challenges of effective monitoring and evaluation of HIV/AIDS programmes by NGOs in KwaZulu-Natal.

#### **1.6 RESEARCH QUESTIONS**

- How is the monitoring and evaluation processes carried out on HIV/AIDS programmes implemented by NGOs in that specific municipality?

- What are the challenges faced regarding effective monitoring and evaluation process of HIV/AIDS programmes implementation in these NGOs?
- What interventions can be put in place to support NGOs to overcome the challenges in monitoring and evaluation of the HIV/AIDS programmes?

## **1.7 DEFINITION OF KEY CONCEPTS**

### **1.7.1 Acquired Immune Deficiency Syndrome (AIDS)**

The final and most critical stage of HIV disease, which causes severe impairment to the immune system is referred to as AIDS. At this stage, macrophages, CD4 cell (a type of immune cell) of person with HIV infection counts below 200 (Garg, Mohl & Joshi 2012:3030).

### **1.7.2 Evaluation**

Evaluation is a methodical process for gathering, analyzing, and using evidence-based results to answer questions relating to projects objectives (Déglise et al 2012:279; Mertens & Wilson 2012: 169). Evaluation in this study is the procedure which attempts to determine as methodically and objectively as possible the effectiveness and impact in the light of specified objectives of the NGOs based in the specific municipality regarding the implementation of HIV management programmes.

### **1.7.3 Human Immune Virus (HIV)**

According to Kumar (2012:147), human immunodeficiency virus popularly referred to as (HIV) is a lentivirus that causes Human Immuno-deficiency Virus infection in human. HIV infection mode of transmission occurs mainly through transfer of blood, semen, vaginal fluid, pre-ejaculate, or breast milk. The human immune virus infects vital cells in the human immune system.

### **1.7.4 Monitoring**

According to President's Emergency Plan for AIDS Relief (2010:10), monitoring of HIV/AIDS management programme is a process that aims at ensuring the improvement of performance against targets as well as achieving the expected results. It is required to assess the progress of two interconnected goals of the inclusive HIV/AIDS and AIDS plan which measure performance against the target (Déglise et al 2012:278). In this context, monitoring is taken to mean the constant process of tracking the major components of project and implementation performance regarding HIV/AIDS management programmes implemented by the specific NGOs in KwaZulu-Natal.

### **1.7.5 Non-Governmental Organization (NGO)**

Davies (2014:3) describes it as an establishment that is independent of states, national, and international governmental organizations. NGOs are mostly financed through donations and run by members of society within the communities. They are a constitution of different groups of organizations that engaged in diverse activities globally (Statistics South Africa 2015:4). NGOs that operates within this municipality of KwaZulu-Natal province undertake HIV/AIDS management programmes through community development, social services and assisting communities in the fight against HIV and AIDS disease.

### **1.7.6 Programmes/Projects**

The Project Management Institute (2012:4) delineates programmes/projects as planned set of interconnected tasks to be carried out over a fixed period in order to achieve an objective or set of objectives. In the context of this study, programmes /projects are used to mean a set of interrelated activities carried out by the NGOs over a given period of time to achieve their objectives, which include to respond to the challenges of HIV/AIDS in specific municipality in KwaZulu-Natal province.

## **1.8 RESEARCH DESIGN AND METHODS**

According to Silverman (2013:5), research design and methods are techniques used by the researcher to gather or analyze data in order to discover new information about the study. Brink, Van der Walt and Van Rensburg (2012: 96-118); Creswell (2012:314) define it as the general strategy chosen by the researchers to incorporate the different aspects of the study in a consistent and coherent manner. The research design also included the plan for data collection, analysis and presentation of data.

### **1.8.1 Research Design**

Muaz (2013:5) describes this as a strategy employed by researchers to integrate different components of the study in a coherent and logical manner. In the context of this study, a quantitative, explorative, and descriptive design was employed.

#### **1.8.1.1 Quantitative design**

Quantitative research design is a type of research used to indicate research methods that yield numerical data based on a positivist philosophy (Gerrish & Lacey 2010:531). Quantitative approach was adopted to investigate the monitoring and evaluation processes of HIV/AIDS programme in Kwazulu-Natal based NGOs using questionnaire as a means to collect data.

#### **1.8.1.2 Explorative design**

Explorative research design is a type of design which is conducted for a problem that has not been clearly defined and intended to establish priorities (Brans, Willnat, Manheim & Rich 2011:105). In this study, explorative design was used to discover how the monitoring and evaluation processes of HIV/AIDS programme by the NGOs in the municipality based in KwaZulu-Natal province is being carried out. This helped the researcher to gain new insight whether the process is effective and, if not why.

#### **1.8.1.3 Descriptive design**

Descriptive research design is used to describe the characteristics of the phenomenon being studied (Creswell 2012:315; Shields & Rangarjan 2013: 26). Descriptive research design was employed to describe the current process of monitoring and evaluation of HIV/AIDS projects by the NGOs.

## **1.8.2 Research Method**

Research method can be defined as a way of conducting research that may or may not be accepted by a considerable fraction of a research community. It depends on epistemologies which vary considerably between humanities and sciences (Wilson & van Ruiten 2013:248). Quantitative research method was adopted to investigate the effectiveness of monitoring and evaluation processes of HIV programme in these specific NGOs.

### **1.8.2.1 Research setting**

Research setting is the environment wherein the study is conducted, and data collected for the purpose of study (Silverman 2013:5). The research setting for this study was 17 NGOs in a specific municipality in KwaZulu-Natal province where HIV/AIDS programmes are being implemented by the NGOs.

### **1.8.2.2 Population**

Population constitutes a set of subjects that can be studied and may include people, organizations, animals, plants, and objects from which a sample may be chosen (Ojovan & Loshchinin 2015:239). In this study, the targeted population was 26 NGOs located in a specific municipality in KwaZulu-Natal. However, only 17 of the NGOs involved in the implementation of HIV programmes and the monitoring and evaluation processes consented to participate in the study.

### **1.8.2.3 Sampling technique and sample**

Shahrokh and Dougherty (2014:242) define sampling technique as a method used by researchers for selecting a sample from a study population. Sampling methods can either be probability or non-probability. Purposive sampling which is a type of non-probability sampling method was used in this study. A total number of 17 NGOs were selected based on their availability, eligibility, relative ease of access and willingness to participate. After the researcher has approached the NGOs implementing HIV/AIDS programmes in this specific municipality to seek for their permission and participation, only 17 NGOs agreed to the study. Hence, all the 17 NGOs were selected. The selection of the NGOs was based on their availability, eligibility, relative ease of access and willingness to participate. These NGOs are known to deliver HIV prevention programmes, treatments, training, awareness and behavioural control as their core activities, and are also embroiled in the monitoring and evaluation of HIV programmes. Seventeen (17) NGOs and a total of 83 respondents who met the inclusion criteria participated to the study. More about sampling method and sample size are elucidated in chapter 3.

#### **1.8.2.4 Inclusion criteria**

These are characteristics that the potential subjects must have if they are to participate in the study Inclusion criteria (Booth, Clarke, Ghersi, Moher, Ptticrew & Stewart 2011:108). It helps the researcher to conduct the study in an effective and safe manner. The inclusion criteria are the following respondents:

- Respondents from each NGO who have been trained and involved in the implementation, monitoring and evaluation of HIV & AIDS programme.
- Respondents who have spent within 2 or more years of service in the organization implementing HIV/AIDS programme.
- Respondents who are either involved in one or more of the following; HIV prevention programme, treatment, training and awareness and behavioural control as their core activities.



### **1.8.3 Development and pre-testing of an instrument**

The researcher used survey instrument for data collection in the form of a self-developed structured questionnaire. The development of the questionnaire was based on literature reviewed. The questionnaire contained close-ended and open-ended questions which were divided into 7 sections (refer to Annexure 4). It was based on the objectives of study. This allowed the respondents to answer the relevant questions based on the research objectives. The aim of pre-testing was to check for the completeness and accuracy of the questionnaire before subjecting it to the actual study. Further aim was to check for the validity and reliability of an instrument. The instrument was developed in English language and aimed to be completed within 15 minutes. The instrument was pre-tested amongst 6 respondents in 1 NGO implementing HIV programmes within the specific municipality. This NGO was not part of the main study. The instrument was pre-tested on Monday October 30, 2017.

#### **1.8.3.1 Data collection**

Data were collected from November 2017 to March 2018. It was collected for a period of five (5) months after ethical clearance and permission to conduct the study had being granted to the researcher. The questionnaire was developed and administered by the researcher. Data collection from each NGO was on a weekly basis. However, two NGOs located in the same geographical area were done in one week.

A total number of 83 respondents from 17 NGOs who met the inclusion criteria participated in the study. After the purpose of the study and how the questionnaire will be completed have been explained to the respondents in the organization's waiting room, an informed consent was requested. The respondents were assured that there is no penalty for withdrawing from the study even if the informed consent form has been completed should they wish to. Privacy, confidentiality and anonymity were maintained. A total number of 83 questionnaires which were distributed were returned by the respondents within the period of 5 months. The questionnaires were completed by the respondents in 15 minutes. The questionnaires which were received from the respondents were stored electronically in a secure private google drive for security purpose and for data analysis.

The researcher will elaborate on data collection in the research design and method chapter being chapter 3.

### **1.8.3.2 Data analysis**

According to Burns and Grove (2014:34), analysis of data is the method adopted by the researchers to condense, collate, and give meaningful interpretation to the data collected. O'Neil and Schutt (2014:2) define data analysis as an outline process generally used by researchers to organize and give meaning to the data collected. Data was captured electronically from the questionnaire into Microsoft excel 2010 version by the researcher to prevent discrepancies during data entry and to reduce physical storage space. Afterwards data obtained was checked by the statistician (refer to Annexure 6) for completeness and consistency and to help with data analysis.

Data was analyzed based on the results with the use of Statistical Package for Social Sciences Software (SPSS 2019 version 25.0.0.0). The service of a statistician in public health was used to assess the consistency of the questionnaire.

The data in the study was analyzed according to the information extracted from the respondents to obtain useful information for the purpose of monitoring and evaluation processes on HIV/AIDS programmes by NGOs in the specific municipality. The study was explorative and descriptive and included summarizing data collected using statistical charts being, bar graphs for nominal variables and frequency tables for descriptive statistics.

## **1.9 VALIDITY AND RELIABILITY**

### **1.9.1 Validity**

Brains, Willnat, Manheim and Rich (2011:105) describes it as the extent to which a concept of a study corresponds accurately to the real world. In a research context, validity is the strength of a design to generate precise results, which is established by examining the internal and external validity (Brains, Willnat, Manheim & Rich 2011:105). Content, face, internal and external validity were addressed. These types of validity were extensively discussed in the methodology chapter.

### **1.9.2 Reliability**

Based on Eisinga, Te Grotenhuis and Pelzer (2012:640) definition, reliability is the overall consistency of a measure in a study. The tool was sent to the experts in the implementation and monitoring of HIV/AIDS programmes to evaluate the reliability before conducting the actual study.

The researcher, supervisor and the statistician finally checked the reliability of an instrument that was further pre-tested amongst 6 respondents in 1 NGO to check its reliability before subjecting it to the actual study.

## **1.10 ETHICAL CONSIDERATIONS**

Ethical considerations are the norms or standards that researchers should consider before they conduct the study. It helps researchers to distinguish between right and wrong and to determine the difference between acceptable and unacceptable behaviours (Skovdal & Abebe 2012:77).

### **1.10.1 Researcher-specific ethical considerations**

The approval to conduct the study was granted by the Research and Ethics Committee of the Department of Health Studies at the University of South Africa (refer to annexure 1). Permission to conduct the study was requested from the various NGOs undertaking HIV/AIDS management and meeting the purpose of the study (refer to Annexure 2). In

response to the letter of permission to conduct the study, the managers of these NGOs sent a letter granting the researcher permission to conduct the study in their respective organizations (refer to Annexures 5). To maintain scientific honesty proper referencing and listing of all the scientific sources were done accordance with UNISA requirements.

### **1.10.2 Respondents'-specific ethical considerations**

- **Informed consent:** A signed informed consent form asking the respondents to participate in the study was requested (refer to Annexure 3). The researcher gave a briefing to the respondents with regards to the purpose, objectives and significance of the study before they sign. The respondents were informed that participation is voluntary, and they can withdraw from the study at any stage if they feel so without any penalty.
- **Confidentiality:** Researcher ensured that rights, privacy, dignity, and sensitivities of the respondents was respected and protected by not discussing the NGOs identification during and after the research. Also, the respondents' identification was protected by removing sheets containing identifiers such as names from the questionnaire.
- **Privacy and anonymity:** Researcher ensured that only the eligible respondents were in the office while explaining the research steps. In order to maintain anonymity, the respondents and NGOs identity were kept from the public by not discussing respondents' identity and NGOs involved.

### **1.11 SIGNIFICANCE OF THE STUDY**

Based on the results of the study the researcher presented the recommendations to the NGOs with the aim of providing them with a way forward towards overcoming the challenges they have experienced in the implementation of monitoring and evaluating, which in turn would lead to effective monitoring and evaluation of HIV/AIDS programmes.

## 1.12 LIMITATION OF THE STUDY

The study was focused on the HIV/AIDS programme implemented by a specific municipality in KwaZulu-Natal province in South Africa. Hence, the results are limited to these NGOs implementing HIV/AIDS in that specific municipality in KwaZulu-Natal province.

## 1.13 STRUCTURE OF THE DISSERTATION

**Chapter 1: Introduction.** This chapter introduced the study; background and rationale for the research; the research problem; research questions; the aim and objectives; research settings and methods; the significance of the study; inclusion criteria and delimitations of the research and definitions of the key concept.

**Chapter 2: Literature review.** This chapter reviewed relevant literature about the study and identified the gaps in literature that were subsequently addressed in the data analysis chapter.

**Chapter 3: Research design and methodology.** Chapter 3 discussed the research design and methodology used in this study. It covered the research setting, research methods used, data collection technique and analysis, validity and reliability and ethical considerations.

**Chapter 4: Data analysis, presentation and interpretation of the results.** This chapter presented the findings from the study. It described the response profile by highlighting the response rate of the survey, the number of a questionnaire administered, the number of the respondents that completed and returned the questionnaire. The chapter also outlined and discussed the results of the surveys presented under each of the questions. Analyses of results were done using narrative discussions, tables and graphs.

**Chapter 5: Discussion, conclusion and recommendations.** This chapter concluded the study by highlighting the recommendations that could be adopted by the NGOs in implementing HIV/AIDS management programmes in order to address the challenges they have encountered while implementing monitoring, evaluation process.

## **1.14 CONCLUSION**

This current chapter introduced the research topic entitled 'investigating the monitoring and evaluation of HIV/AIDS programme implement by non-governmental organizations in specific municipality of KwaZulu-Natal. The chapter also provided a detailed background of the study, identified a problem that was worth investigating, aim/objectives and significance of the study. The chapter further addressed the research methodology and ethical considerations used in this study. The chapter that follows being chapter 2 is a review of relevant literature about this study.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

Chapter 1 discussed the purpose, methodology, significance of the study, ethical considerations and structure of the dissertation.

According to Polit and Beck (2012:732) literature review is a critical summary of research on a topic of interest, the purpose of which is to put a research problem in context. Polit and Beck (2012:94) further highlighted that research is conducted within the context of existing knowledge by undertaking a thorough literature review. Grove Burns and Gray (2014:41) elaborates that the purpose of literature review is to generate a picture of what is known and not known about a problem.

Therefore, this chapter addressed the literature review related to this study. It covered the history and epidemiology of HIV/AIDS in the South African context and the epidemic's impact on people infected and affected with HIV. It further discussed the response to HIV pandemic both from the South African government and the Non-governmental organization sector and outlined the programmes carried out by the NGOs towards the mitigation of HIV impact. The implementation, process, relevance and challenges of monitoring and evaluation (M&E) of HIV/AIDS programmes in South Africa were also discussed.

#### **2.2 HISTORY AND EPIDEMIOLOGY OF HIV/AIDS**

The Human Immunodeficiency Virus popularly referred to as HIV is defined as a subgroup of retro-virus that causes HIV infection and over time acquired immunodeficiency syndrome (AIDS) (Kumar 2012:147). HIV infection occurs by the transfer of blood, breast milk pre-ejaculate fluid, semen, vaginal fluid. HIV infects vital cells in the human immune system. This cell includes helper T cells or CD4+ cells, macrophages, and dendritic cells (Cunningham, Donaghy, Harman, Kim & Tourville 2010: 524). HIV infection leads to low

levels of CD4+ T cells through several mechanisms such as the direct viral killing of infected cells and killing of infected CD4+ T cells by cytotoxic lymphocytes (Cunningham et al 2010:524). This progresses to AIDS if left untreated. AIDS is a condition in humans in which progressive failure of the immune system allows life-threatening opportunistic infections and cancers to thrive (Doitsh, Nicole, Geng, Yang, Monroe, Zepeda, Hunt, Hatano, Sowinski, Muñoz-Arias & Greene 2014:509). AIDS is caused by two lentiviruses the human immunodeficiency viruses which are often referred to as HIV-1 and HIV-2.

The earliest documented case of HIV infection in human was detected in a blood sample collected in 1959 from a man in Kinshasa city of the Democratic Republic of the Congo, however, the mode of transmission was unknown (Faria, Rambaut, Suchard, Baele, Bedford, Ward, Tatem, Sousa, Arinaminpathy, Pépin, Posada Peeters, Pybus, & Lemey 2014: 56). Similarly, in 1981, HIV/AIDS case was clinically observed in Los Angeles and New York. The previous cases were that of a cluster of injection of gays and drug users with symptoms of *Pneumocystis carinii* pneumonia (Dolin, Gerald, Mandell, John, Bennett & Raphael 2010:169).

In early 1983, scientists Robert Gallo and Luc Montagnier independently discovered the virus that causes AIDS (Zhang, Zhou, Gropelli, Pellegrino, Williams, Borrow, Chain & Jolly 2015:1; de Sousa, Müller, Lemey & Vandamme 2010:2). The virus was at first named human T-cell lymphotropic virus-type III (HTLV-III). Soon afterwards, the name was changed to human immunodeficiency virus commonly known as HIV (Duncan, Russell & Sattentau 2013:2201). According to Sharp and Hahn (2011:3), the HIV virus is believed to have originated from non-human primates in West-central Africa area in the 20th century and transferred to humans through a process named zoonosis. In South Africa, the first AIDS cases were diagnosed in 1983 in two patients, while the first AIDS-related death occurred in 1983. By 1990, almost 1% of South Africans had AIDS and this increased to 3% by 1996, reaching 10% in 1999. Later in 1995, AIDS infection started reaching pandemic proportion in South Africa (Zhang et al 2015:2).



## **2.3 THE GLOBAL IMPACT OF HIV/AIDS**

The UNAIDS (2016:4) estimation shows that 33.2 million people infected with HIV globally and 22.5 million resides in Sub-Saharan Africa with South Africa having the largest number of HIV-infected persons in the world. The UNAIDS (2016:5) projected that 36.7 million people are currently living with HIV, 2.1 million new occurrences of HIV infection and 1.2 million AIDS-related deaths in the year 2015. Sub-Saharan Africa stands out to be the most affected by HIV/AIDS, accounting for 69% of the 33 million people in the world living with HIV/AIDS today and approximately 72% of AIDS deaths globally (UNAIDS 2013:4). Further estimates showed that out of 25.5 million people living with HIV live in sub-Saharan Africa (UNAIDS 2016: 10). close to 19 million of them live in Southern and Eastern Africa. Thus, an average of 57,000 of new HIV identified client occur daily and more than 66% are in Sub-Saharan Africa (UNAIDS 2016:9).

The World Health Organization (WHO) 2018 factsheet estimated that almost 35 million people have died from AIDS-related illnesses since the start of the epidemic, plus 940 000 million deaths in 2017 (World Health Organization 2018:1). Several studies have established that the HIV epidemic affect the health of individuals, households, communities, economic growth and the global development. Many of the countries that were and have been hit hard by HIV also suffers from other infectious diseases such Tuberculosis (TB), food insecurity, and other serious problems (WHO 2010:14). The UNAIDS (2010:11) recognizes AIDS as the leading cause of death in Africa region, and the fourth common cause of death globally.

As the HIV pandemic continues, the need for care and the available resources to provide care for people broadens (WHO 2010:14). The HIV pandemic has profoundly affected the, individual workers and their families, health care expenditures, work force, the cost of labour, global economy and global revenue (UNAIDS 2016: 11). AIDS is the second leading cause of death among adults between ages 18-50 years in developing countries (UNAIDS 2010:13). Accordingly, the World Bank (1999:33) predicted that AIDS will be responsible for about 40% of all deaths from communicable diseases by the year 2020.

## **2.4 THE SOUTH AFRICAN CONTEXT OF HIV/AIDS**

A research by Simelela, Venter, Pillay and Barron (2015:256) assert that South Africa is home to the largest percentage of people living with HIV/AIDS in the world. According to the UNAIDS (2016:18) report, South Africa has the highest profile of HIV epidemic in the world, with an estimate of about 7 million people living with HIV; 380,000 new infections; and 180,000 AIDS-related deaths in 2015. In addition to this, South Africa is globally ranked on the top as one of the countries facing HIV scourge due to its high infection rate. This is a prominent health concern. Likewise, UNAIDS (2013:18) gap analysis report revealed that South Africa has the highest prevalence of HIV/AIDS when compared to any other country globally with approximately 5.6 million people living with HIV, and 280,000 died of HIV-related illnesses which was recorded in the year 2011. The scale of HIV problem has reached severe epidemic, with an estimated increase from 10.6% in 2008 to 12.2% in 2012 (South Africa HIV & AIDS Statistics 2012:1).

This epidemic is the most serious challenge facing South Africa, with the population of adult between the ages of 15-49 years being mostly affected (South African National AIDS Council 2015:2). This pandemic has direct impact on most productive years of people's life, on the workforce and placed huge pressure on the country's economic sector (SANAC 2015:2). HIV impact on the economy has made its management to become one of the major priorities of the South African government and other business communities. HIV/AIDS has devastated many individuals, families, communities and left millions of children orphaned.

In 2012, the Human Science Research Council (HSRC) household survey reported 470,000 new diagnoses meaning 1,100 new infections every day (South Africa HIV & AIDS Statistics 2012: 1). Van Rooyen, Dalena and Esmeralda (2012:2) revealed that AIDS orphans are poorer and less healthy than other children in KwaZulu-Natal townships. KwaZulu-Natal is considered the largest and poorest province in South Africa. Many townships in KwaZulu-Natal province are highly afflicted by HIV/AIDS.

## **2.5 SOUTH AFRICAN'S RESPONSES TO HIV/AIDS**

### **2.5.1 South African government response to HIV/AIDS**

According to Simelela et al (2015:257), the first AIDS-related deaths in South Africa happened in December 1981 and January 1982, with inadequate attention to the epidemic over the next decade. Given the insufficient knowledge regarding HIV transmission dynamics, the major response was the provision of condoms and the approach of 'safe-sex' education. This strategy was hindered by fear, and other behavioural, cultural and social factors.

Barron, Pillay, Doherty, Sherman, Jackson, Bhardwaj and Goga (2013:73) expound that the South African government, private sector initiatives, non-governmental organizations (NGOs) and community-based organizations (CBOs) have initiated various HIV/AIDS management programmes to increase the response to the epidemic. In 1985, the South African government set up the country's first AIDS Advisory Group. In the same line, the Department of Health awarded a contract of R14.27 million to produce a musical sequel to the Sarafina movie in August 1995. The purpose of the Sarafina music was to spread the news about AIDS across to young people. In this wake, Lovelife HIV prevention campaign was also created in 1999 (Simelela et al 2015:258).

As part of the responses, the South African health department outlined a five-year strategic plan to fight HIV/AIDS and sexually transmitted diseases in the year 2000. In order to achieve these aims, a National AIDS Council (SANAC) was established to oversee these new developments (Government 2003:5). The SANAC primary responsibilities then were to co-ordinate the response to the HIV epidemics, support the implementation of management programmes across government, the private sectors, NGOs and to support the implementation of the National Strategic Plan (NSP) for TB, HIV/AIDS and STIs (SANAC 2014:1). Because of the overwhelming impact of HIV/AIDS, a cabinet statement was released in April 2002 emphasizing the government's commitment to the HIV & AIDS and STI Strategic Plan for 2000–2005. The statement also confirmed that the government's starting point is based on the evidence that HIV causes AIDS, a move that signaled a notable transformation for the government on the

issue of HIV (Government 2003:5). In the same manner of strategizing to address the grave impacts of HIV/AIDS, the South African government further established a Joint Health and Treasury Task Team to suggest options for intensifying the HIV treatment response beyond prevention of mother to child transmission (PMTCT) and post-exposure prophylaxis (PEP) in 2002 (Government 2003: 17; Meyer-Rath & Over 2012: 7).

The increasing pressure of HIV/AIDS resulted to the notion of the partnership of shared responsibility for the development and implementation of HIV/AIDS programmes between Government and NGOs. Assistance from donors such as USAID PEPFAR, Clinton Foundation, Global Fund and other international agencies continued funding a wide range of interventions, comprising assistance to big NGOs to support and provide care for HIV/AIDS infected individual (Government 2003:6). Furthermore, the government, community, and NGOs were assumed to significantly contribute to the fight of the HIV epidemic. NGOs entered into partnership agreement with the South African government to turn tide on HIV, with the government assuming the leadership role. The government considered NGOs as major partners in the multisector response to the epidemic. NGOs focused on HIV programmes and have been working tirelessly to make sure that the South African government has well-defined systems in place to manage HIV&AIDS projects (Government 2003:6).

To intensify their response to HIV/AIDS, the South Africa government developed a strategic plan to enhance and strengthen existing and ongoing treatment, prevention and control activities. The publication of the National Strategic Plan (NSP) on HIV and Sexually Transmitted Infections (STIs) 2012 – 2016, also marked a breakthrough in South African government's response to the predicament of HIV. This plan was driven by a long-term vision for the country with respect to the HIV and TB epidemics to have (Government 2003:6):

- zero new HIV infections
- zero new HIV infections
- zero preventable deaths linked with HIV
- zero discrimination and stigmatization associated with HIV.

In line with the 20 year vision, the NSP set the following comprehensive goals to be achieved by the end of 2016/2017 financial year:

- preventing new HIV infections by 50% or more using combination prevention strategies
- initiating more than 80% of eligible patients on antiretroviral treatment, with 70% alive and on treatment
- ensuring an available legal framework that protects and promotes human rights (SANAC 2014:2).

The plan has four strategic objectives, which formed the basis of the HIV, STI and TB response. They are:

- Addressing barriers to HIV, STI prevention, care by the addressing the behavioural, socio-economic, and structural factors that drive the HIV and TB epidemics.
- Preventing the new occurrence of HIV and STI infections through the adoption of several preventive approaches, Such as treatment, medical male circumcision, pre and post-exposure prophylaxis, consistent use of male and female condoms
- Implementing monitoring mechanisms to ensure the rights of those living with HIV, are respected, protected and promoted at all time (SANAC 2014:2).

This five-year NSP reflected the progress made by the South African government in attaining a clearer understanding of the challenges posed by HIV and the increasing unity among all the stakeholders who are driven by a shared vision to achieve the highest impact towards a long-term vision of zero new HIV infections (SANAC 2015:8).

## **2.5.2 Monitoring and Evaluation (M&E) of HIV/AIDS**

The Presidency (2014:4) defines monitoring and evaluation of HIV/AIDS programme as an array of organisational systems, management processes, policies, plans, reporting structures and accountability that allow the organization to discharge their M&E functions effectively. Tiina and Louise (2016:9) definition implies that M&E system consists of guidelines, practices that enable the systematic collection, analysis and use of

information. Monitoring and evaluation processes are closely linked to project management functions. M&E is an important constituent of the complete HIV and AIDS plan that is created to measure progress towards the achievement of two interconnected aims of the inclusive HIV and AIDS plan (UNAIDS 2010:9; Australian Agency for International Development (AUSAID) 2006:12).

Several international organizations such as the, United Nations and the Organization of American States and World Bank group have been utilizing M&E process for their programmes (UNAIDS 2010:10:9). This process is also growing in popularity in the developing countries where governments, NGOs and CBOs have created their own national M&E systems to assess the development projects, the resource management, and other forms of activities. Funders are particularly interested in M&E process on programmes as it helps in knowing if the programme is achieving the intended goals and targets (UNAIDS 2010:10).

The National Department of health and NGOs have also introduced several initiatives in response to the HIV and AIDS epidemic. This response scaled up all efforts on HIV and AIDS prevention, care & treatment, and psychosocial support to HIV positive individual. The Department of Health has designed a well-packaged M&E framework to measure progress towards goals and achievement, to monitor resources invested, programme activities, implementation and services delivered, and evaluate outcomes achieved. In HIV/AIDS programme, the M&E framework outlines the information requirements of goals and objectives such as input, processes, output, outcome and impact that are developed through a comprehensive consultation process with stakeholders (NDOH 2004:5).

The framework further outlines mechanisms which have been developed to improve data collection to ensure quality data. Based on the SANAC (2012:97), the NSP 2007-2011 Mid-Term Review identified the following on the monitoring and surveillance component of the NSP:

- Lack of M&E system and capacity amongst the various sectors to collate, analyse and report data on the national response;
- Monitoring, evaluation, and research is an under-capacitated area;

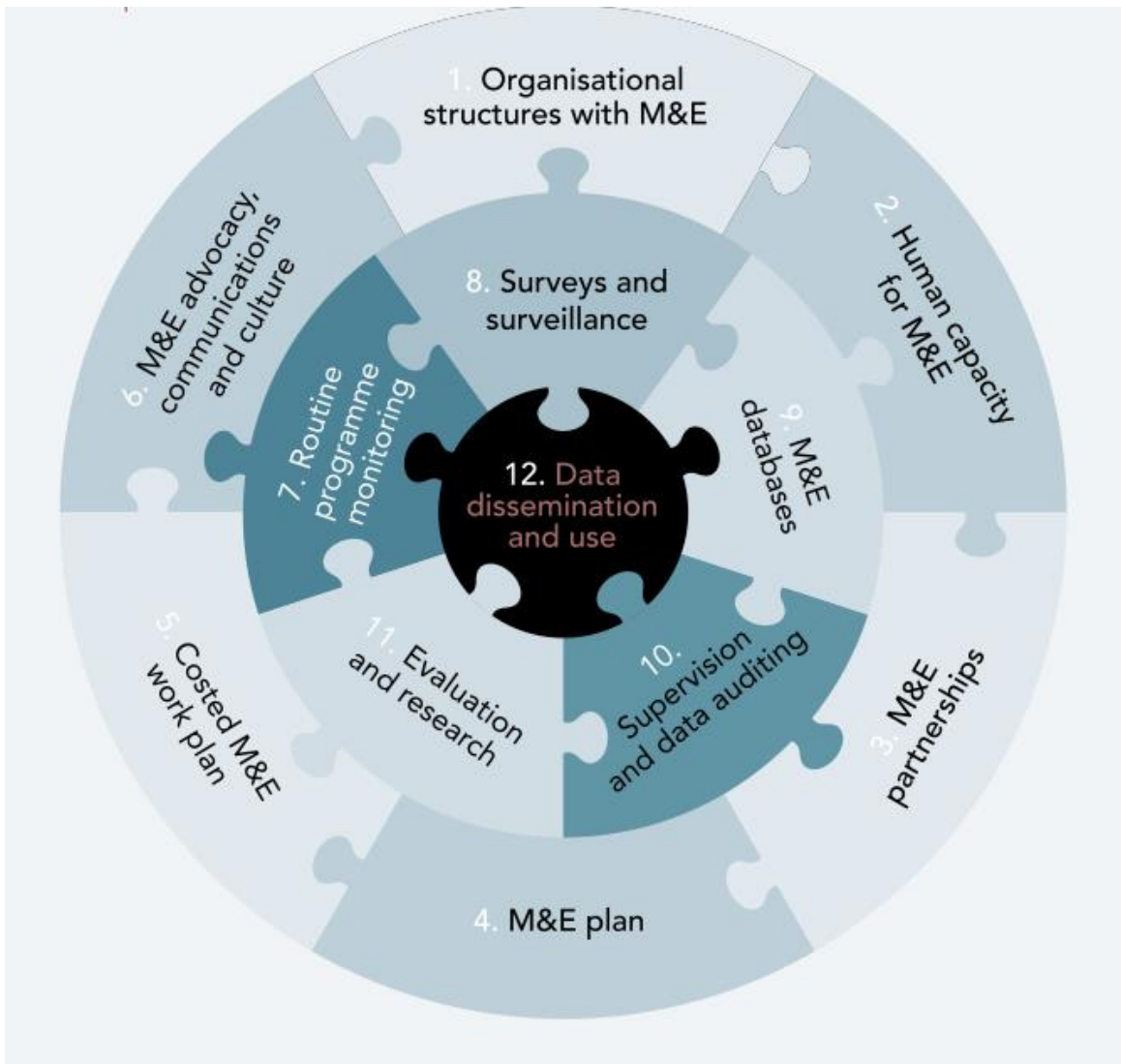
- Monitoring and evaluation systems and processes were not well coordinated, leading to a general challenge on the quality and reliability of data provided by the various sectors
- Challenges have been seen with the uniformity and quality of NGO's reporting system;

## **2.6 MONITORING AND EVALUATION STRUCTURE**

According to Kawonga, Blaauw, and Fonn (2012:1) developing M&E structure is crucial for organization managing HIV programmes. M&E provides information that is required for monitoring programme interventions. In organization managing HIV programmes, M&E information are useful in every aspect of programme management phases which include planning, executing, monitoring, evaluation, reporting and closing phases.

### **2.6.1 The Components of an effective Monitoring & Evaluation system**

Based on the UNAIDS (2010:5) explanation, it is established that having an effective monitoring and evaluation structures require twelve key practical components. These components are presented in the figure below and thereafter discussed in detail:



**Figure 2.1: Monitoring and evaluation system components** (Source: UNAIDS 2010:6).

### 2.6.1.1 Organizational structures with M&E functions

Organization implementing HIV/AIDS programme need to have department whose primary purpose is to supervise M&E functions at all levels. This purpose of this department is to accentuates how essential it is to have M&E unit within the organization, train organization staff on the importance of M&E, and how well M&E roles are structured (UNAIDS 2010:6).



### **2.6.1.2 Human capacity for M&E**

Monitoring and evaluation are core aspect in programme implementation. Hence, having adequate human resource that can discharge M&E functions on programme implement by the organization is critical Nepal Red Cross Society (NRCS) (2013:49).

### **2.6.1.3 Partnerships for Planning, implementing and Managing the M&E System**

Partnerships for M&E systems within the organizations is a criterion for effective monitoring and evaluation of projects. During partnership meetings, efforts are put in place to verify whether M&E functions are in alignment with intended project objectives (UNAIDS 2010:9).

### **2.6.1.4 Development of M&E frameworks**

NRCS (2013:49) explain M&E framework as a document which is created to purposely outline the objectives and outcomes of the intended project. The M&E framework cannot be ignored as it contributes to effective monitoring and evaluation of programmes.

### **2.6.1.5 M&E Work Plan and costs**

A document outlining the M&E resources needed for particular projects, budget cost and how the resources allocated be used to attain project aims is required (NRCS 2013:50).

### **2.6.1.6 Communication, advocacy, and culture for M&E**

To improve M&E within the organization, constant communication and advocacy initiatives is needed among the M&E staff other programme staff promote M&E within the organization (UNAIDS 2010:17).

### **2.6.1.7 Continuous programme monitoring**

M&E system consists of two primary aspects: monitoring and evaluation. Monitoring deals routine data collection that takes place during programme implementation. To have a functional M&E system within the organization, issues relating to programme monitoring should be addresses as soon as possible in order to avoid a worthless programme in the

end. Hence, project data needs to be collected, and reported on a routine basis (UNAIDS 2010:17).

#### **2.6.1.8 Surveys and Surveillance Processes**

This majorly involves the national of M&E plans on how frequently national surveys are conducted in the country. According to the United Nations Programme on HIV and AIDS (UNAIDS) and the United Nations International Children's Emergency Fund (UNICEF) (2010:6), it is important for NGOs coordinating the district/municipality-based NGOs to conduct frequent surveys and surveillance to evaluate the progress of related projects.

#### **2.6.1.9 National and provincial databases**

Funders requires transparency and accountability in various projects being funded. This can only be shown through presentation of relevant data for their various programmes/projects. The need for M&E systems to ensure availability of quality data can therefore not be disregarded. In a nut shell, organization M&E staff are expected to develop policies that would enable them to submit quality data to national and provincial databases (UNAIDS & UNICEF 2010:6).

#### **2.6.1.10 Supervision of data auditing**

Supportive supervision of data auditing is required to improve all aspect data of management such as data quality, data reliability and data accuracy.

#### **2.6.1.11 Evaluation**

Evaluation is the latter aspect of M&E system that confirms evidence on whether the project has met the desired objectives or not. One of the advantages of evaluation is that provides learning and sharing of successes amongst organization staff, stakeholders, beneficiaries involved in projected implemented which can be used for improvement on next programme activities (UNAIDS 2010:19).

#### **2.6.1.12 Data dissemination and use**

NRCS (2013:22) explains that it is obligatory M&E staff to share the results of both monitoring and evaluation outputs with all projects and programme staff, stakeholders, funders for accountability purposes.

This afore-mentioned components are key to M&E processes to the extent that NGOs managing HIV/AIDS programme are called upon to develop M&E systems that incorporate and utilize these components, to avoid compromising the quality of the monitoring and evaluation process.

## **2.7 DIFFERENCES BETWEEN MONITORING AND EVALUATION**

Monitoring and evaluation are both tools programme management. For monitoring, it requires periodic collection gathering of data and information for tracking progress according to the terms of reference, while data and information collection for evaluation process occurs during the monitoring process (UNAIDS 2010:12). Furthermore, the UNIADS distinguish that unlike the process of monitoring that constitutes of short-term assessment and does not take the outcomes and impact into consideration, the evaluation process assesses the outcomes and sometimes longer-term impact (UNAIDS 2010:12).

In terms of M&E of HIV/AIDS programmes, literature details that it is a process that aids to improve performance on programme implemented in order to achieve the results. Its goal is to improve current management of outputs, and impact. It is mostly used to measure the performance of projects set up by the NGOs and establishes relationship between the past, present, and future activities. The two concepts are discussed separately below:

### **2.7.1 Monitoring**

To UNAIDS (2010:9), monitoring is a constant assessment that provide all stakeholders with complete information on the development or delay of the ongoing programme activities. It is an oversight of the activity's implementation stage. The purpose of monitoring is to determine if the outputs, deliveries, and schedules planned have been reached, if not, action can be taken to correct the deficiencies as quickly as possible.

The NRCS (2013:14) explains monitoring as the process that deals with day to day collection of programme information for quality improvement purpose that aims to determine if the programme, activities, are going according to proposed plan. Moreover, monitoring is also regarded as an unremitting role that provide stakeholders and beneficiaries with detailed issues of project performance and progress in the attainment of the results (NRCS 2013:14). In effect, monitoring is said to be results oriented.

In concurrence, Action Against Hunger (2011:18) also states monitoring as a systematic collection, analysis, and utilization of data on project accomplishments as implementation progresses. Monitoring is useful to identify achievements and challenges such that it allows, programme implementers to assess their progress against the goals set (Action Against Hunger 2011:18). In view of the above definitions, several authors have highlighted that information gathered during monitoring process should be disseminate to the stakeholders.

#### **2.7.1.1 Types of monitoring**

The monitoring process is broadly divided into two categories, namely quantitative and qualitative monitoring.

- **Quantitative monitoring:** This is defined by Khandker, Koolwal and Samad (2010:8) as a monitoring that involves measuring the quantity in terms of number. This type of monitoring tends to document figures associated with the programme, for example, number of male/female condoms during a HIV prevention workshop programme, and how many organization staff were trained as outreach workers. Quantitative monitoring majorly focused on how programme elements are being implemented Khandker et al (2010:17) further explains that activities in the project activities should be thoroughly examined by project/programme implementers and ensure that quantitative monitoring activities is be incorporated into the project timeline. The definition by Nepal Red Cross Society (2013:17) says quantitative monitoring relies on routine methods of data collection and analysis.

- **Qualitative monitoring:** Khandker et al (2010:17) explains that qualitative monitoring focuses on how well the programme elements are being implemented. This includes questions like, changes in people's perception and attitudes toward HIV prevention abstinence this type of monitoring deals with influence of programme activities on real behaviour change. This type of information can be used as feedback system for stakeholders and organizations undertaking HIV programme (Khandker et al 2010:17).

From the afore-mentioned types of monitoring practice several other types of monitoring, are ensued and are discussed below.

- **Process monitoring:** This deals with routine collection and analysis of data to establish whether the project activities are leading towards the intended project results. It validates the progress of the project towards the expected results. This type of monitoring measures the inputs, activities, and outputs, as it answers questions on what has been done so far, where, when and how it was done. Process monitoring is very crucial as it provides relevant information on project development to stakeholders and beneficiaries.
- **Results monitoring:** In this scenario, monitoring merges with an evaluation to effects and impacts of projects by establishing if the programme is on target towards its intended results and whether there may be any unintended impact (Dannish 2012:4).
- **Compliance monitoring** ensures that every step of programme implementation is in compliance with funders guidelines, provincial or local governmental rules, and ethical standards (International Federation of Red Cross 2011:12; Dannish 2012:4).
- **Financial monitoring** oversees programme expenditure and comparing them with the budgets prepared at the development stage. This type of monitoring is vital for transparency, accountability and reporting purposes for funders (International Federation of Red Cross 2011:12; Dannish 2012:4).

- **Beneficiary monitoring:** Dannish (2012:4) defines it as a process which tracks beneficiary perceptions and attitudes on a programme and includes their satisfaction or complaints with the programme, it usually also takes stakeholders indirect beneficiaries' perception and complaints into account.
- **Assumptions monitoring:** This involves outlining the factors that are external to the projects which might lead to programme success or failure, the programme implementers has no control over For example, a project that was promoting the use of condoms the prevention of HIV infection in a particular clinic may realise that uptake of use of condoms has decreased due to increased bus fare which makes more difficult for the community member to visit the clinic often as it was, rather than on project failure (International Federation of Red Cross 2011:12; Dannish 2012:4).
- **Organisational monitoring:** used for tracking sustainability development and capacity building in the project and with its partners. It is often carried out along the monitoring processes of the larger implementing organizations. (International Federation of Red Cross 2011:12; Dannish 2012:4).
- **Impact monitoring:** deals with constant assessment of the impact of project activities on the target population. This in turns monitors both the intended and unintended impacts as well as the positive and negative impacts of the project (International Federation of Red Cross 2011:12; Dannish 2012:4).

### 2.7.1.2 Significance of monitoring process

The purpose of monitoring is to:

- Enable transparency and accountability of the resources to the funders, stakeholders, programme beneficiaries (UNAIDS 2010:13).
- Monitoring help identify the barriers towards achieving the intended purpose hence, it facilitates project evaluation process.

- Monitoring provides an assessment of the progress of a project, Identify and resolves issues that could be posed as barriers for projects achieving its planned objectives.

## **2.7.2 Evaluation**

According to the International Federation of Red Cross (2011:13), evaluation involves collection of scientific -based information about programme activities, and outcomes that determine the worth of a programme.

According to Patton (2012:2), evaluation is a process that mainly deals with the assessment of the merit of already implemented programme. Evaluation enables organisations to get feedback, which contributes to the learning outcomes of their initiatives (NRCS 2013:20). This implies that evaluation as an aspect of programme management phase that involves the determination of worth or shortcoming of projects. The World health organization (WHO) (2010:6) underscores that evaluation is a more structured aspect of the process as it gives an analysis of evidence to understand why outcomes of the project are or are not being achieved. Lessons learned from evaluation are used to improve future programmes. In addition, the Action against Hunger International (2011:22) states that evaluations are systematic and independent and involves assessments of ongoing or completed projects, including the purpose, efficiency, effectiveness, the impact and sustainability of the project.

Assessing programme impact is important as it answers questions relating to what changes the project has made to the community it served. Thus, the term effectiveness refers to the extent to which the set project planned, and operative objectives were achieved, while efficiency answers the questions on if activities implemented are within the budget International Federation of Red Cross (IFRC) (2011:14). With regards to sustainability, this means the ability of the project to continue to help to the beneficiaries even after funders have withdrawn funding. In the recent time, sustainability has gained a lot of credibilities because the donors want to ascertain the need whether the project benefits will continue to grow even after funding has stopped (IFRC 2011:14).

Reading from the characterizations of the fore-mentioned terms, it is recognised that evaluative process uses both quantitative and qualitative method to provide evidence-based details on the progress, outcomes and worth of the programme (Perrin 2012:4).

### **2.7.2.1 Purpose of evaluation**

According to Action against Hunger International (2011:24), the process of programme evaluation is important for the success of an intervention. For instance;

- **Learning-oriented evaluations** are more concerned with the approaches used in programme implementation rather than the results of the programme as it focuses on lessons learned about the reason why some activities have or have not worked.
- **Accountability-oriented evaluations** focus on assessing whether the implementers have been able to achieve the underlined objectives. In a situation where such objectives have not been achieved, reasons for such are identified.

Based on the above outline, Action against Hunger International (2011:24) further establish that the purposes of evaluation process on HIV/AIDS management programmes also include the following:

- To help the organization to determine the actual resources needed to realise project aim.
- To facilitate stakeholder's decision-making process via the provision of data analysis.
- To provide an evidenced-based assessment of the accomplishments and disappointments of the programme and improve performance where required. This gives chance to the evaluators to make recommendations where possible.
- To contribute to the organisation learning process on aspects that require, improvement and build staff's knowledge on the project that is being evaluated.
- To ensure accountability amongst project staffs and stakeholders by assessing if the programme objectives have been achieved (Action against Hunger International 2011:24).



### 2.7.2.2 Types of evaluation process

The table below describes the types of evaluations process.

**Table 2.1: Various types of evaluation** (IFRC Framework for Evaluation 2011:15; Patton 2012:135).

<b>Evaluation</b>	<b>Description and time of occurrence</b>
Formative evaluations	Occurs during programme implementation performance improvement. This evaluation exposes implementation glitches.
Mid-term evaluations	These evaluations occur during midway implementation. midterm evaluation is required for long term projects. This reveals project outcome problems.
Collective evaluations	Happens at the end of project implementation. This is used to assess efficiency of the programme.
Final evaluations	This is conducted at the completion of project to evaluate and document the extent at which the programme has achieved its proposed objectives. Lesson learnt is useful to guidelines for next projects.

### 2.7.3 Monitoring and Evaluation Link

The table below outlines the link between monitoring and evaluation of programmes.

**Table 2.2 Monitoring and evaluation link** (IFRC Framework for Evaluation 2011:16).

<b>Monitoring</b>	<b>Evaluation</b>
Elucidates programme aim and objectives	Explains reasons why programme results were achieved or not

Collects data regularly on set indicators and compares results with targets	Explores programme implementation process in order to establish projects shortcoming
Routinely reports programme progress to programme managers, funders and beneficiaries and identified problem	Outlines project merits, while and recommendations are put in place to improve future project

**2.7.4 Monitoring and Evaluation Dependencies**

UNAIDS (2010:7) elucidates the dependency role of monitoring and evaluation in the effective management of HIV/AIDS programmes. Table 2.3 highlights these dependencies

**Table 2.3: Monitoring and evaluation dependencies (UNAIDS 2010:7)**

<ul style="list-style-type: none"> <li>Monitoring facilitates evaluation process, as data collected in is used for evaluation process</li> </ul>
<ul style="list-style-type: none"> <li>Without structured M&amp;E process on programmes, evaluation is feeble; therefore, evaluation cannot be carried out properly.</li> </ul>
<ul style="list-style-type: none"> <li>Without structured monitoring process, the essential data is not collected; henceforth evaluation is impossible.</li> </ul>
<ul style="list-style-type: none"> <li>Monitoring and evaluation of a programme is crucial as it always led to changes in programme plans</li> </ul>

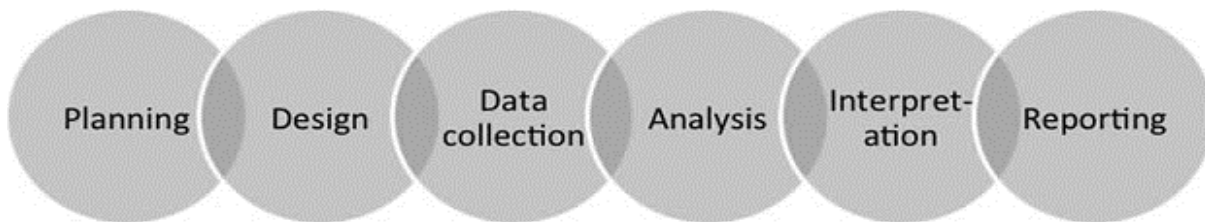
**2.7.5 M&E Quality Management System**

M&E quality management system refers to the standards used for the assessment of the quality of an M&E system (Ledikwe, Grignon, Lebelonyane, Ludick, Matshediso, Sento, Sharma & Semo 2014:7). These standards include: usefulness, possibility and accuracy.

- **Usefulness:** the planned M&E system will serve the actual information needs of intended users.
- **Possibility:** the procedures, system, and timing proposed are realistic.
- **Accuracy:** the M&E outputs will convey accurate information.

## 2.7.6 Monitoring and Evaluation Process and Stages

Literature replete on the aspect that monitoring and evaluation process should be integrated into all phases of a project, from the planning to the design and reporting phase. This is because embedding some ethos of monitoring and evaluation can provide the organization with support for planning, designing, continuous learning for improving decision-making, setting standards, and lastly providing evidence of accomplishments to programme stakeholders. The following diagram shows the six stages of monitoring and evaluation processes:



**Figure 2.2 Stages involved in monitoring and evaluation process** (Nepal Red Cross Society 2013:10)

These stages are described along with what occurs within each.

### Planning stage

- information needed for particular project and schedule for routine collection;
- The responsible person(s) for the above task;
- Outline amount of time and resources needed;

### Designing stage

- Development and data collection tools
- Capacitate organization staffs responsible for programme monitoring process;

- Inform all project staff of the monitoring system, usefulness and significance.

#### **Data collection stage**

- Collect required information on a specific time basis;
- Monitoring of the data collection process;
- Collate and process data.

#### **Data analysis stage**

- Organise data in a visual form;
- Interpret project/programme results;
- Establish facts;
- Consider recommendations;

#### **Interpretation stage**

- Document result findings;
- Provide feedback to the stakeholders and other beneficiaries.

#### **Reporting stage**

- Draw conclusion based on the findings of the result
- Use the findings to improve further project implementation
- document the lesson learned and use for guidelines for future purpose (Nepal Red Cross Society 2013:10).

## **2.8 IMPORTANCE OF M&E PROCESS ON HIV/AIDS PROGRAMMES**

The UNAIDS & UNICEF (2010:6) assert that M&E process is important because it assists organizations implementing HIV/AIDS programmes in:

- Elucidating the impact expected from the programme before the actual implementation;
- Obtaining and analysing the relevant information for tracing progress and determining impact;

- Providing managers and stakeholders with information needed for the decision-making processes, which in turn leads to stakeholders' empowerment due to their involvement;
- Acting as an early warning system in case there are problems, so that corrective actions are implemented;
- Assisting in capacity building and understanding among project staff;
- Helping track the progress of the project and ensure accountability to stakeholders (UNAIDS & UNICEF 2010:6).

According to the UNAIDS & UNICEF (2010:5), M&E systems are put in place to trace the progress that is being made in the programme implementation process. In view of this, NGOs implementing HIV/AIDS programmes are obliged to check if their M&E system is aligned with the above information, especially as a well-structured M&E systems aim to reduce the issues associated with inaccurate data and poor allocation of resources.

## **2.9 THE MONITORING AND EVALUATION PLAN**

Mertens and Wilson (2012:170) define this as a comprehensive document that elucidates programme's objectives, the approaches to achieve these objectives, and defines the measures that will be applied to determine whether the objectives are met. They also suggest that HIV/AIDS project implementers should include a clearly defined M&E plan as an essential part of the plan which should comprise the following components:

- Monitoring and evaluation activities on the implementing project;
- Person(s) assign to carry out the activities;
- Frequency for M&E activities;
- Outline and budget for M&E activities;
- Description of the use of monitoring and evaluation findings.

### **2.9.1 Developing M&E plan**

While developing M&E plan, the following activities must be included (Mertens & Wilson 2012:173).

- The monitoring schedule;
- The link between activities, outputs, and outcomes;
- Source of data, such as clinic or hospitals delivering HIV services;
- Person involved in data collection;
- Frequency of data collection (weekly, monthly, bi-annually or annually);
- Procedure for data collection such as quantitative (questionnaire, register or log book) or qualitative (focus group or interviews) and analysis;
- Indicators to be monitored, this could be the number or percentages of HIV patients currently receiving quality care within the facility;
- Define roles and responsibilities for monitoring and evaluation; and
- Estimates and document incurred cost of M&E activities (Mertens & Wilson 2012:173).

### **2.9.2 Benefits of using M&E plan on HIV/AIDS management programme**

M&E plans are becoming standard practice in different organization sectors, based on the reason listed below (UNAIDS 2013:12).

M&E plan helped programme/project managers plan and implement their programmes through careful deliberation;

- Identify data needs
- Support in transfer of knowledge to staff during programme implementation and evaluation phase;
- Describe how project objectives will be achieved;
- Demonstrate how objectives are related to the results;
- Outlines resources needed for M&E system (UNAIDS 2013:12).

## **2.10 M&E LEGISLATION AND POLICIES DEVELOPMENT IN SOUTH AFRICA**

The South African government's foremost challenge is to be more effective in its service delivery. The public sector has identified M&E processes as a major strategy that can

assist in terms of evaluating their performance, recognizing factors which contribute to service delivery outcomes, and identify how challenges due to ineffective performance should be addressed. The overall aim of developing the M&E policy is to provide a comprehensive framework for M&E principle, practices and guidelines to be used throughout the Government (The Presidency 2014:10).

The M&E policy is created to embed an effective management system within public sector organizations which coherent with planning, budgeting, implementing and reporting systems. Therefore, it is a necessity that the executive officer, programme manager, programme coordinator of any department, and organization establishes a monitoring and evaluation system for the institution managed. One of the ways in which South African Government is increasing its effectiveness is by concentrating on monitoring and evaluation system because M&E improves policies, strategies and plans performance (The Presidency 2011:10). So, in examining M&E legislation and policies development in South Africa, it is imperative to draw attention to the fact that:

- In the 2004 State of the Nation address former President Mbeki emphasized the importance of monitoring, evaluation and reporting system of the government. The President acknowledged this by saying: *“The government is also in the process of refining our system of Monitoring and Evaluation, to improve the performance of our system of governance and the quality of our outputs, providing an early warning system and a mechanism to respond speedily to problems, as they arise. Among other things, this will necessitate an improvement of our statistical and information base and enhancing the capacity of the Policy Coordination and Advisory Services unit.”* (Public Service Commission 2008:3).
- In 2005 the Cabinet adopted the Government-Wide Monitoring & Evaluation system (GWMES), which was published in 2007 by the National Treasury committee (The Presidency 2011:4).
- The Policy Framework for the GEMES was published by the Policy Coordination and Advisory Services in the Presidency in 2007.

- The Auditor General audited report on performance against the predetermined objectives in the annual performance plan (The Presidency 2014:8).
- In 2011 the National Evaluation Policy Framework was produced by Department of performance monitoring and evaluation (The Presidency 2014:3).
- Collins Chabane, Minister of Performance Monitoring, Evaluation quoted that *“This policy framework provides the next essential part of the jigsaw, setting out the basis for government-wide evaluation, focusing on our priority areas”*. He further explained that the framework should the use of evaluation to increase transparency and accountability and at the same time to promote impact of government programmes such as health, education, rural development, crime and jobs (The Presidency 2014:2).

So, this policy framework approach provides the basis for a minimum system of evaluation across the government by ensuring that credible and objective evidence from the evaluation is used by the public sector to improve performance. Organizational monitoring and evaluation strategy should include the organization’s strategy for implementing the programme performance framework (The Presidency 2011:5). Moreover, The Presidency (2014:6) identified human capacity building as critical factor for sustaining M&E process (The Presidency 2014:6). South African Government understood that to ensure that tangible results are achieved, monitoring and evaluation of policies, projects, and programmes is relevant.

## **2.11 THE PARTNERSHIP FRAMEWORK IMPLEMENTATION PLAN**

The Partnership Framework Implementation Plan (PFIP) between the South African government and the government of the United States of America is a plan for supporting South Africa’s National HIV, STI & TB Response for 2012/13 – 2016/17. The PFIP calls on all South African government departments, and civil society sectors which includes NGOs to work together to accomplish the national goals and targets for the HIV epidemics (Partnership Framework Implementation Plan 2012:7). The President's Emergency Plan for AIDS Relief (PEPFAR) supported this multi-sector approach, and this framework outlined how PEPFAR will implement programme



s in support of the South Africa NSP (PFIP 2012:8).

In order to support the ambitious goals of the NSP, the PEPFAR investments in South Africa has moved from the clinical care and treatment support services to health system strengthening, prevention of new diseases, supporting orphans and vulnerable children. So far, through PEPFAR funding, South Africa NGOs implementing HIV/AIDS management programmes have been able to provide technical assistance and capacity building in the form of training and educating to support South African's government's efforts to meet HIV prevention, care and treatment targets (PFID 2012:10).

The PFIP M&E framework is a mirror of the national strategic plan where results from HIV programmes/projects are to be reported by PEPFAR to SA government. With the explanation, the role of PEPFAR is to continue monitoring and evaluating funded programmes through internationally standardized guidelines and aligned with national strategic plan (PFID 2012:20).

## **2.12 NON- GOVERNMENTAL ORGANIZATION RESPONSE TO HIV**

This response started from years back. In the developing countries, initial responses to fight against HIV/AIDS disease has often come from NGOs, the reason being that governments have avoided the relationship with stigmatized groups such as sex workers injectable drug users (IDUs), homosexuals (LGBTIs). This has also been the case in South Africa, where HIV/AIDS service delivery was left mostly in the hands of NGOs (Simelela, Venter, Pillay & Barron 2015:256).

Simelela et al. (2015:256) explain that NGOs in South Africa have been actively engaged in managing the process of change and democratic transformation, seeing as HIV/AIDS NGO collaborations were formed in the early 1990s before apartheid ended. These include the AIDS Consortium, founded in 1992 and the later AIDS Law project, both of which were founded to promote a human rights perspective of PLHIV. Civil society created a National Advisory Group Networking HIV/AIDS Community of South Africa (NACOSA). The aim was to ultimately draft a national AIDS plan, a plan that was later accepted by the new government in 1994. At that time, NACOSA had just begun to

establish a national coalition of NGOs and communities to coordinate a response to HIV/AIDS and develop a national plan to deal with HIV/AIDS epidemic (Honermann & Heywood 2012:9). In 2003, NGOs undertaking HIV/AIDS programmes came together to sue for new policies, in response to the litigation action. The government started to change priorities in response to this partnership. In the same year, the first National AIDS conference was held in South Africa and was attended by both government leaders NGO, and community leaders. The conference resulted in a plan to make available free antiretroviral drugs to PLHIV through the public sector (Simelela, Venter, Pillay, & Barron 2015:256).

Contemporarily, many stakeholders including government, private companies, civil society and international donor agencies, have initiated interventions programmes to address this pandemic (Maurice 2014:1535). NGOs are increasingly playing a bigger role in the provision of HIV/AIDS management services at a primary care level. In terms of HIV/AIDS and TB care and treatment, there are about hundreds of NGOs working in close collaboration with the government to expand access to quality services (Honermann & Heywood 2012:9). Most of these initiatives are funded through international donor such as PEPFAR, which supported numerous high prevalent countries in the HIV and AIDS challenge. Honermann and Heywood (2012:9) contend that the spread of the HIV/AIDS disease together with the country's political history has led to the tremendous growth of HIV/AIDS-focused NGOs in South Africa.

Most South African NGOs involved in HIV services heavily rely on external funding for survival (Meyer Rath & Over 2012:7). The largest foreign donor remains the US PEPFAR. It is hard to track the actual amount of money flowing into the HIV/AIDS sector; however, the process through which it is distributed is quite clear. NGOs submit applications or proposal to funding organisations such as global fund, PEPFAR, and USAID for specific projects and funds are generally released through a process of competitive tenders.

These NGOs play a critical role in bringing HIV/AIDS services to the communities where government may not be able to reach. Services offered by the NGOs to the communities are generally delivered as projects. NGOs undertake numerous project activities which in turns can reduce the HIV/AIDS epidemic in KwaZulu -Natal province.

### 2.12.1 Activities implemented by NGOs as HIV/AIDS programmes

The activities of NGOs which were to respond to HIV/AIDS are mainly carried out as projects, with a set time framework, budget, and objectives to be achieved. The projects have several stakeholders such as, funders and beneficiaries that include, people living with HIV/AIDS, orphans and vulnerable children, sex workers, injectable drug users and the LGTBIs. The categories of these projects include behavioural change communication via education and creating awareness programme, care and treatment, care for the orphans and vulnerable children mitigation, prevention of mother to child transmission (PMTCT) and advocating for human rights of the people living with HIV/AIDS (Leiyu & Douglas 2015:142).

- **Behavioural change and communication programmes:** A process through which clear messages on HIV/AIDS are continuously provided through numerous communication channels to ensure that community members are able to refrain from behaviour which can increase their vulnerability to HIV disease, reduce stigma discrimination and prejudice of the infected in the community and offer more support and care (Meyer-Rath & Over 2012:8).
- **Care, treatment, and support:** In this category, several NGOs supported by skilled social welfare officers educate family members on ways to provide home-based care for sick family in order to meet their physical, health and psychosocial needs (Leiyu & Douglas 2015:142). NGOs provide care and support by fast-tracking the provision necessary support which include, nutritional & psychosocial support and counseling to the HIV-positive people. Each NGO has a number/s of supporting facility (government clinics and hospital). The NGOs usually work with these facilities to ensure that infected individual is enrolled for anti-retro-viral treatment (ART). Depending on their work plans and availability of funds, NGOs may recruit patient advocate, HIV counselling and testing (HCT) tester and caregivers and offer them necessary training on care and counseling, testing and caring for the sick.
- **Care for the orphan and vulnerable children:** NGOs carry out projects to lessen the burden of HIV/AIDS through the provision of support and care of orphans and

other vulnerable children (OVCs) and widows. The NGOs in this category make provision for the food, health care needs, education and other basic needs (Cluver, Orkin, Boyes, Gardner & Nikelo 2012:857). The NGOs play a substantial role where resources are made available to these families to provide food, educational, emotional and other basic needs to the OVCs.

- **Prevention of mother-to-child transmission (PMCT):** This included prevention of transmission of HIV from mother to infant during pregnancy, labour, breastfeeding and linkage of HIV-infected infants to appropriate treatment and care (Sherman, Lilian, Bhardwaj, Candy & Barron 2014: 235). The NGOs are playing a critical role in testing pregnant women and facilitating the enrolment of HIV-infected one in the ART treatment. South Africa has made a significant effort in PMTCT by enrolling identified pregnant mothers into the antiretroviral treatment (ART) (Sherman et al 2014: 236).

In one district in KwaZulu-Natal province, an evaluation on quality improvement revealed that HIV testing during pregnancy had become a routine and universal coverage less extensive in the aspect of ensuring that HIV-positive mothers are treated and continue on treatment and testing infants exposed to HIV (Sherman et al 2014:235). So, it was recommended that these elements be given more attention and that programme data should be monitored and evaluated regularly (Sherman et al 2014:236).

- **Improve and support medical male circumcision (MMC):** based on the compelling evidence from randomized controlled trials that male circumcision reduces the risk of heterosexually acquired HIV infection in men by approximately 60% (Meyer-Rath & Over 2012:7). The WHO and UNAIDS recommendations emphasised that male circumcision should be provided by well-trained health professionals in properly equipped settings and it should be considered as an effective intervention for HIV prevention men (Meyer-Rath & Over 2012:8). Taking this into practice, NGOs embark(ed) on mobilizing, referring and supporting identified men from the community to clinic/hospital where MMC can be performed.
- **Advocate for Human right:** protecting human rights at personal, community, and national levels is very significant in the fight against HIV/AIDS pandemic, hence

this category is focused on advocacy on HIV/AIDS issues and human rights that impact the lives of PLWHA.

- **Educating and creating awareness:** Usually, NGOs schedule numerous activities such as outreach programmes for increasing knowledge by ensuring that communities served are given facts about HIV/AIDS in a common language they can understand or relate to. These media include radio messages, dissemination of HIV/AIDS messages through peer groups, drama shows, talks on HIV/AIDS to the communities, HIV/AIDS voluntary counselling and distribution of IEC materials, flyers, posters, T-shirts, bracelet and caps (Dernberger 2014:3).

Local NGOs plays enormous role by bringing the required services to the communities in which they function (Dernberger 2014:3). These NGOs possess numerous strengths, in that:

- NGOs understand how HIV/AIDS is perceived in the community served and can develop interventions understood within the context of the community. This intervention is crucial due to cultural differences and the stigma and discrimination associated to the HIV/AIDS condition.
- The operating structure and familiarity of the NGOs to the community are more flexible as different to government operational structure to respond to community needs and main concern.
- NGOs are the best in mobilizing the community to respond to the challenges they might be facing on HIV/AIDS and other health issues. This mobilization is because NGOs work in the community and with the community.

The activities of NGOs are usually funded by donors, where NGOs solicit funding from the donors to carry out projects in specified duration based on the budget, they provide to achieve the planned objectives of fighting the HIV/AIDS scourge. Given donors' expectations of a data-driven report on the funded projects, NGOs are required to implement constant monitoring and evaluation process on their specific programmes conducted to ensure quality outcomes as well. According to Watkins, Swidler and Hannan (2012: 285) having a quality HIV/AIDS management programmes depend on the

availability of organizations with appropriate M&E experience and skills as well as adequate infrastructure and resource.

## 2.13 FUNDING OF HIV/AIDS PROGRAMME IN SOUTH AFRICA

According to Watkins et al (2012: 286), a lot of funds have been committed in the fight against HIV/AIDS globally. For example, in 2006, UNAIDS estimated that about US\$6.1 billion was spent on HIV/AIDS management programmes globally in 2005, from an estimated US\$15 billion that was required to sufficiently respond to the challenges in 2006 only about US\$8.2 billion had been allocated (UNAIDS 2013:26). These funds have been dedicated by developed nations and philanthropic bodies to initiatives such as the Global Fund to fight HIV/AIDS Tuberculosis and Malaria (GFATM) (UNAIDS 2013:27). PEPFAR efforts began in South Africa in 2004, and have since then scaled up rapidly. Furthermore, USG has contributed more than 3.7 billion US dollars (ZAR 29.7 billion) from 2004 -2012 (PFID 2012:11). The table below presents the funding for HIV/ADS in South Africa.

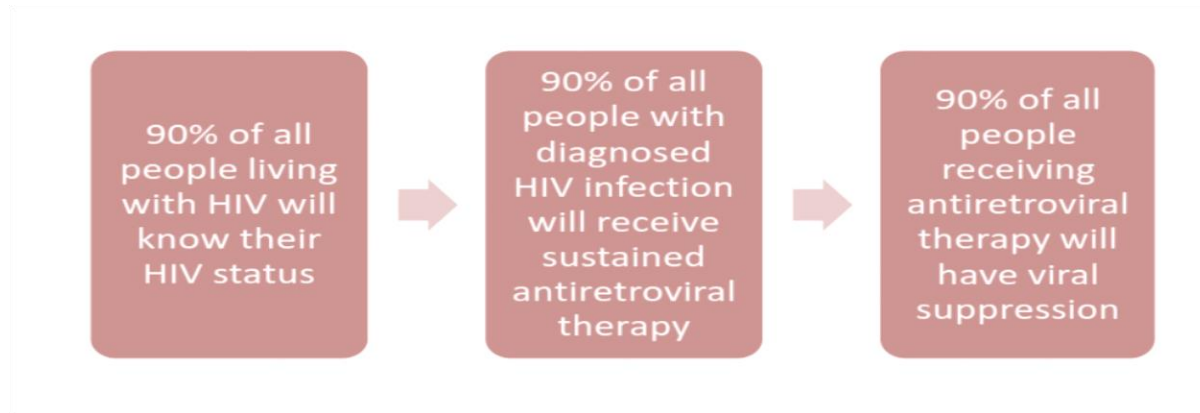
**Table 2.4: PEPFAR Bilateral Funding for South Africa 2004 – 2012 (US\$ in millions)**  
(PFID 2012:11).

2004	2005	2006	2007	2008	2009	2010	2011	2012	2009 ARV s	Total
\$89. 3	\$143. 3	\$221. 6	\$397. 8	\$590. 9	\$561. 3	\$560. 4	\$548 .7	\$483 .7	\$120 .0	\$3,717 .0

## 2.14 THE 90-90-90 STRATEGY

As part of the determination to ending the AIDS epidemic through treatment target approach, the UNAIDS introduced the 90-90-90- strategy in 2013 (UNAIDS 2014:1). The idea behind this concept is that by the year 2020, 90% of people who are HIV infected will be diagnosed, 90% of people who are diagnosed will be enrolled on treatment and 90% of those who receive treatment will have viral load suppression. Viral load

suppression is a clinical condition of when the amount of virus in an HIV-positive person's blood is reduced to an untraceable level (UNAIDS 2014:1). The figure below presents the 90-90-90- strategy diagram, a detailed explanation is given below:



**Figure 2.3: The 90-90-90 concept (UNAIDS 2014:1)**

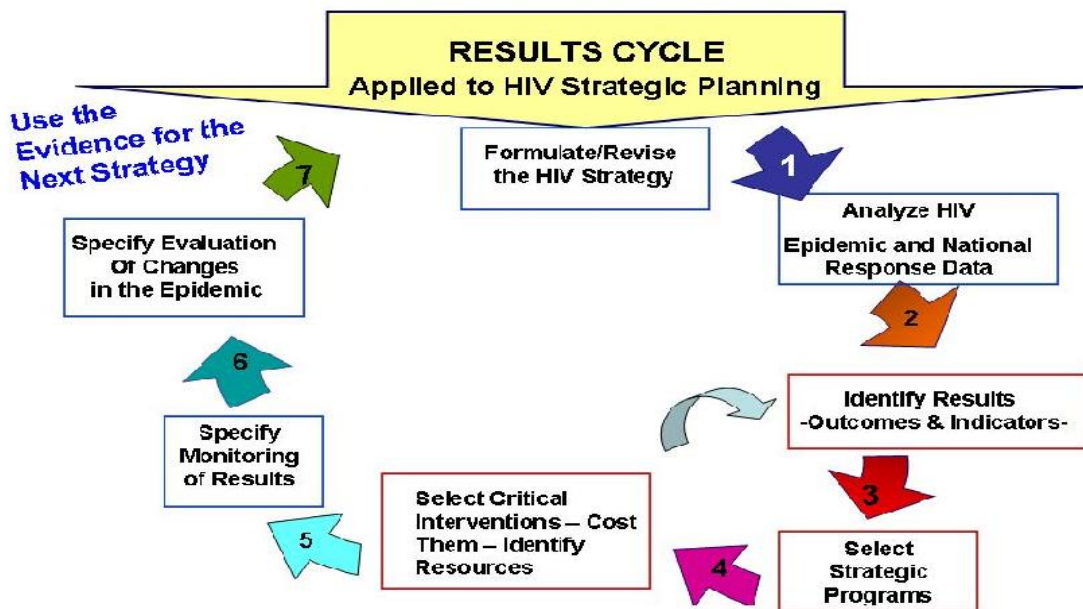
Since the 90-90-90 concept has demonstrated a potential to attain maximum return on investment, the South African government endorsed the concept (Health System Trust (HST) 2016:14). The 90-90-90 plan is delivered along with the country's strategic policy frameworks which comprises of the National Development Plan for the year 2030. The UNAIDS is committed to working in collaboration with the whole array of essential stakeholders, including PEPFAR, the Global Fund, WHO and other donors, national government, NGOs, people living with HIV and key populations. UNAIDS commits to leverage its convening role to team up with partners in developing robust monitoring and evaluation systems in place to monitor results across the treatment continuum (UNAIDS 2014:29).

## **2.15 THE RESULTS CYCLE FOR HIV/AIDS PROGRAMME**

The results cycle is defined by Rodriguez-García and Kusek (2007:2) as a set of organised framework that guides and supports the production of the strategy document and the strategic planning process that will guide future implementation of HIV programmes. The programme results are focused on the following:

- strategic planning and management that emphasizes on outcomes rather than only on inputs and outputs.
- improving performance on HIV/AIDS programmes
- using the information to improve policy, programming, and implementation towards achieving results.

The programme cycle in figure 2.4 presents the necessity for M&E when implementing HIV/AIDS programmes. Within the cycle, the need to specify methods of monitoring of results; designing of actions to improve monitoring where necessary, lay out evaluation process; and the use of information to make decision that will lead to action to improve future programmes.



**Figure 2.4: The HIV programme result cycle** (Rodriguez-García & Kusek 2007:2; UNAIDS 2013:13).

Further explanation on each phase of the cycle is explained below:



**Phase 1: Analyze HIV epidemic and the National response:** The first stage in designing an HIV/AIDS management programme approach is to gather information to analyze the trend of HIV/AIDS in the country by conducting a comprehensive review of existing study to understand what has been done and identified the existing gaps. This enables planners to understand the epidemic, the determinant of the current situations and current response. The planning team should analyse reports and available data from the study. Gaps identified, and lessons learned from the data should be integrated into the new strategy (Rodriguez-García & Kusek 2007:11; UNAIDS 2013:13).

**Phase 2: Identification of the results outcomes and indicators:** WHO (2013:10) elucidates that the planning team needs to identify the outcomes and indicators to be achieved by programme implementers. Programme aims need to be aligned with the Country's national strategic plan. Indicators that is required to measure the programme effectiveness should be selected by the programme team.

**Phase 3: Selecting strategic programmes:** WHO (2013:10) explain that the selection of strategic programmes towards achieving the expected results should also be carried out by the planning team.

**Phase 4: Selecting the critical interventions for each programme:** According to WHO (2013:11), the planning team also need to select interventions that are in line with the expected outcomes.

**Phase 5: The need to specify how results will be tracked and monitored:** Since monitoring deals with routine collection of information, it is important for the programme planning committee to clearly indicate programme staff on how information on implementing project would be collected, organized, examined reported and evaluated (UNAIDS 2013:13).

**Phase 6: Indicate how changes will be evaluated:** The concept behind programme evaluation the and use of final data to access the worth of the programme implemented, the planning team are required structure how programmes implementation, output, staff performance, and outcome will be reviewed to ascertain if the programme has produced the intended effect (Rodriguez-García & Kusek 2007:11; WHO 2013:10).

**Phase 7: The use of evidence for the next strategy:** Since evaluation process provides evidence on the worth and shortcomings of the implemented programme which can be used to plan for the next programme. Policy makers and programme managers should use the evidence-based information to develop intervention improvements every aspect HIV/AIDS management (Rodriguez-García & Kusek 2007:23; WHO 2013:10).

From the previous discussion regarding monitoring and evaluation of HIV/AIDS programme, it is noted that the programme results cycle is vital to HIV/AIDS as it highlights the relevance of M&E process in managing HIV/AIDS (UNAIDS 2013:14).

Hence, NGOs managing HIV/AIDS in the specific municipality make use of South Africa and global HIV/AIDS data available to design their programmes. However, the review of literature reveals that the method of data collection, analyses, reporting, evaluation and uses still need to be elaborated on.

## **2.16 CHALLENGES IN MONITORING AND EVALUATION OF HIV PROGRAMME**

In recent times, there has been an increasing pressure on NGOs to improve monitoring and evaluation process on project activities with much emphasis on measuring the effect they have on people infected and affected by HIV (WHO 2010:3). In several organizations, the attention for monitoring and evaluation activities is not reliable. WHO (2010:3) identified implausible data in the input, output and outcomes phases of the M&E process. In order to deal with these inconsistency there is a need to strengthen monitoring and evaluation process and implementation to ensure accuracy system in the organizations.

Organizations undertaking HIV and AIDS programmes are faced with several challenges when it comes to implementation of M&E systems. Some of these challenges as indicated by WHO (2010:4) include:

- Poor implementation of M&E system;
- Lack of knowledge of the purpose of data;
- Inadequate understanding of M&E structures in the project design;

- Lack of stakeholder's involvement in the designing and planning of M&E plan
- Lack of skilled M& E staff
- Organization's failure to develop monitoring and evaluation framework to address M&E problems and
- Inadequate capacity building on M&E staff.

The presence of these challenges speaks to the problems faced by NGOs in their efforts to implement M&E processes and system. However, being cognizant of these, NGOs managing HIV/AIDS can then use the outlined challenges as guidelines, while designing M&E processes.

## **2.17 CONCLUSION**

This chapter reviewed literature relating to the study. Aspects of history and epidemiology of HIV/AIDS disease, global impact of HIV/AIDS, HIV/AIDS in the South African context, responses to HIV/AIDS in South Africa, Monitoring and evaluation structure, plan and processes, legislation and policies development in South Africa, and the Partnership Framework Implementation Plan were all appraised. The chapter also examined NGOs' responses to HIV, funding of HIV/AIDS management programme in South Africa, and the challenges in monitoring and evaluation of HIV programme.

Chapter 3 that follows discussed the research design and methodology employed for achieving the aim of this study.

## **CHAPTER 3**

### **RESEARCH DESIGN AND METHODOLOGY**

#### **3.1 INTRODUCTION**

The previous chapter being chapter 2 focused on the literature which was reviewed in order to gain more understanding of monitoring and evaluation process, implementation and its significance on HIV programmes/projects. The current chapter addressed the research methodology and design adopted for this study, thereby discussing the study's population and sample size, data collection method and instrument, ethical considerations, validity and reliability, and data analysis plans.

#### **3.2 RESEARCH SETTING**

Silverman (2013:5) defines research setting as the environment in which the study is carried out and where data is collected for the study. The research setting for this study was 17 NGOs in a specific municipality in KwaZulu-Natal province where HIV/AIDS programmes are being implemented by the NGOs. The NGOs selected for this study deliver HIV/AIDS prevention programmes, treatment, training and awareness, and behavioural control as their core activities.

#### **3.3 RESEARCH DESIGN**

According to Muaz (2013:5), research design entails general approach chosen by researchers to integrate the different components of the study in a clear and reasonable way, thereby ensuring that the research problem has been effectively addressed. It also constitutes the outline for the collection, collation, and analysis of data (Muaz 2013:5). The research design of this study was quantitative, explorative and descriptive in approach.

### **3.3.1 Quantitative design**

Quantitative research design is a type of research used to indicate research approaches that yield numerical data and are based on a positivist philosophy (Gerrish & Lacey 2010:531). Quantitative analysis is typically based on statistical approaches. According to Holland and Rees (2010:290) quantitative research focuses measurement, describes and examines links, and determines connection among variables. Burns Grove and Gray (2014:23) explain that quantitative study integrates logistic and deductive reasoning as the researcher examines particulars to make generalisations about the universe. This study adopted the quantitative approach to investigate the implementation of monitoring and evaluation processes on HIV/AIDS programme in Kwazulu-Natal based NGOs.

### **3.3.2 Explorative design**

Explorative research design is a technique that is conducted for a problem that has not been clearly defined (Brains, Willnat, Manheim & Rich 2011:105). This design was used to explore how the monitoring and evaluation processes of HIV/AIDS programme is being carried out in these specific NGOs located within the Kwazulu-Natal province. This helped the researcher to gain new insight on the process of monitoring and evaluation implemented on HIV/AIDS programmes, and the challenges experienced by these NGOs in the implementation of the monitoring and evaluation process.

### **3.3.3 Descriptive design**

Descriptive research design is used to describe the characteristics of the phenomenon being studied (Creswell 2012:315; Shields & Rangarjan 2013: 26). Descriptive research design was used to describe the current process of monitoring and evaluation of HIV/AIDS projects by the NGOs.

According to Burns, Grove and Gray (2014:25), descriptive studies allow researchers to discover new meaning, describe what exists and determine the frequency with which the situation ensues based on the information provided by the respondents. Descriptive research provides a precise interpretation of a situation, individual, or group (Burns, Grove & Gray 2014:24). This research approach is used to describe the characteristics

of the phenomenon being studied (Creswell 2012:315; Shields & Rangarjan 2013:26). This study required the researcher to describe the current monitoring and evaluation practices of 17 NGOs based in KwaZulu-Natal province and the challenges they face, with the aim of determining how effectively monitoring and evaluation implementation is done. Hence, the purpose of this descriptive approach was to describe and document aspects of M&E of HIV/AIDS programme as it naturally occurs among studied population and categorise them.

### **3.4 RESEARCH METHOD**

Polit and Beck (2012:741) describes it as the techniques used to construct a study and to gather and analyse information pertinent to the question in a methodical manner. Adopting the quantitative research method for this study necessitated the researcher to identify and sample population for this study using purposive sampling technique, and to collect and analyse data derived from the sampled population.

#### **3.4.1 Population**

Population constitutes a set of subjects that can be studied and may include people, organizations, animals, plants, and objects from which a sample may be chosen (Ojovan & Loshchinin 2015:239). Population may vary according to the study, in some cases, the studied population involve the use data available in large databases, while in other studies, the entire population is very small and well structured (Burns, Grove & Gray 2014:34). In this study, the targeted population was 26 NGOs located in a specific municipality in KwaZulu-Natal. However, only 17 of the NGOs involved in the implementation of HIV programmes and the monitoring and evaluation processes consented to participate in the study.

#### **3.4.2 Sampling technique and sample**

Shahrokh and Dougherty (2014:242) define sampling technique as a method used by researchers for selecting a sample from a study population. Sampling methods can either be probability or non-probability. A purposive sampling technique, a type of non-probability sampling method was used to select the research population. The researcher chooses purposive sampling method for the NGOs due to the following reasons:

- The selection of the NGOs was based on their availability, eligibility, relative ease of access and willingness to participate.
- The researcher already knew these 17 NGOs and the number of staffs who met inclusion criteria in each NGO, hence the non-probability sampling technique
- Limited number of people that have knowledge on how monitoring and evaluation process is implemented in HIV/AIDS programme.

The 17 NGOs were known to deliver HIV prevention programme, treatment, training, awareness and behavioural control as their core activities. Also, they are involved in the monitoring and evaluation of HIV programmes. A total number of 83 staff met the inclusion criteria within the 17 NGOs. After these 17 NGOs have agreed to the study, the researcher asked from the NGO managers the number of people involved in the M&E processes of programme and who met the inclusion criteria. This was done to prevent bias, such as administering of questionnaires to staff who are not involved in M&e process and to avoid waste of questionnaires. . Based on the responses from the managers in general, a total number of 83 staff were involved in the M&E process. These cadre of staff were managers of the NGO, monitoring and evaluating staff, programme/project managers, programme/project coordinators, data quality officers, and data analysts. The staff selected were involved in the implementation, monitoring and evaluation process of the programmes and projects. Information gathered from this sampled population was used to make inferences about the entire NGOs in Kwazulu-Natal province.

### **3.4.3 Inclusion criteria**

These are characteristics that the potential subjects must have if they are to participate in the study Inclusion criteria (Booth, Clarke, Gherzi, Moher, Ptticrew & Stewart 2011:108). It helps the researcher to conduct the study in an effective and safe manner. The inclusion criteria in this study included the following respondents:

- The respondents working in the selected NGO who have been trained and involved in the implementation, monitoring and evaluation of HIV/AIDS management programme.

- The respondents who have spent 2 or more years in the service of the selected NGO.
- The respondents who are either involved in one or more of the following; HIV prevention programme, treatment, training and awareness and behavioural control as their core activities.

#### **3.4.4 Development of the data collection instrument**

For the researcher to collect the information required for the study, a measuring tool was developed for data collection from the 83 respondents of the 17 NGOs to ensure uniformity and consistency. In this study, a questionnaire was used. Saris and Revilla (2015:1005) define questionnaire as a research instrument comprising of a series of written or printed questions with a choice of answers for the purpose of gathering information for the specific study. The questionnaire was administered by the researcher.

The questions formulated for this study were guided by its objectives (refer to Annexure 4). The advantage of using a self-developed instrument to collect data was that it required less time to administer and it was less costly compared to focus groups or interviews. The development of the instrument was further based on the literature review and consultations with the supervisor of the study and the statistician who critically reviewed and verified its interpretation and completeness before it was finalised. The questionnaire was also reviewed by the Research and Ethics Committee of UNISA, Department of Health Studies, before approval was granted to conduct the study. It was further reviewed for content validity and the reliability by the statistician, supervisor, and experts in HIV/AIDS programme.

The questionnaire (refer to annexure 4) comprised of clear instructions on how it should be completed. It was developed in English, hence no translation was required. The respondents took 15 minutes each to complete their questionnaire. The questionnaire consisted of yes or no and both close-ended and open-ended questions which were divided into 7 sections that comprised of 39 questions (refer to Annexure 4). The 7 sections included the following:



- Section 1: Demographic data of the respondents which comprised of 4 questions relating to the respondent's sex, language of communication, highest qualification, and residential area
- Section 2: Organization information which comprised of 4 questions focusing on the position of the respondents and number of years the NGO has been implementing HIV programmes.
- Section 3: Nature of HIV/AIDS programme implemented by the organization which comprised of 1 question.
- Section 4: The organization's current monitoring and evaluation method, which addressed the question of how M&E is being carried out on programme implemented and the recourses used in undertaking M&E process. This section also addressed the research question and objectives, hence, it comprised of 14 questions.
- Section 5: Performance management in the organization addressed how the organizations conduct performance management on its staff. The section contained 6 questions.
- Section 6: Organization data quality management which comprised of 3 questions about the type of data management tool the organization employs for data collection, verification and documentation, how often the M&E staff conduct data review meeting with programme staff and the stakeholders involved, and how issues relating to data error are being solved.
- Section 7: Challenges of implementing monitoring and evaluation process of HIV/AIDS programmes/ projects which comprised of 7 questions addressed the different challenges faced by NGOs. These included human resource issues, funders' requirements, donors target, and reason why the organization is unable to reach project targets.

### **3.4.5 Pre-testing of data collection instrument**

According to Bhattacharjee (2012:23), pre-testing of an instrument is an important part of the research process. The aims for pre-testing the data collection instrument for this study were to:

- test whether the instrument would produce responses needed to attain the research objectives;
- check if the content of the instrument was relevant and adequate for the study and to ease the understanding of the respondents;
- check for the completeness and accuracy of the questionnaire before subjecting it to the actual study
- check for the validity and reliability of an instrument.

An instrument was pre-tested on the 30<sup>th</sup> October 2017 amongst six (6) respondents in one (1) NGO which is implementing HIV programmes within this specific municipality. This NGO was not part of the main study. Permission was requested from the manager of the NGO (refer to Annexure 2) to access the premise and to collect data. The purpose of the study was explained by the researcher and the respondents were requested to complete an informed consent form (refer to Annexure 3) if they agree to participate to the study. In order to ensure privacy, the researcher and the respondents were the only ones present during the pre-testing process. Furthermore, to maintain privacy and anonymity the researcher ensured that the respondents and NGOs' identities were not exposed to the public by not discussing them. In order to maintain confidentiality, the respondents' identifications were protected by removing sheets containing identifiers such as names from the questionnaire. The instruments were completed by each respondent within 15 minutes. The information received from the six (6) respondents were captured and stored electronically in the researcher's private computer for security and modification purpose. The reliability and validity of the instrument was checked by the supervisor, experts in the implementation and monitoring of HIV/AIDS programmes and the statistician before the main study was conducted. After pre-testing there was no need for modification thus the instrument was ready to be used for the main data collection.

### **3.4.6 Data collection**

This is described as process that involves gathering and measuring of information on targeted variables in an established logical technique. To ensure accuracy in research, the overall data for a study must be a true reflection of a particular situation (Lescroël, Ballard, Grémillet, Authier & Ainley 2014:1).

Prior to data collection process, the researcher made phone calls, send emails and met physically with the Managers of the NGOs implementing HIV programmes in this specific municipality in order to discuss the purpose, objectives, significance and their involvement in the study. This was done in order to get their permission and consent to take part in the study within the organization.

Data collection was initiated after an ethical clearance was successfully obtained from the Research and Ethics committee of the Department of Health studies at the University of South Africa (UNISA) (refer to Annexure1) and permission to conduct the study was granted by the managers in their respective organizations (refer to Annexures 5). Data was collected only from NGOs that were interested to be part of the study. The interested NGOs were 17 in number, while the respondents who met the inclusion criteria for this study were 83.

The researcher met with the staff in order to explain the purpose, significance of the study and how to complete the questionnaire. This enabled the respondents to have a complete understanding of the purpose, objectives, the risks involved, and the demands placed upon them as respondents. Afterwards, they were requested to complete an informed consent form (refer to Annexure 3) if they agree to participate in the study. Indication was given to them that they can withdraw from the study should they wish to without any penalty even if they have signed the informed consent form, thus their participation was voluntary. A total of 83 respondents from seventeen (17) NGOs participated in the study.

The researcher also addressed issues related to English language proficiency and urged the respondents to complete the questionnaire based on how monitoring and evaluation is being conducted by their organizations specifically HIV/AIDS programmes. It was noted that the respondents can communicate in English, IsiZulu and other South African

language effectively; hence, there was no need for an English language interpreter. Confidentiality was maintained by not discussing the NGOs identities during and after the research. The respondents' identification was protected by removing questions containing identifiers such as respondent's name, ages and organization name from the questionnaire thus maintaining anonymity. Researcher abided with the scientific integrity by reassuring the respondents neither that their names or the NGOs' would be published in any publications.

Finally, the questionnaire (refer to Annexure 4) was handed physically by the researcher to the respondents in their specific offices located within the NGO in order to maintain privacy. The number of questionnaires distributed to the respondents was 83, based on the number of staffs who had met the inclusion criteria in these specific NGOs.

Data was collected from November 2017 to March 2018. It was collected for a period of four (5) months after being granted ethical clearance and permission to conduct the study was granted. Data were collected from each NGO on a weekly basis. Since the researcher already knew the number of staffs that met the inclusion criteria and their availability through physical meeting and telephonic conversation with the managers of these NGOs, data collection was done without challenges.

A total number of 83 questionnaires which were administered by the researcher were returned by the respondents within the period of 5 months, hence, there was no misused questionnaires. The questionnaires received from the respondents were stored electronically in a secure private google drive for security purpose and for data analysis. The informed consent was stored in a sealed box which was kept in a place known by the researcher alone for security purpose.

### **3.4.7 Data analysis**

According to Burns, Grove and Gray (2014:34), data analysis is the method used by the researchers to illustrate and evaluate data collected. O'Neil and Schutt (2014:2) describe data analysis as an outline process generally used by researchers to organize and present data in a clear manner. The purpose of data analysis is to arrive at conclusions and proving the hypothesis which makes the findings easier for the reader to understand.

It also provided a way of allowing the research question to be answered in the light of the study's findings (Holland & Rees 2010:61). Data obtained through the questionnaires were checked by statistician and the researcher for consistency and completeness.

The study was explorative and descriptive in nature; hence, descriptive statistics were used. This included frequency tables and measures of central tendency standard deviation and range of ratio continuous variables. Explorative analysis included the use of statistical charts such as bar graphs for nominal variables. Data was captured electronically from the questionnaire into Microsoft excel 2010 version by the researcher. This was done to prevent discrepancies during data entry and to reduce physical storage space. Afterwards data obtained was checked again by the statistician (refer to Annexure 6) for completeness and consistency. Data was analysed using Statistical Package for Social Sciences Software (SPSS 2019 version 25.0.0.0). The data was presented as descriptive statistics in the form of graphs.

The analysed data was stored electronically in secure cloud storage named private google drive. This has additional advantage which are the following:

- Sensitivity: sensitive information in the cloud is more secured than locally stored.
- Accessibility: files stored can easily be accessed.
- Protection: stored information is regularly backed-up and can easily be recovered.

The data in the study was analysed according to the information extracted from the respondents in order to obtain useful information on the implementation of monitoring and evaluation of HIV/AIDS programmes by NGOs in KwaZulu-Natal.

### **3.5 VALIDITY AND RELIABILITY**

Based on Brains, Willnat, Manheim and Rich (2011:15), validity is the extent to which a concept or measurement corresponds accurately to the real world. Validity in research refers to how well the survey instrument measures the right element that is intended to measure. This is determined by examining the internal and external validity. Content, face, internal and external validity were also considered.

### **3.5.1 Content validity**

This is a type of non-statistical validity that involves the logical examination of the test or to determine whether data collection instrument content covers a representative sample of the area to be measured by the researcher (Eisinga, Te Grotenhuis & Pelzer 2012:637). The self-developed questionnaire was an appropriate method for collecting data. Contents in the questionnaire adequately covered the domain under investigation. The service of the professionals who have experience in monitoring and evaluation of HIV/AIDS management was requested to check the content validity of the instrument. Finally, the supervisor and the statistician checked the content validity.

### **3.5.2 Face validity**

This is an estimate of whether an instrument appears to measure a particular criterion. Face validity can either be high or low. For a face validity to be high, test must appear to be measuring what it is supposed to measure (Brains et al 2011:15). In order to ensure face validity, the instrument was subjectively assessed for presentation and the relevance of the questions. The questionnaire was reviewed and verified by the supervisor, statistician and expert in the field of monitoring and evaluation.

The supervisor, statistician and expert in the monitoring and evaluation HIV programmes verified the face validity of the instrument by making sure that the study covered aspects relating to monitoring and evaluation processes of HIV/AIDS programmes in the specific municipality located in KwaZulu-Natal province. The researcher had ethical approval and had conducted a literature review on monitoring and evaluation of HIV/AIDS programme under the guidance from the supervisor.

### **3.5.3 Internal validity**

Creswell (2012:200) defined it as an inductive estimate of the degree to which conclusions about fundamental associations can be made based on the procedures used by the researcher, the research setting, and the whole research design. Internal validity in this study was the extent to which data on the monitoring and evaluation processes of HIV/AIDS programme are done within the NGOs were a true reflection of reality. Prior to

data collection pre-testing of the data collection instrument was conducted in order to ensure that the concept of the study corresponds accurately to the real world. This was done to ensure that the instrument is free from glitches in phrasing questions, lack of clarity of instruction or anything that could impede its ability to collect data in a systematic manner. The pre-test proved that the instrument used in the research study was satisfactory, relevant to the title and study objectives and the categorisation of variables was appropriate and relevant to the research title and hence it could be found valid. Internal validity of this study was checked by the supervisor and the statistician.

### **3.5.4 External validity**

Brains et al (2011:105) explain that external validity is the extent to which the internally valid results of a study can be generalized to similar situations. Generalisation of the results to other NGOs managing HIV/AIDS programme implementations will be considered.

### **3.5.5 Reliability**

Eisinga et al (2012:640) defined reliability as the overall consistency of a measure in a study. It is regarded as the extent to which random mistake is absent from a research process. In ensuring reliability, the questionnaire was personally assessed for presentation and the relevance of the questions. The instrument was sent to the experts in the implementation and monitoring of HIV/AIDS programmes to evaluate the reliability before conducting the actual study. At the final stage, the supervisor and the statistician also checked the reliability of the instrument. The instrument was further pre-tested amongst 6 respondents in 1 NGO to check the reliability of the instrument before subjecting it to the actual study.

## **3.6 ETHICAL CONSIDERATIONS**

Holland and Rees (2010:288) elucidates ethics as the code of practice researcher(s) should follow to ensure the protection of individuals involved in a study. The purpose is to avoid harming the respondents; protecting the identity and human rights of the individual, treating everyone fairly; and gaining approval from an ethics committee set up

to protect the individuals' safety and human rights, and control the actions of researchers (Holland & Rees 2010:288).

### **3.6.1 Researcher-specific ethical considerations**

The approval to conduct the study was granted by the Research and Ethics Committee of the Department of Health Studies at the University of South Africa (refer to annexure 1). Permission to conduct the study was requested from the various NGOs undertaking HIV/AIDS management and meeting the purpose of the study (refer to Annexure 2). In response to the letter of permission to conduct the study, the managers of these NGOs sent a letter granting permission to conduct the study in their respective organizations (refer to Annexures 5).

- **Scientific honesty:** This was maintained by ensuring correct referencing and listing of all the scientific sources in accordance with UNISA referencing technique.

### **3.6.2 Respondents'-specific ethical considerations**

- **Informed Consent:** A written informed consent asking the respondents to participate to the study was requested (refer to Annexure 3). The researcher gave a briefing to the respondents regarding the purpose, objectives and significance of the study before they signed. This, being in line with Skovdal and Abebe's (2012:77) views on informed consent in research, enabled the respondents to have a full understanding of the purpose, objectives, methods to be used in the study, the risks involved, and the demands placed upon them.
- **Confidentiality:** The rights, privacy, dignity, and sensitivities of the research populations was respected and protected by not discussing the NGOs identities during and after the research. Also, the respondents' identification was protected by removing sheets containing identifiers such as names from the questionnaire.
- **Voluntary participation:** The respondents were allowed to exercise the free power of choice without the interference of deceit, force, or other forms of restriction. The researcher drawing from Fraser, Robins and O'Leary's (2011:17)



research, assured the respondents that there is no penalty for refusing to take part in the study.

- **Privacy:** To maintain privacy, questionnaires were handed physically by the researcher to the respondents in their specific offices located within the NGO. There was no misused of questionnaire. Researcher ensured that only the eligible respondents were in the office while explaining the research steps and during data collection process.
- **Anonymity:** Respondent's identification was protected by removing questions containing identifiers such as respondents name, ages and organization name from the questionnaire. This also enabled respondents to give accurate responses based on how M&E is being carried out on various HIV/AIDS programmes implemented by the NGOs. The researcher ensured that the identities of the respondents and NGOs were kept from public by not publishing their names in the thesis.

### **3.7 CONCLUSION**

This chapter discussed the research methodology and design which this study adopted. As explained in the chapter, the research design utilized was a quantitative, explorative and descriptive design in order to investigate the implementation, monitoring and evaluation process on HIV/AIDS project implement by NGOs. The chapter also addressed the idea validity and reliability and their importance when conducting a study. The next chapter focus on analysing and presenting the results of data collected from the NGOs.

## **CHAPTER 4**

# **DATA ANALYSIS, PRESENTATION AND INTERPRETATION OF THE RESULTS**

### **4.1 INTRODUCTION**

The previous chapter discussed the research method and design used to conduct this study, this chapter focuses on data analysis, presentation and interpretation of the results of this study. The purpose of this study was to investigate the monitoring and evaluation process implemented on HIV/AIDS programmes by NGOs in a specific municipality in KwaZulu-Natal province. The objectives of this study are the following:

- explore and describe the current monitoring and evaluation process of HIV/AIDS programmes implemented by NGOs in KwaZulu-Natal;
- identify and describe the challenges faced by the NGOs in ensuring the effective monitoring and evaluation process of the implementation of HIV/AIDS programmes;
- propose the support interventions to overcome the challenges of effective monitoring and evaluation of HIV/AIDS programmes by NGOs in KwaZulu-Natal.

The results for this study were analyzed, presented and interpreted based on the following headings:

- Demographic data;
- Organization information;
- Nature of HIV/AIDS programme implemented by the organization;
- The Organization's current Monitoring and Evaluation method and equipment;
- Performance management in the organization;
- Organization data quality management;
- Challenges on monitoring and evaluation of HIV/AIDS programmes and
- Innovative ways of dealing with the identified challenges.

## 4.2 DATA ANALYSIS AND MANAGEMENT

The total number of eighty-three (83) questionnaires which was administered by the researcher to the respondents were returned, meaning that the response rate of the survey was 100%, which increased the validity of the study. Data was captured electronically from the questionnaire into Microsoft excel 2010 version by the researcher. With the assistance of the statistician, data were analyzed using the SPSS 2019 version 25.0.0.0. Based on the explorative and descriptive nature of the research, the study summarized data collected using statistical charts being, bar graphs for nominal variables. The descriptive statistics for this study also included frequency tables. The cumulative percentages indicated in the tables and figures added up to 100%. Hence, only percentages are indicated on the bar charts, whereas the table contain frequencies, percentages and cumulative percentages, and data was also presented descriptively.

## 4.3 RESEARCH RESULTS

### 4.3.1 Demographic data

The demographic data of the respondents included their sex, age category, highest qualification, residential area, and medium of communication.

#### 4.3.1.1 Sex (N=83)

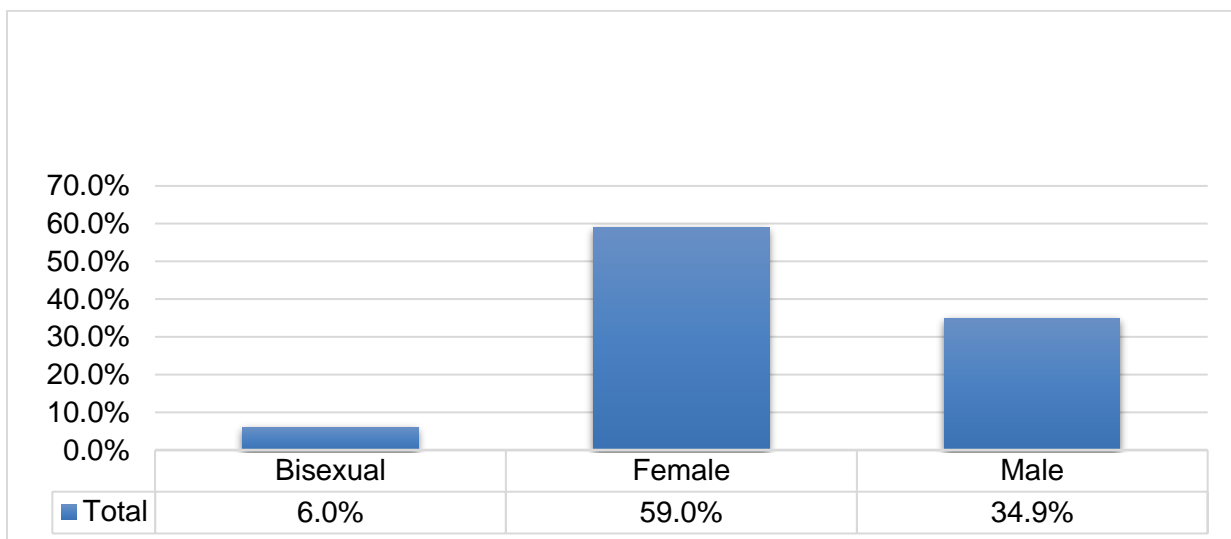


Figure 4.1: Sex (N=83)

Figure 4.1 showed most of the respondents were females 59% (n=49), males were 34.9 % (n=29), while the bisexual comprised of 6% (n=5). This revealed that more female staff met the inclusion criteria compared to males. The results proved that females are more involved in the management of HIV/AIDS programme in this specific municipality. This also showed that the organizations are supporting the country's female empowerment development.

#### 4.3.1.2 Age (N=83)

**Table 4.1: Age (N=83)**

No	Age categories in years	Frequency (n)	Percentage (%)	Cumulative percentage
1	20 and below	1	1.2	1.2
2	21-30	21	25.3	26.8
3	31-40	28	33.7	61.0
4	41-50	25	30.1	91.5
5	51 and above	7	8.4	100.0
6	Total	82	98.8	
7	Missing	1	1.2	
	<b>Total</b>	<b>83</b>	<b>100.0</b>	

According to table 4.1, most of the respondents, 33.7 % (n=28) were between the ages 31-40 years, 30.1% (n=25) ranged between 41 -50 years, 25.3% (n=21) were 21-30 years, 8.4% (n=7) were 51 years and above, while 1.2% (n=1) were 20 years and below. This means that the respondents were old enough to understand how the programme is being implemented and how M&E process has been carried out in their specific organizations.

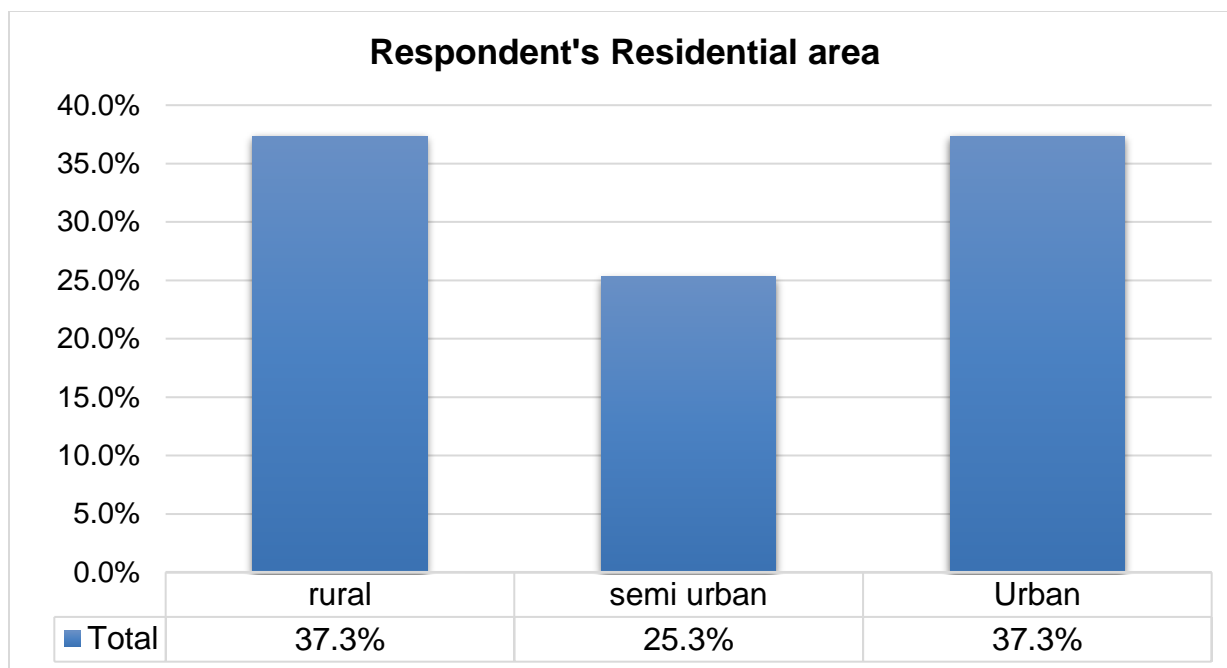
#### 4.3.1.3 Highest qualification (N=83)

**Table 4.2: Highest qualification (N=83)**

No	Highest qualification	Frequency (n)	Percentage (%)	Cumulative percentage
1	Grade 12 and below	17	20.5	20.5
2	Certificate courses	27	32.5	53.0
3	Diploma	19	22.9	75.9
4	Basic degree	11	13.3	89.2
5	Honours degree	3	3.6	92.8
6	Master's degree	2	2.4	95.2
7	Other	4	4.8	100.0
	<b>Total</b>	<b>83</b>	<b>100.0</b>	

To determine the skill base of the respondents, they were requested to indicate the highest academic qualification obtained at the time data was collected. According to table 4.2, majority of the respondents, 32.5% (n=27) had certificate course as their highest qualification, 22.9% (n=19) had diploma, 20.5% (n=17) had grade 12 which is also known as matric, 13.3% (n=11) had basic degree, 4.8% (n=4) had other degrees. Three comma six percent 3.6% had honours degree, while 2.4% (n=2) had master's degree as their highest qualification. This revealed that the respondents are educated and could read and understand the questionnaires before indicating the responses. This also was an indication that they could be considered as able to implement monitoring and evaluation process on the various HIV management programmes carried out.

#### **4.3.1.4 Residential area (N=83)**



**Figure 4.2: Residential area (N=83)**

The results as indicated in figure 4.2 shows that the majority 37.3% (n=31) reside in rural and urban areas, and 25.3% (n=21) reside in semi-urban area. This could be attributed to the fact that the specific municipality which the study focused on is located within both urban and rural area of the major district (MIDP 2009:8). Hence, it is expected to have the respondents residing in urban, rural and semi-urban area of this specific municipality.

#### 4.3.1.5 Medium of communication (N=83)

**Table 4.3: Medium of communication (N=83)**

No	Language of communication	Frequency (n)	Percentage (%)	Cumulative percentage
1	English	32	38.6	38.6
2	English and IsiZulu	32	38.6	77.1
3	English and Xhosa	4	4.8	81.9
4	English and Afrikaans	9	10.8	92.8
5	English and other language	6	7.2	100.0
	<b>Total</b>	<b>83</b>	<b>100.0</b>	

In table 4.3, the results showed that 38.6 % (n=32) of the respondents use English and isiZulu languages as their medium of communication, 10.8% (n=9) of the respondents speak both English and Afrikaans; 7.2% (n=6) communicates with both English and other language while 4.8% (n=4) can communicate in both English and Xhosa. In general, all the respondents could use English as their media of communication. This also adds reliability and validity to the responses and supports the researcher's statement that all the respondents could communicate in English; hence there was no need for a translator.

### 4.3.2 Organizational information

This section presents the result on the organization information. This consist of the duration of years in which the organization has been involved in HIV programmes, respondents' position within the organization, year of employment in the organization and the involvement in the implementation of HIV/AIDS programme. It was important to ask this question in order to further know if the respondents were involved in the implementation of HIV/AIDS programme based on the duration of years and their position in the organization.

#### 4.3.2.1 Duration the organization have been undertaking HIV/AIDS programmes

**Table 4.4: How long has the organization been undertaking HIV/AIDS programmes? (N=83)**

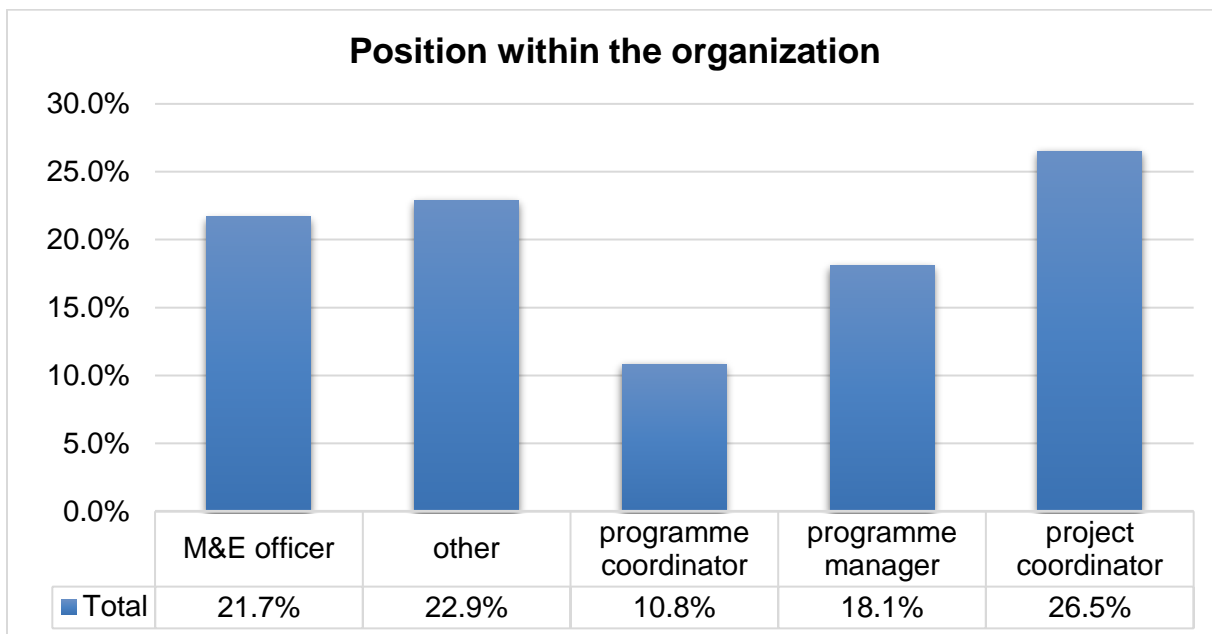
No	Number of years undertaking HIV programmes	Frequency (n)	Percentage (%)	Cumulative percentage
1	0-5 years	6	7.2	7.2
2	6-10 years	22	26.5	33.7
3	11-19 years	38	45.8	79.5
4	20 and above	17	20.5	100.0
	<b>Total</b>	<b>83</b>	<b>100.0</b>	

The majority of the NGOs 45.8% (n=38) have been implementing HIV programmes between 11 to 19 years, 26.5% (n= 22) have been implementing HIV programmes between 6 to 10 years; 20.5% (n=17) have been involved in HIV management

programmes for 20 years and more, while only 7.2% (n=6) of the NGOs have been undertaking HIV programmes within 0 to 5 years.

The responses also indicated that NGOs in the specific municipality have been involved in the management of HIV programmes for a long time being 11 to 19 years, that is 45.8% (n=38). This can be linked to the increasing community needs as the HIV/AIDS epidemic grew (Maurice 2014:1536). Based on this response, the results are reliable since these NGOs have been implementing HIV/AIDS programmes for a long period of time.

#### 4.3.2.2 The respondents' position within the organization



**Figure 4.3 Position held within the organization (N=83)**

Majority of the respondents 26.5% (n=22) as indicated in figure 4.3 comprised of project coordinators, 22.9% (n=19) of the respondents belonged to “other group”. In this other group most of the respondents indicated data quality officers, data analyst, project leader, programme team leader and clinical nurse mentor. Twenty-one coma seven percent (n=18) were monitoring and evaluation officers, programme managers comprised of 18.1% (n=15), and programme coordinators were 10.8% (n=9). Figure 4.3 revealed that all the respondents (n=83) were in senior positions and were relevant in the



implementation of monitoring and evaluation of HIV programmes. This cadre of staff were in better position in terms of providing quality information on how programme implementation and M&E were conducted.

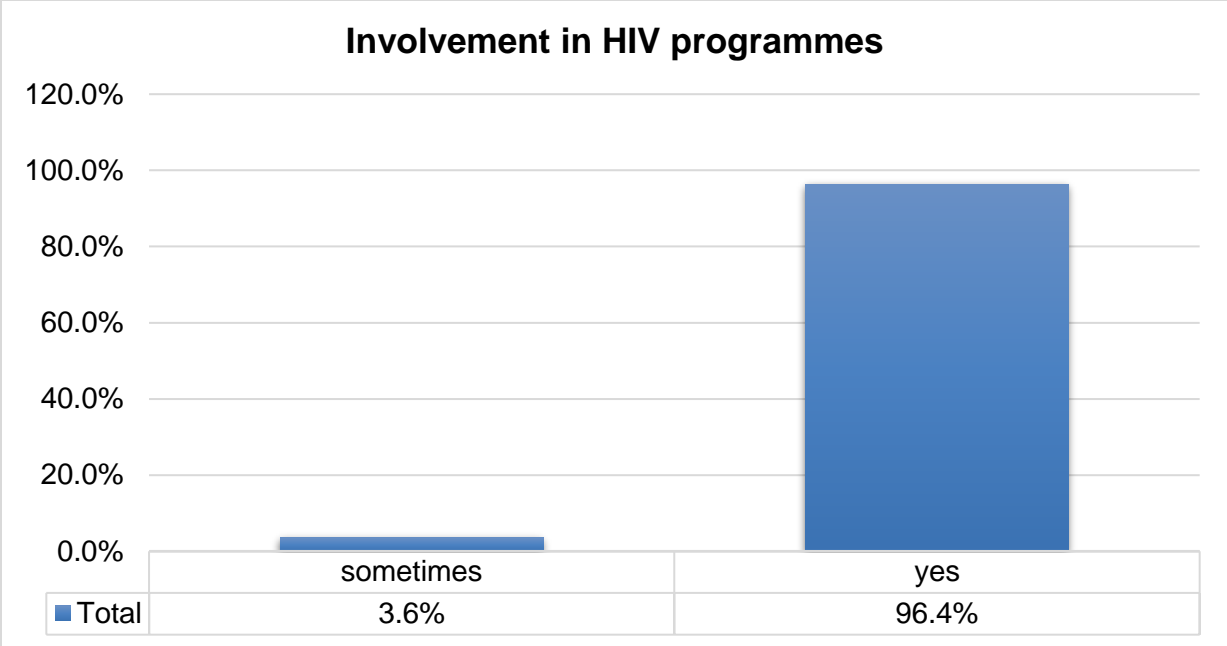
#### 4.3.2.3 Number of years respondents have been employed in the organization

**Table 4.5: How long have you been employed within the organization? (N=83)**

No	Respondent number of years	Frequency (n)	Percentage (%)	Cumulative percentage
1	2-5 years	29	34.9	34.9
2	6-10 years	37	44.6	79.5
No	Respondent number of years	Frequency (n)	Percentage (%)	Cumulative percentage
3	11-15 years	14	16.9	96.4
4	16-25 years	3	3.6	100.0
	<b>Total</b>	<b>83</b>	<b>100.0</b>	

Table 4.5 summarized the number of years which the respondents have been employed in the organization. Based on the responses, 44.6% (n=37) of the respondents have been employed between 6-10 years, 34.9% (n=29) have been working in the organization for 2 to 5 years, 16.9% (n=14) have been employed from 11-15 years and 3.6% (n=3) have been employed with the organizations between 16-25 years. This showed that the respondents have been working within the NGOs for quite several years. This also indicated that they are aware of programme/project implementation within the organization and monitoring and evaluation process on programmes implemented.

#### 4.3.2.4 Respondents' involvement in the implementation of HIV programmes



**Figure 4.4: Respondents’ involvement in implementation of HIV programme/project (N=83)**

There is a need to establish if the respondents are involved in the implementation of HIV programmes/projects. Figure 4.6 indicated that 96.4% (n=80) were involved in the implementation of HIV /AIDS programmes within the organizations, while the remaining 3.6 % (n=3) were sometimes involved in the programme implementation. This shows that the overall data for this study were a true reflection of how M&E process have been implemented on the various HIV/AIDS programme managed by these NGOs (Lescroël, Ballard,Grémillet, Authier & Ainley 2014:1).

**4.3.3 Nature of HIV/AIDS programme implemented by the organization**

This section presents the type of HIV/AIDS management programme which is undertaken by the NGO in this specific municipality. The respondents were to choose more than one HIV programme because various NGO implement more than one HIV programme. Hence, respondents choose programmes that their organizations were implementing at the time of data collection.

**4.3.3.1 HIV programmes implemented by the organizations**

**Table 4.6: Programmes implemented by the organization (N=83)**

<b>No</b>	<b>HIV programmes implemented by NGOs</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>	<b>Cumulative percentage</b>
1	Prevention and behavioural change	1	1.2	1.2
2	Supporting orphan and vulnerable children (OVC)	6	7.2	8.4
3	Care & treatment	5	6.0	14.5
4	Prevention & behavioural change and Psychosocial support,	1	1.2	15.7
5	Prevention & behavioural change, Care & treatment	2	2.4	18.1
6	prevention & behavioural change, awareness & Education	1	1.2	19.3
7	Psychosocial support, Care & treatment	3	3.6	22.9
8	Psychosocial support, awareness & Education	1	1.2	24.1
9	VMMC, Care & treatment	1	1.2	25.3
10	Prevention & behavioural change, supporting OVC and Psychosocial support	1	1.2	26.5
11	Prevention & behavioural change, supporting OVC, awareness & Education	2	2.4	28.9
12	Prevention & behavioural change, Psychosocial support and VMMC	1	1.2	30.1
13	Prevention & behavioural change, Psychosocial support, Care & treatment	1	1.2	31.3
14	Prevention & behavioural change and Psychosocial support	2	2.4	33.7
15	Prevention & behavioural change, Supporting OVC, gender-based violence management, Care & treatment	1	1.2	34.9
16	Prevention& behavioural change, Care & treatment, and Education	1	1.2	36.1
<b>No</b>	<b>HIV programmes implemented by NGOs</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>	<b>Cumulative percentage</b>

17	Supporting OVC, Psychosocial support, Care & treatment	1	1.2	37.3
18	Supporting OVC, Psychosocial support, awareness & Education	3	3.6	41.0
19	Prevention & behavioural change, VMMC, Psychosocial support, awareness & Education	1	1.2	42.2
20	Prevention & behavioural change, supporting OVC, Psychosocial support, gender-based violence management	4	4.8	47.0
21	Prevention & behavioural change, supporting OVC, Psychosocial support and VMMC,	1	1.2	48.2
22	Prevention & behavioural change, supporting OVC, Psychosocial support, and awareness & Education	1	1.2	49.4
23	Prevention & behavioural change, Psychosocial support, gender-based violence management, and awareness & Education	2	2.4	51.8
24	Prevention & behavioural change, Psychosocial support, Care & treatment awareness & Education	2	2.4	54.2
25	Prevention & behavioural change, supporting OVC, gender-based violence management, VMMC, awareness & Education	1	1.2	55.4
26	Prevention & behavioural change, VMMC, Care & treatment and awareness & Education	1	1.2	56.6
27	Supporting OVC, Psychosocial support, Care & treatment and awareness & Education	2	2.4	59.0
28	Prevention & behavioural change, supporting OVC, Psychosocial support, gender-based violence management and Care & treatment	1	1.2	60.2
<b>No</b>	<b>HIV programmes implemented by NGOs</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>	<b>Cumulative percentage</b>

29	Prevention & behavioural change, supporting OVC, Psychosocial support, gender-based violence management, and awareness & Education	3	3.6	63.9
30	Prevention & behavioural change, supporting OVC, Psychosocial support, VMMC, awareness & Education	1	1.2	65.1
31	Prevention & behavioural change, supporting OVC, Psychosocial support, care& treatment, awareness & Education	2	2.4	67.5
32	Prevention & behavioural change, supporting OVC, gender-based violence management, Care and treatment & awareness & Education	1	1.2	68.7
33	Prevention & behavioural change, supporting OVC, VMMC, Care and treatment and awareness & Education	1	1.2	69.9
34	Prevention & behavioural change, Psychosocial support, gender-based violence management, Care & treatment, awareness & Education	2	2.4	72.3
35	Prevention & behavioural change, Psychosocial support, VMMC, Care & treatment, awareness & Education	1	1.2	73.5
36	Prevention & behavioural change, gender-based violence management, VMMC, Care and treatment, awareness & Education	3	3.6	77.1
37	Supporting OVC, Psychosocial support, gender-based violence management, care & treatment, awareness and Education	1	1.2	78.3
38	Supporting OVC, Psychosocial support, VMMC, Care and treatment, awareness & Education	1	1.2	79.5
39	Prevention & behavioural change, supporting OVC, Psychosocial support, gender-based violence management, VMMC, awareness & Education	1	1.2	80.7

No	HIV programmes implemented by NGOs	Frequency (n)	Percentage (%)	Cumulative percentage
40	Prevention & behavioural change, supporting OVC, Psychosocial support, gender-based violence management, Care and treatment and awareness & Education	5	6.0	86.7
41	Prevention & behavioural change, supporting OVC, Psychosocial support, VMMC, Care and treatment, awareness & Education	2	2.4	89.2
42	Prevention & behavioural change, Psychosocial support, gender-based violence management, VMMC, Care and treatment, awareness & Education	2	2.4	91.6
43	Prevention and behavioural change, supporting OVC, Psychosocial support, gender-based violence management, VMMC, Care & treatment Awareness education	7	8.4	100.0
	<b>Total</b>	<b>83</b>	<b>100.0</b>	

Based on table 4.6, majority of the respondents, 8.4% (n=7) indicated that their organization implements all the seven (7) programmes for HIV management, followed by 7.2% (n=6) implementation supporting orphans and vulnerable children only, 6.0% (n=5) indicated care and treatment for HIV positive clients and implementation prevention and behavioural change. Four coma eight percent (n=4) of the respondents revealed implementation prevention and behavioral change supporting orphan and vulnerable children, psychosocial support for people infected with HIV, and gender-based violence management.

The results in table 4.6 presented 3.6% (n=12) of the respondents which the responses occur four times, indicated that the organization implements between two to five programmes from the listed programmes which prevention are and behavioural change, supporting OVC, psychosocial support, gender-based violence management, VMMC, Care and treatment awareness education.

The results also presented 2.4% (n=20) of the responses that occur at the frequency of ten (10) times indicated that their organizations implement between two to six management programmes. These programmes were prevention and behavioural change, supporting OVC, psychosocial support, gender-based violence management, VMMC, Care & treatment Awareness education. In the same trend, the result showed another 1.2% (n=24) of the responses that occur twelve (24) times, indicated that their organization implemented between four to six different programmes.

Table 4.6 also shows that most of NGOs in this specific municipality were implementing more than one type of project. This can be explained and supported based on the following:

The response to HIV and AIDS led to the notion of the partnership of shared responsibility for the development and implementation of HIV/AIDS programmes between South Africa Government and NGOs (Barron, Pillay, Doherty, Sherman, Jackson, Bhardwaj & Goga 2013:72). The NGOs entered into partnership with the South African government in turning the tide on HIV, with the government assuming the leadership role. The government considered NGOs as major partners in the multisector response to the epidemic (Government 2003:6).

Therefore, it is of great benefit that the study proved that all the organizations (n=83) were implementing various programmes in response to HIV/AIDS epidemic as their way of delivering partnership roles. Organizations can implement different types and number of programmes based on their capability. So, there are no issues with NGOs implementing only one programme or more than one programme.

#### **4.3.4 The organization's current monitoring and evaluation programmes**

This study aimed to investigate how monitoring and evaluation process has been implemented on HIV programmes, the results presented are about the organization's current M&E plan.

#### 4.3.4.1 Organizations with formal M&E plan

**Table 4.7: Does the organization have a formal M&E plan? (N=83)**

<b>Organization with formal M&amp;E system</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>	<b>Cumulative percentage</b>
No	13	15.7	15.7
Only for big projects	7	8.4	24.1
NGO lack the skills to design M&E	8	9.6	33.7
Yes	55	66.3	100.0
<b>Total</b>	<b>83</b>	<b>100.0</b>	

The results from table 4.7 revealed that majority of the respondents 66.3% (n=55) agreed that their organizations had a formal M&E plan. It was proved that not all the NGOs in this specific municipality have formal M&E plan, as 15.7% (n=13) indicated lack of formal M&E plan. The organizations that lack a formal M&E plan were just implementing programmes without a structured M&E plan that could be used to assess whether objectives of the programmes have been met. The absence of such a plan affects the programmes being implemented. Every organization implementing and managing HIV programmes need to have a formal M&E plan.

Regarding the organizations' skills to design M&E plan 9.6% (n=8) of the respondents showed that the organization lacks the skills to design formal M&E plan. This means that some of the NGOs lack(ed) the skills to design M&E plan. This could be due to lack of resources from funders, inadequate capacity building or lack of skilled staff. Having a clearly defined M&E plan entails that that the M&E activities are given the due attention required in the project. The M&E plan also delineates the resources that would be needed and the initiatives for managing an effective M&E system. In view of this, there is a need for NGOs managers and programme implementers to communicate with various funders on how to put in place a structured M&E plan for all the projects to be implemented in future.



It was evident that some of the NGOs as indicated in table 4.7 do not have M&E plan for all their projects, as 8.4% (n=7) of the respondents agreed that M&E plan is only for big projects. This showed a lack of knowledge about the significance of an M&E plan in managing HIV/AIDS programmes, irrespective of the size of the project. Mertens and Wilson (2012:170) underscore this importance by proposing that HIV/AIDS project planners should include a clearly structured M&E plan as an important aspect of all the projects and programmes implemented.

#### 4.3.4.2 Resources used for the implementation of M&E process

The respondents could choose multiple responses regarding the resources used by the organization to implement monitoring and evaluation process on HIV programmes carried out.

**Table 4.8: Resources used by the NGO for M&E plan (N=83)**

No	Resources used for M&E	Frequency (n)	Percentage (%)	Cumulative (%)
1	Missing	1	1.2	1.2
2	Computers	10	12.0	13.3
3	M&E staff	1	1.2	14.5
4	Statistical skills	1	1.2	15.7
5	Offices	17	20.5	36.1
6	Computers & M&E staff	3	3.6	39.8
7	Offices and computers	16	19.3	59.0
8	M&E staff and offices	1	1.2	60.2
9	Computers, M&E staff, Statistical skills	5	6.0	66.3
10	Computers, M&E staff and offices	6	7.2	73.5
11	Computers, M&E staff and M&E experts	2	2.4	75.9

12	Computers, statistical skills and M&E experts	1	1.2	77.1
13	Computers M&E staff, statistical skills and offices	6	7.2	84.3
14	Computers, M&E staff, statistical skills, offices and M&E experts	13	15.7	100.0
	<b>Total</b>	<b>83</b>	<b>100.0</b>	

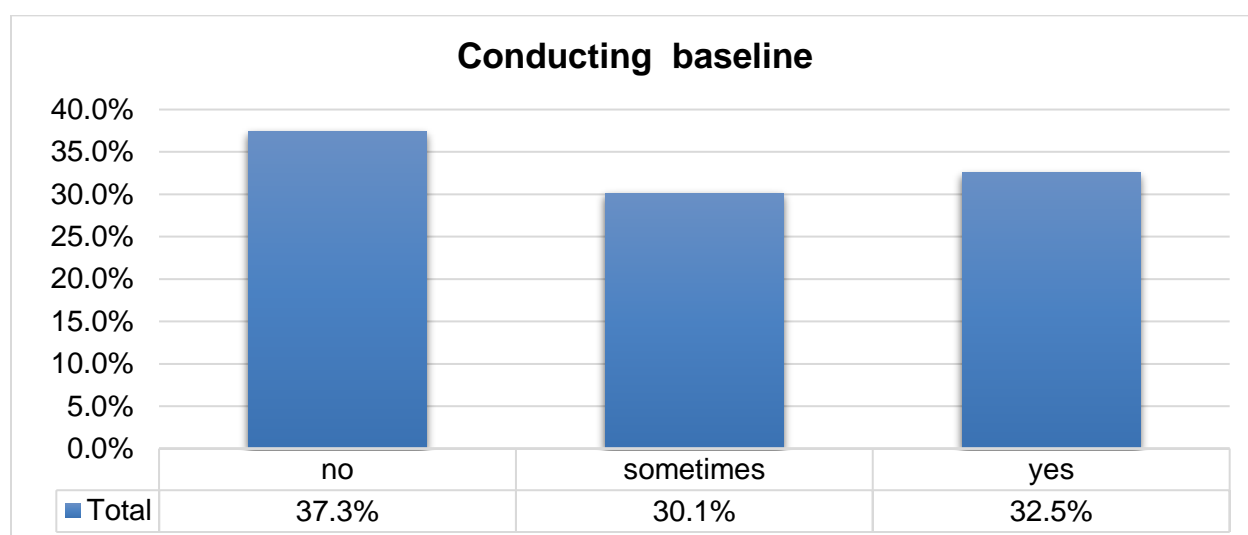
Based on table 4.8, 20.5% (n=17) agreed that their organization used offices to implement M&E plan; 19.3% (n=16) used offices and computers for M&E plan; 15.7% (n=13) used computers, M&E staff, statistical skills, offices and M&E experts to implement M&E plan; 12.0% (n=10) used computers alone; 7.2% (n=6) used computers, M&E staff, statistical skills, offices to M&E implementation; and another 7.2% (n=6) used computers, M&E staff and offices. 6.0% (n=5) used computers, M&E staff, statistical skills; 3.6% (n=3) used computers and M&E staff; and 2.4% (n=2) use computers, M&E staff and M&E experts. 1.2% (n=1) use computers, M&E staff and M&E experts, another 1.2% (n=1) used M&E staff and offices in the same way that 1.2% use statistical skills; 1.2% (n=1) used M&E staff, while the last 1.2% (n=1) left the question unanswered.

These responses showed that only 15.7% (n=13) of the organizations have used enough resources while implementing M&E plan for projects, while the remaining NGOs used limited resources to implement M&E plan on their projects. Evidently, in terms of the resources, the NGOs in this municipality did not have M&E staff and statistical skills to perform M&E process for the projects they implemented. Since monitoring process relies on standardized approaches to collect and analyze numerical data and to trace the progress of the programme implementation and evaluation, the need of statistical skills should not be overlooked.

These responses concur the observation made by the South Africa National strategic plan (NSP) 2007-2011 Mid-Term Review that the NGO sector lacks M&E capacity, their M&E systems are uncoordinated, and that reporting within the NGO sector is inconsistent

(SANAC 2012:14). This response tally with another study which was conducted by Mapfumo (2015:98) on Monitoring and Evaluation of HIV/AIDS programmes by NGO uMngeni Municipality, KwaZulu-Natal which revealed lack of M&E experts in the organization M&E plan. Strengthening the NGOs' M&E systems is important for ensuring effective delivery of comprehensive HIV and AIDS management which is a fundamental principle of project implementation. For NGO implementing programmes to have a structured M&E plan, adequate resources are needed for implementing its M&E functions.

#### 4.3.4.3 Organization conducting baseline study before implementing HIV/AIDS programme (N=83)



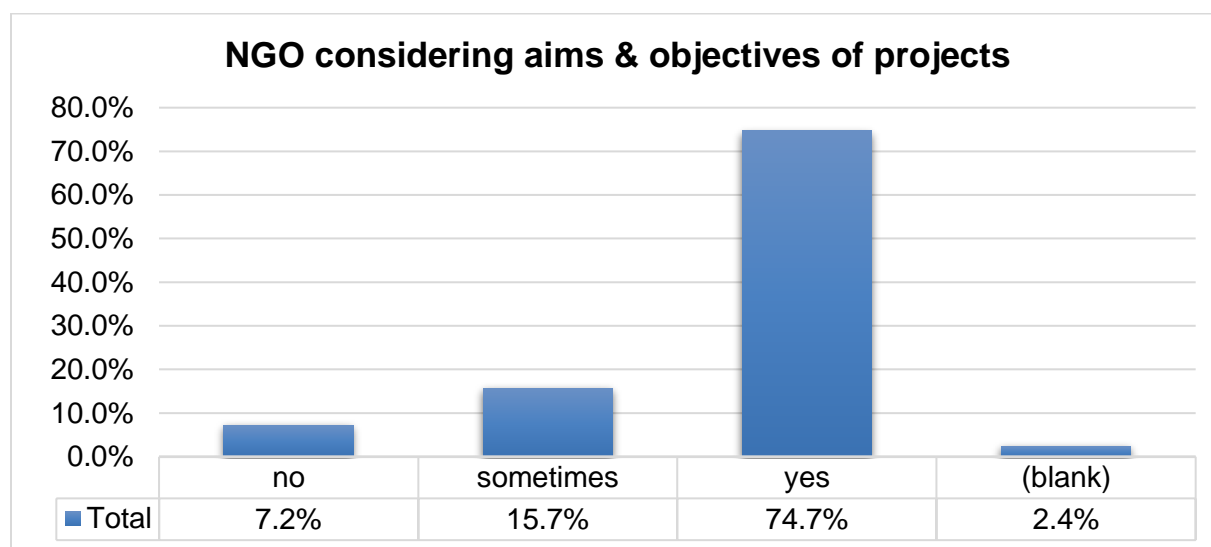
**Figure 4.5: Does the organization conduct baseline study before implementing HIV/AIDS programme? (N=83)**

In order to determine if the NGOs conduct baseline study to get baseline data before implementing various projects, it was revealed that most of these NGO did not conduct baseline study before implementing the actual project. Most of the respondents 37.3 (n=31) stated that they do not conduct baseline study to get baseline data before implementing various projects, 32.5 % (n=27) indicated that their organization conducts baseline study, while 30.1% (n=25) of the organization sometimes conduct baseline study. This showed that a significant number of NGOs do not conduct baseline study. According to the Association for Strengthening Agricultural Research in Eastern and

Central Africa (ASARECA 2010:3), baseline study is the analysis of current situation to identify the starting points for a new programme or project. It is a critical part of project implementation. A baseline study should be done at the beginning of a programme to establish the status of a population before a programme is rolled out. Baseline study is a starting point for a project, as it establishes priority areas and the findings are useful for programme evaluation (ASARECA 2010:3).

In the monitoring and evaluation context, it is essential to conduct baseline study before implementing the projects. The purpose of baseline study is to provide information which is based on what to monitor and assess an activity's progress and effectiveness during implementation and after the activity is finalized (UNAIDS 2010:14).

#### 4.3.4.4 Consideration of aim and objectives of projects



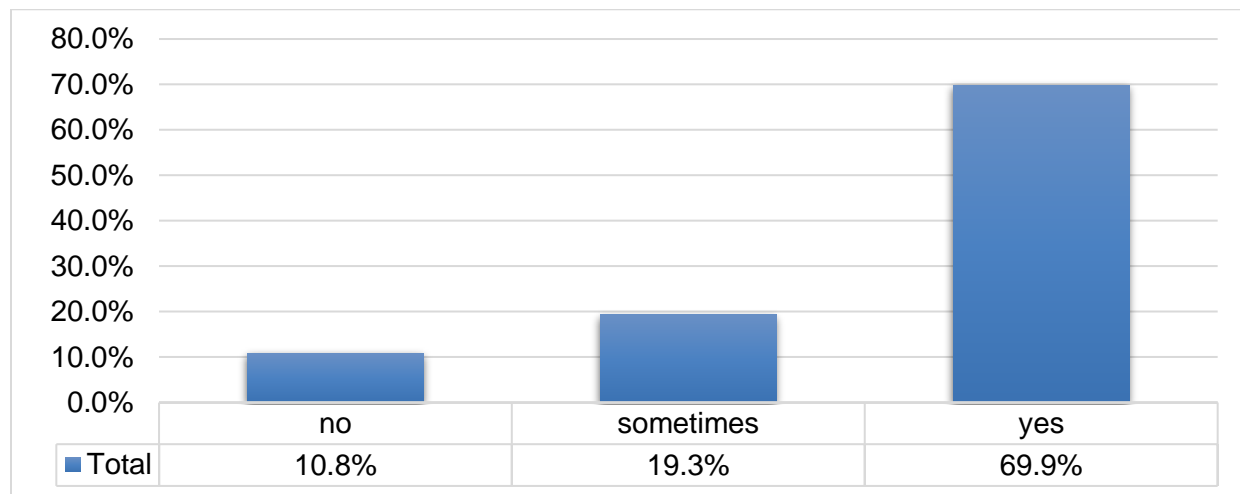
**Figure 4.6: Organizations' M&E plan considering the aim and objectives of the various projects implemented (N=83)**

Figure 4.6 determined if the organizations' M&E plan considered the aim and objectives of the project implemented. The results specified that majority of the respondents 74.7% (n=62) indicated that their NGO considered the aim and objectives of the projects. However, 15.7% (n=13) reported that their organization sometimes considered the aim and objectives of the project, while 7.2 % (n=6) showed that their organization do not consider the aim and objectives of the project implemented, and 2.4% (n=2) left the

question unanswered. This proved that few of the NGOs in this municipality do not take projects aim and objectives into consideration. According to the ASARECA (2010:3) M&E plan is an important aspect in programme implementation, the M&E plan assist the organization to outline the aims and objectives and outcomes of the intended project.

In every project implementation process, the project planners, programme managers and coordinators should always take the aims and objectives of the projects into consideration from the implementation stage to the final delivering stage. Considering the aims and objectives of the projects would assist the project implementers to have better understanding of what the project stands to achieve at the end.

#### 4.3.4.5 M&E plan explanation of how project objectives will be achieved (N=83)

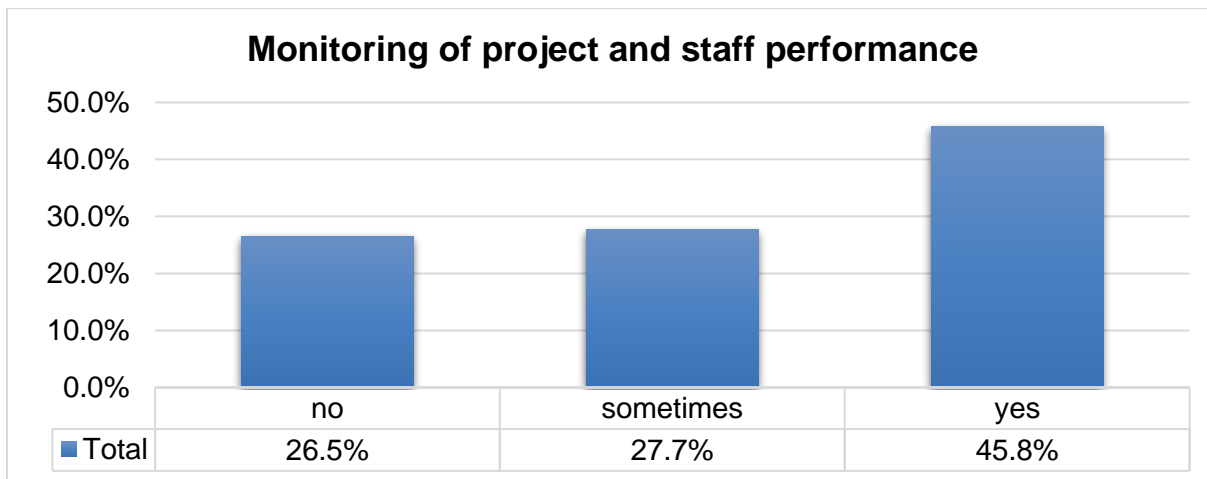


**Figure 4.7: Does the M&E plan explain how project objectives will be achieved? (N=83)**

The respondents were asked to indicate if M&E plan describe how projects objectives will be achieved. The responses as indicated in figure 4.7 showed that the majority of the respondents 69.9% (n=58) indicated that the organizations M&E plan described how project will be achieved, 19.3% (n=16) of the responses showed that the M&E plan sometimes describe how project objectives will be achieved. What this means is that this was not done with every project. Perhaps M&E plan described how project objectives will be achieved for only big projects. While 10.8% (n=9) indicated that their organization M&E plan do not explain how projects objectives will be achieved.

It is important to highlight that one of the key purposes of M&E plan within an organization is to explain how the projects/programmes objectives will be achieved to the project implementers and staff (Tiina & Louise 2016:9). According to United Nations Development Programme (2009:11), M&E plan within the organization assist the organization in ensuring effective operations. One of the major purposes of the NGO implementing HIV management programmes is to collaborate with the Government of South African in responding to the epidemic of HIV (SANAC 2012:14). These NGOs are also expected to align their project aims and objectives to that of the South African government National strategic plan (NSP) in combating HIV/AIDS. It is only fair for NGOs managing HIV/AIDS in this sub-district to align their project objectives with the objectives of the NSP. It is also important to have M&E plan that will explain how the projects objectives will be achieved for them to contribute to the NSP objectives.

#### 4.3.4.6 Monitoring of project and staff performance (N=83)

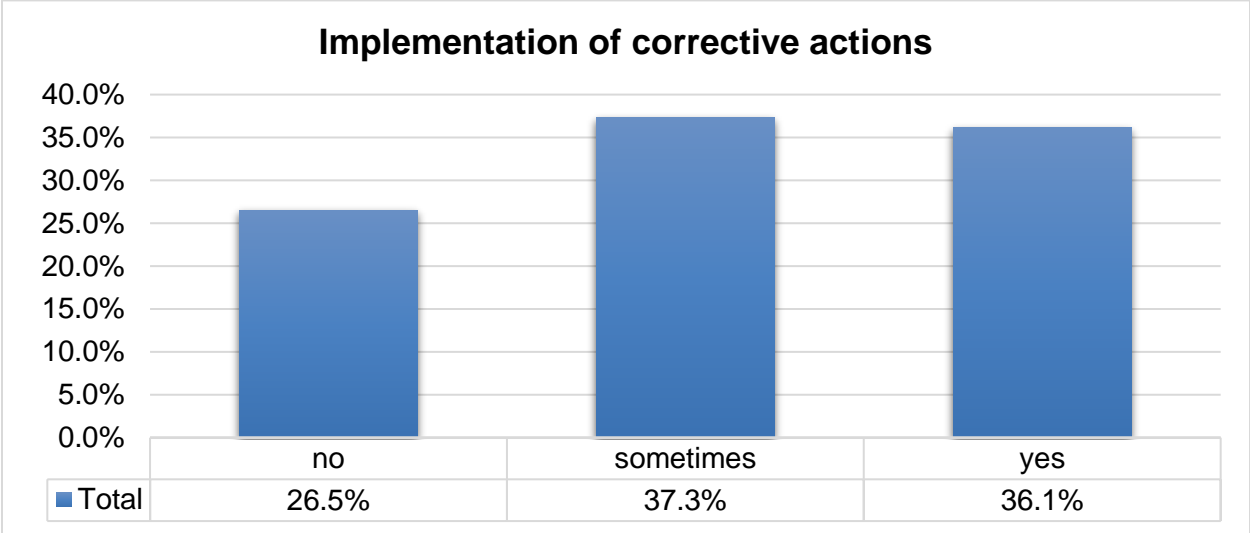


**Figure 4.8: Does the organization monitors project and staff performance while undertaking project? (N=83)**

These results showed that only 45.8% (n=38) of the respondents indicated that the organization monitors project and staff performance while project is ongoing, 27.7% (n=23) agreed that the organization sometimes conduct staff performance on project. This means that project and staff performance monitor is not a constant routine within this organizations as it should be. While, 26.5% (n=22) confirmed that their organization do not monitor staff performance on ongoing project. Peter, Alaa and Aladdin (2013:5) assert

that the overall goal of monitoring staff performance on project is to promote and improve projects' staff effectiveness. Performance monitoring should be a constant process where managers of the NGOs and employees work together to plan, monitor and review an employee's work against project objectives (Peter, Alaa & Aladdin 2013:5). Monitoring of staff performance while implementing project is crucial, it helps the organization to identify and document failures, successes, and learning from positive experiences that can enhance staff motivation for future activities.

**4.3.4.7 Implementation of corrective actions in situations where target has not been met (N=83)**

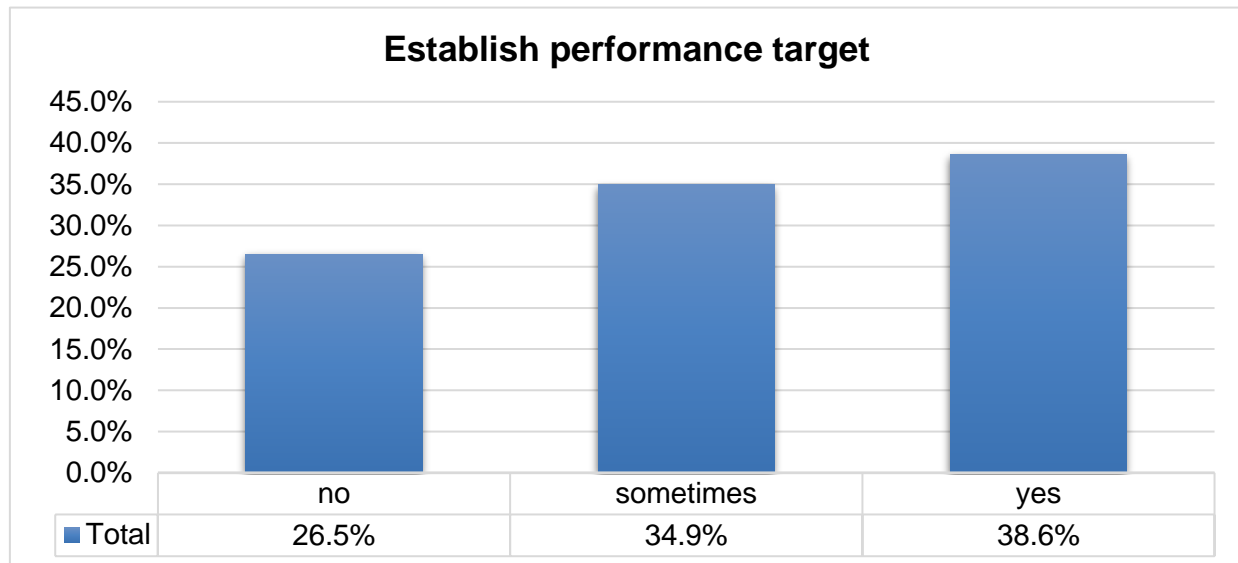


**Figure 4.9: Does the organization implement corrective actions in situations where target has not been met? (N=83)**

The study revealed in figure 4.9 that 37.3% (n=31) sometimes implement corrective actions in situations where target has not been met, 36.1% (n=30) indicated that they implement corrective actions, while 26.5% (n=22) does not implement corrective actions where target has not been met. The results of this study revealed that not all the NGOs in this municipality implement corrective actions in situations where they are unable to reach programme targets set by funders. Based on the WHO (2010:6) explanation, programme evaluation gives an analysis of evidence to establish why targets and results of the projects are not attained. Hence, corrective actions are implemented, documented,

and used to improve future programme. Implementation of corrective actions in cases where targets have not been met is critical to programme performance. The reason why the project target has not been met should be thoroughly discussed (WHO 2010:6).

#### 4.3.4.8 Establishment of performance target of projects achievement (N=83)

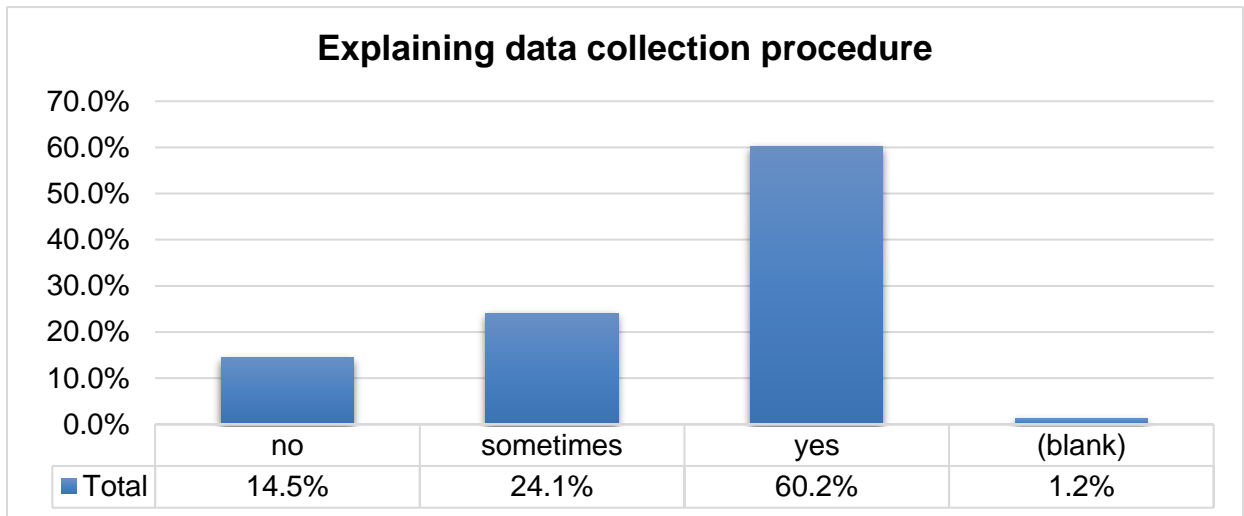


**Figure 4.10: Does the M&E plan establish if performance target of projects has been achieved? (N=83)**

The results in figure 4:10 showed that 38.6% (n=32) do establish if performance target has been achieved, 34.9% (n=29) sometimes indicate if performance target of projects has been achieved, while 26.5% (n=22) did not establish if performance target of projects has been achieved. Figure 4:10 proved that not all the NGOs in this municipality established if the performance targets of the projects have been achieved. Janie (2011:3) underscores that management and supervision of project activities is a way of improving overall effectiveness of project implementation. It is an incessant process of gathering information on the actual implementation of project activities compared to those scheduled in the annual work plans to identify problems and make clear recommendations for corrective actions. Gerrish (2016:48) also avers that collecting, analyzing and reporting information for measuring individual performance within the organization is an essential component of M&E. This helps the project to achieve its intended objectives and it is needed to secure funding at times.



**4.3.4.9 M&E plan explanation of data collection procedure be collected for project evaluation (N=83)**



**Figure 4.11: Does the M&E plan explain procedure in which the data will be collected and analyzed for project evaluation? (N=83)**

The results in figure 4.11 revealed that 60.2% (n=50) of the respondents agreed that their organization explained the data collection procedure, 24.1% (n=20) indicated that the organization sometimes explain procedure in which the data will be collected and analyzed for project evaluation.

Fourteen comma five percent (n=12) does not explain procedure in which the data will be collected and analyzed for project evaluation. This shows inconsistency with M&E plan, explaining procedure for data collection and analysis for project evaluation. The explanation given by Janine (2011:5) on HIV programme result cycle emphasizes that M&E planner must clearly indicate how programme data would be gathered, organised, analysed reported and evaluated. The list of tools that would be used to collect, analyse, and report programme outcomes should be incorporated in the document.

**4.3.4.10 Stakeholders involved in the organization M&E plan (N=83)**

**Table 4.9: Select the stakeholders involved in the organization M&E plan (N=83)**

<b>No</b>	<b>Stakeholders involved in M&amp;E plan</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>	<b>Cumulative percentage</b>
1	Donors and founder	1	1.2	1.2
2	Community representative	1	1.2	2.4
3	Programme team staff	11	13.3	15.7
4	Donors and founder, Government departments KZN,	1	1.2	16.9
5	Donors and founder, Health care worker	1	1.2	18.1
6	Donors and founder, and Programme team staff	15	18.1	36.1
7	Community representative, Beneficiary	4	4.8	41.0
8	Community representative and Programme team staff	6	7.2	48.2
9	Donors and founder, Community representative, and Programme team staff	3	3.6	51.8
10	Donors and founder, Government departments KZN, and Programme team staff	5	6.0	57.8
11	Donors and founder, Health care worker and Programme team staff	2	2.4	60.2
12	Community representative, Government departments KZN, and Beneficiary	1	1.2	61.4
13	Community representative, Government departments KZN, and Programme team staff	1	1.2	62.7
14	Community representative, Beneficiary, and Programme team staff	3	3.6	66.3
15	Community representative, Health care worker and Programme team staff	1	1.2	67.5
<b>No</b>	<b>Stakeholders involved in M&amp;E plan</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>	<b>Cumulative percentage</b>

16	Government departments KZN, Health care worker and Programme team staff	1	1.2	68.7
17	Donors and founder, Community representative, Government departments KZN and Health care worker	2	2.4	71.1
18	Donors and founder, Community representative, Beneficiary and Programme team staff	1	1.2	72.3
19	Donors and founder, Community representative, Health care worker and Programme team staff	2	2.4	74.7
20	Donors and founder, Government departments KZN, Health care worker and Programme team staff	1	1.2	75.9
21	Community representative, Government departments KZN, Beneficiary and Programme team staff	2	2.4	78.3
22	Community representative, Government departments KZN, Health care worker and Programme team staff	2	2.4	80.7
23	Donors and founder, Community representative, Government departments KZN, Beneficiary and Health care worker	1	1.2	81.9
24	Donors and founder, Community representative, Government departments KZN, Beneficiary and Program team staff	2	2.4	84.3
25	Donors and founder, Community representative, Government departments KZN, Health care worker and Programme team staff	3	3.6	88.0
26	Donors and founder, Community representative, Beneficiary, Health care worker and Programme team staff	1	1.2	89.2

27	Community representative, Government departments KZN, Beneficiary, Health care worker and Programme team staff	1	1.2	90.4
28	Donors and founder, Community representative, Government departments KZN, Beneficiary, Health care worker and Programme team staff	8	9.6	100.0
	<b>Total</b>	<b>83</b>	<b>100.0</b>	

According to table 4.9, the study showed the highest percentage, 18.1%(n=15) involved donors and organization programme team staff; 13.3% (n=11) indicated involvement of programme team staff only; interestingly, only 9.6% (n=8) indicated that donors and founder, community representative, government departments KZN, Beneficiary, health care worker and programme team staff are involved in the M&E plan; 7.2% (n=6) showed community and programme team staff; 6.0%(n=5) indicated donors, government departments and programme team staff; 4.8% (n=4) revealed community and beneficiary; 3.6% (n=6) which presented two times indicated Donors and founder, Community representative, Government departments KZN, Health care worker and Program team staff as stakeholders whom are part of the organization M&E plan; 2.4% (n=14) presented at the frequency of seven times also indicated Donors and founder, Community representative, Government departments KZN, Beneficiary and Program team staff as stakeholders involved in the organization M&E plan; and 1.2% (n=13) revealed that the organization involved Community representative, Government departments KZN, Beneficiary, Health care worker and Programme team staff as stakeholders involved in the M&E plan.

These results showed that very few NGOs 9.6% (n=8) in this municipality involved all the listed stakeholders in their M&E plan. According to Krafft, El-Kogali, Abdelkhalek, Benkassmi, Chavez, Bassett and Eijjanoui (2016:18) and CARE (2014:8), involving stakeholders while developing the organization’s M&E plan improves stakeholder’s mobilization and reduces the challenges of monitoring and evaluation on programmes implemented.

The functions of these stakeholders are further explained by CARE (2014:9) as follows;

- **Donors and founder:** This is the category that provide resources from the implementation stage to the closing of projects, their involvement cannot be overlooked;
- **Community:** community leaders can improve community members to participate in the programme implemented by the organization. This helps the organization to reach programme targets;
- **Government department:** NGOs implementing HIV/AIDS programme are in partnership with the South Africa government in response to HIV epidemic. Therefore, government staff then will improve their understanding on where to help the organization;
- **Beneficiary:** People infected or affected in HIV should be part of the plan. This will build their confidence and help them to embrace the programme;
- **Health care workers:** These categories are very important because most of the HIV management programmes services are rendered in the government clinics and hospitals. This facility is also being supported by various NGOs; and
- **Programme team staff:** these are people involved in the execution of the projects. There is a need to include them to understand how the programme will be implemented, their roles and responsibilities, and what is expect from them.

#### 4.3.4.11 Stakeholders who should be involved in M&E plan (N=83)

**Table 4.10: Who should be involved in M&E plan? (N=83)**

<b>No</b>	<b>Who should be involved in M&amp;E plan</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>	<b>Cumulative percentage</b>
1	Government departments KZN	2	2.4	2.4
2	Programme team staff	21	25.3	27.7
3	Donors and founder, and Programme team staff	5	6.0	33.7
4	Community representative and Beneficiary,	1	1.2	34.9
5	Government departments KZN and Health care worker	1	1.2	36.1
6	Donors and founder, Community representative, and Programme team staff	1	1.2	37.3
7	Donors and founder, Government departments KZN and Health care worker	1	1.2	38.6
8	Donors and founder, Government departments KZN, and Program team staff	1	1.2	39.8
9	Donors and founder, Health care worker and Programme team staff	2	2.4	42.2
10	Community representative, Beneficiary, and Programme team staff	2	2.4	44.6
11	Donors and founder, Community representative, Government departments KZN and Health care worker	2	2.4	47.0
12	Donors and founder, Community representative, Government departments KZN and Programme team staff	2	2.4	49.4
13	Donors and founder, Community representative, Beneficiary and Programme team staff	1	1.2	50.6
<b>No</b>	<b>Who should be involved in M&amp;E plan</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>	

				<b>Cumulative percentage</b>
14	Donors and founder, Community representative, Health care worker and Programme team staff	5	6.0	56.6
15	Donors and founder, Government departments KZN, Health care worker and Programme team staff	1	1.2	57.8
16	Donors and founder, Government departments KZN, and Health care worker	1	1.2	59.0
17	Community representative, Government departments KZN, Health care worker and Programme team staff	1	1.2	60.2
18	Donors & founder, Community representative, Government departments KZN, Health care worker and Programme team staff	5	6.0	66.3
19	Donors and founder, Government departments KZN, Beneficiary, Health care worker and Programme team staff	3	3.6	69.9
20	Donors and founder, Community representative, Beneficiary, and Programme team staff	1	1.2	71.1
21	Donors and founder, Government departments KZN, Beneficiary, Health care worker and Program team staff	1	1.2	72.3
22	Community representative, Government departments KZN, Beneficiary, Health care worker and Programme team staff	1	1.2	73.5
23	Donors and founder, Community representative, Government departments KZN, Beneficiary, Health care worker and Programme team staff	21	25.3	98.8

24	Missing	1	1.2	100.0
	<b>Total</b>	<b>83</b>	<b>100.0</b>	

To have a clear understanding on what and how the organization feels about involving stakeholders while implementing their M&E plan, the respondents were asked to indicate whom they think should be involved in the organization of M&E plan. The results in table 4.10 revealed that only 25.3. % (n=21) of the respondents think that all the stakeholders should be involved, another 25.3% (n=21) indicated that only the programme team staff should be included meaning that they did not see the importance of including these stakeholders.

Sixty comma zero percent (n=15) indicated between two to five which are donors and founder, community representative, government departments KZN, health care worker and program team staff as stakeholders to be involved in M&E plan, 3.6%(n=3) indicated donors and founder, government departments KZN, beneficiary, health care worker and programme team staff as stakeholders to be involved in the organization’s M&E plan, 2.4%(n=14) indicated that donors and founder, community representative, government departments KZN and programme team staff as stakeholders, and 1.2% (n=8) revealed community representative, government departments KZN, beneficiary, health care worker and programme team staff as stakeholders should be involved in M&E plan.

This proved that most of the respondents did not understand the importance of including these six stakeholders being donors and founder, community representative, government departments KZN, beneficiary, health care worker and programme team staff in the organization M&E plan. The roles and importance of this stakeholders have been explained after table 4.9 results. There is a need for training the staff on the stakeholder’s involvement and engagement in programme implementation.

**4.3.4.12 Component of M&E plan (N=83)**

**Table 4.11: Components included in the organization M&E plan (N=83)**



No	Components of M&E plan	Frequency (n)	Percentage (%)	Cumulative percentage
1	Donor's target	16	19.3	19.8
2	Organization current target	18	21.7	42.0
3	Performance indicators	3	3.6	45.7
4	Donor's target, organization current target	9	10.8	56.8
5	Donor's target and performance indicator	2	2.4	59.3
6	organization current target, performance indicators	7	8.4	67.9
7	Donor's target, organization current target and performance indicators	26	31.3	100.0
	Total	81	97.6	
	Missing System	2	2.4	
	<b>Total</b>	<b>83</b>	<b>100.0</b>	

The respondents were requested to indicate the components that were included in the organization's M&E plan. The results in table 4:11 showed that 31.3% (n=26) included donor's target, the organization's current target and performance indicators, 21.7% (n=18) included the organization's current target only, 19.3% (n=16) included donor's target only, 10.8% (n=9) included donor's target and the organization's current target, 8.4% (n=7) included the organization's current target and performance indicators, 3.6% (n=3) included performance indicators only, 2.4% (n=2) included donor's target and performance indicators, and the remaining 2.4% (n=2) left the question unanswered.

These results revealed that not all the NGOs included the three components which are donor's target, organization current target, and performance indicators to their M&E plan. M&E plan should consist of donor's target which helps the project implementers to understand the numbers they are working towards; organization target which helps the organization to know the current number the organization is sitting at; and performance

indicators to help demonstrate how effectively organization is achieving the project objectives (UNAIDS 2010:11).

#### 4.3.4.13 Budget allocated for M&E activities (N=83)

**Table 4.12: The budget range allocated to M&E activities in relation to the total project budget (N=83)**

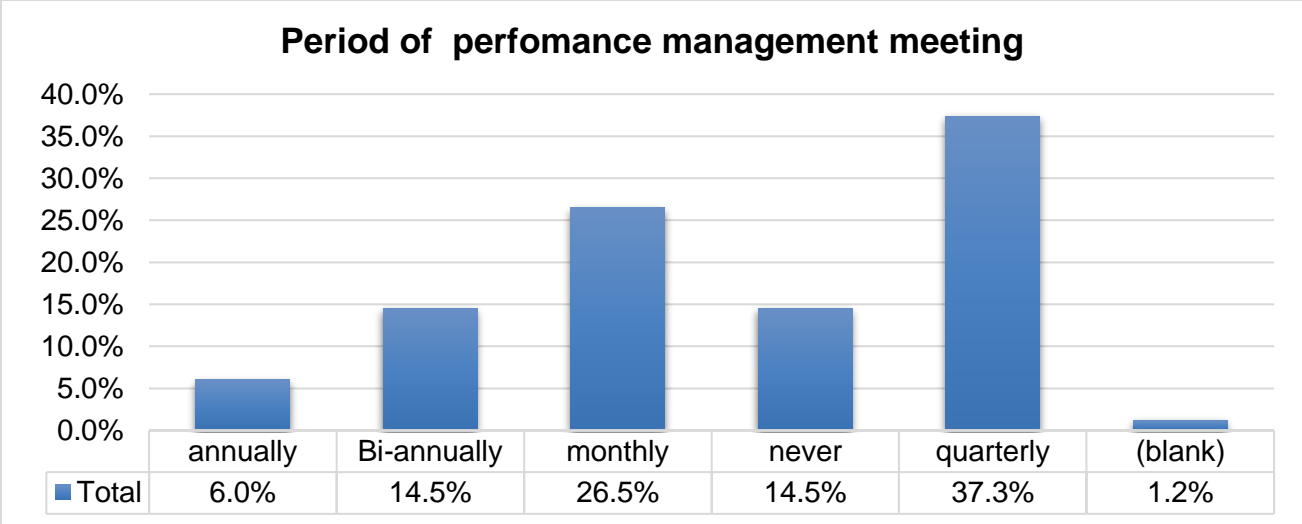
No	Budget allocated for M&E	Frequency (n)	Percentage (%)	Cumulative percentage
1	5-10%	34	41.0	48.6
2	11-15%	20	24.1	77.1
3	16-20%	8	9.6	88.6
4	20% and above	8	9.6	100.0
5	Missing System	13	15.7	
	<b>Total</b>	<b>83</b>	<b>100.0</b>	

Table 4.12 revealed that 41% (n=34) of the respondents indicated that budget allocated to M&E activities was between 5-10%, 24% (n=20) revealed 11-15% of budget allocated, 15.7 % (n=13) of the respondents left the question unanswered. Nine coma six percent (n=8) reported budget allocation of 16-20% while another 9.6% (n=8) reported budget allocation of more than 20% for M&E activities. According to the WHO (2010:8) a good M&E system should be allocated 10% of the total programme budget. In this aspect, the NGOs are doing very well.

#### 4.3.5 Performance management system in the organization

This section described how performance management process is been carried out within the organization.

##### 4.3.5.1 Duration of performance management meeting of the M&E (N=83)



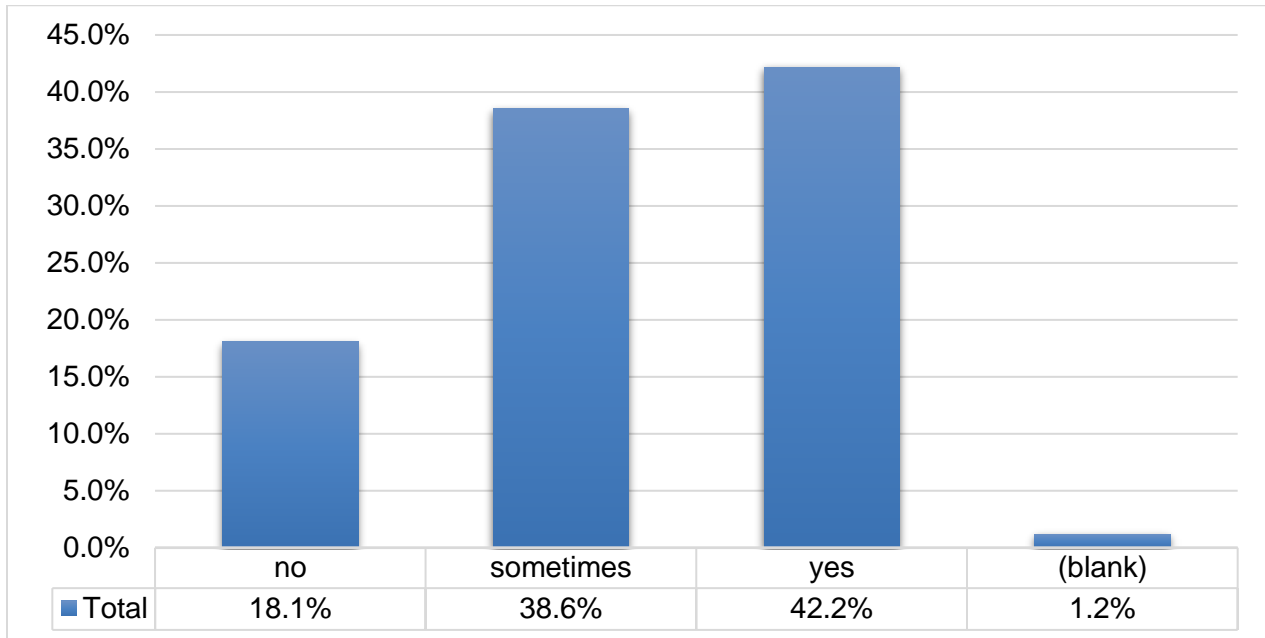
**Figure 4.12: How often does performance management meeting of the M&E takes place? (N=83)**

The result in figure 4:12 revealed 37.3% (n=31) indicated quarterly performance management meeting, 26.5%(n=22) revealed monthly, 14.5% (n=12) agreed to bi-annual performance management meeting; another 14.5% (n=12) responded that performance management meeting has never been done in their organization and 6.0% (n=5) indicated annual/yearly performance management meeting, while 1.2% (n=1) did not answer this question. These results showed that few NGOs 14.5 (n=12) do not conduct performance management. According to Gerrish (2016:48) explanation, performance management is meeting generally conducted annually by organizations. Hence, most of the NGOs are doing well in the performance management aspect as the majority of the respondents revealed that their organizations carry out monthly, quarterly, bi-annually and annually performance management meeting. However, there is a need for the NGOs that does not conduct performance to start doing so.

Gerrish (2016:48) further highlights that the aim of managing performance is to allow employees to find out how well they had performed in relation to performance targets or key performance indicators during a specific period from their supervisors. Gerrish (2016:51) further explains that there is considerable merit in holding shorter performance review meetings throughout the year to prevent small performance problems from becoming larger ones. According to Nielsen (2013: 431), the longer performance issues

exist, the harder they are to rectify. Hence, it makes sense to have performance meeting more often than just annually.

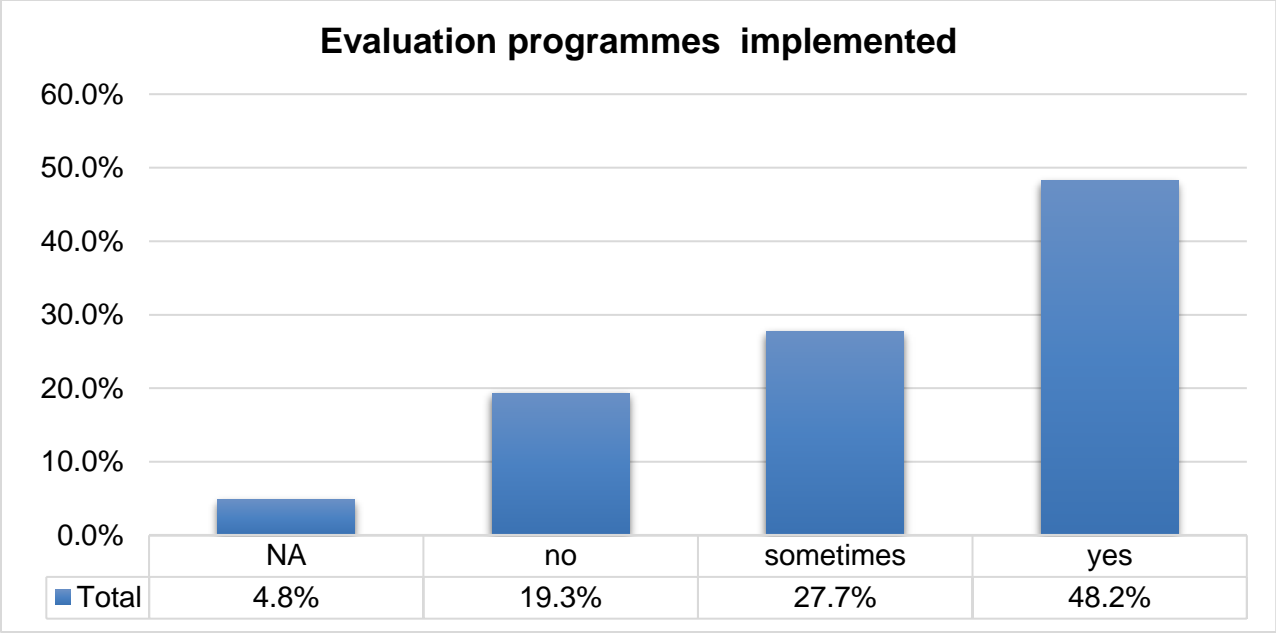
#### 4.3.5.2 Comparing programme target against performance output (N=83)



**Figure 4.13: Does the organization comparing programme target against performance output? (N=83)**

The respondents were asked to indicate if their organizations compare programme target against performance output. Forty-two comma two percent (n=35) of the respondents indicated that the organization does compare programme target against performance output, 38.6% (n=32) indicated sometimes, 18.1% (n=15) revealed the organization does not compare programme target against performance output, and 1.2% (n=1) left the question unanswered. These results revealed that not all the NGOs compare programme targets against performance output. It is important for organizations to compare programme targets against performance output. It assists the organization to realize on time if the target will not be met. Corrective actions can be implemented in cases where staff are not performing to their expectations. This in turn helps the organization to reach programme target (Janine 2011:5).

#### 4.3.5.3 Evaluation of programme/projects implemented (N=83)



**Figure 4.14: Does the organizations evaluate programmes implemented? (N=83)**

Figure 4.14 showed 48.2% (n=40) of the respondents indicated that their organization evaluates programmes implemented, 27.7% (n=23) reported that the organization sometimes evaluate programmes implemented, 19.3% (n=16) revealed that their organization do not evaluate programmes implemented, while 4.8% (n=4) reported programme evaluation process is not available in their organization. This only means that some NGOS in this municipality do not evaluate the projects implemented. In this case how would they know and document the benefit of the project for future projects.

Programme evaluation is an essential component of M&E and programme management (Action against Hunger International 2011:24). Evaluation establishes whether the project has met the anticipated objectives. It usually provides learning and sharing of successes amongst organization and other stakeholders. According to the IFRC (2011:13) evaluation involves the collection of scientifically-based information about programme activities, characteristics, and outcomes that determine the worth of a specific programme. WHO (2013:6) added that evaluation is a more detailed and comprehensive aspect of the M&E process, seeing that it gives an analysis of evidence to ascertain why objectives and outcomes of the project are or are not being accomplished.

#### 4.3.5.4. Evaluation of staff performance on project implemented



**Figure 4.15: Does the organization evaluate staff performance on project implemented? (N=83)**

Amongst the respondents in figure 4.15, the majority 42.2 % (n=35) reported that their organizations evaluate staff performance on already implemented projects, 28.9 %(n=24) disagreed, and 2.4% (n=2) did not answer the question. These results revealed that not all the NGOs evaluate staff performance on project already implemented. Organizations implementing various projects are expected to monitor staff performance on project and evaluate staff performance at the end of the project (Janine 2011:5). This increases the staff output and project outcomes for the next project.

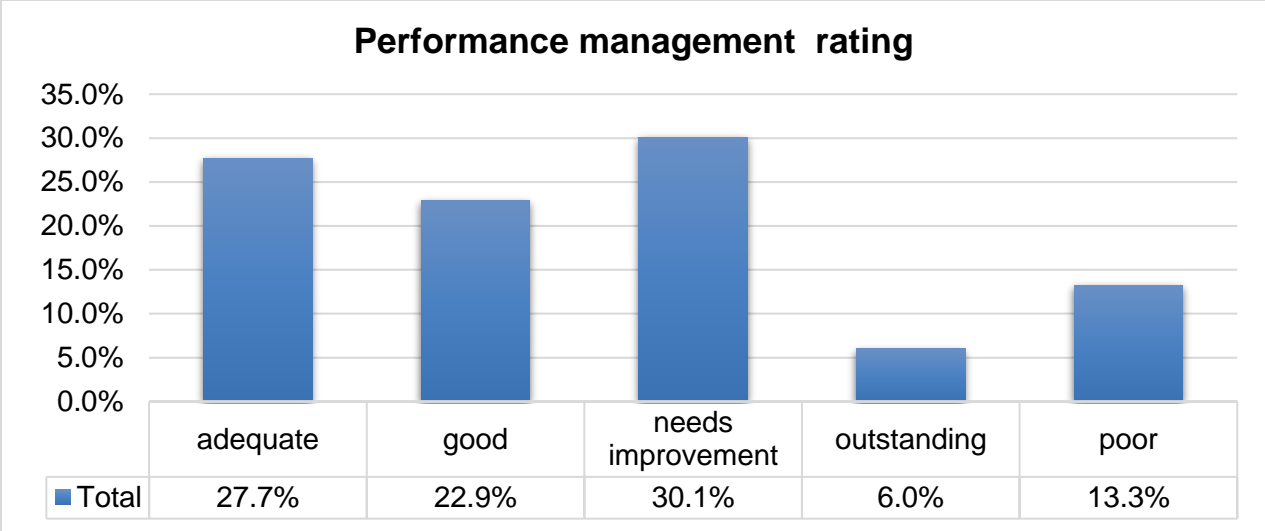
#### 4.3.5.5 Percentage of projects which meets targets (N=83)

**Table 4.13: The percentage of projects that meets targets (N=83)**

No	Percentage of projects which meets targets	Frequency (n)	Percentage (%)	Cumulative percentage
1	10-20%	11	13.3	13.6
2	20-50%	20	24.1	38.3
3	60% and above	50	60.2	100.0
	Total	81	97.6	
4	Missing	2	2.4	
	<b>Total</b>	<b>83</b>	<b>100.0</b>	

The respondents were asked to specify the percentage of programmes embarked upon that ultimately meet targets. These results in table 4.13 showed that the majority 60.2% (n=50) of the respondents indicated that more than sixty percent (60%) of their projects meet target, 24.1% (n=20) agreed that 20-50% of programmes meet targets, 13.3% (n=11) revealed that only 10-20% of their programmes meet targets, and 2.4% (n=2) did not answer the question. More than 60% (n=50) of projects ultimately meet targets, meaning that the number could range between 60%-100%. However, there is need for other NGOs with less than 60% of project meeting targets to work towards ensuring that a better percentage of their projects meets target. Meeting project targets is a major way for NGO implementing HIV programmes to keep their donors for continuous funding. In recent times, donors have withheld funding due to lack of transparency, inability of NGOs to meet planned programme targets, and poor accountability on project implemented by NGOs (Partnership Framework Implementation Plan 2012:11).

**4.3.5.6 Rating the organizations performance management system (N=83)**



**Figure 4.16: Rating the organizations’ performance management system (N=83)**

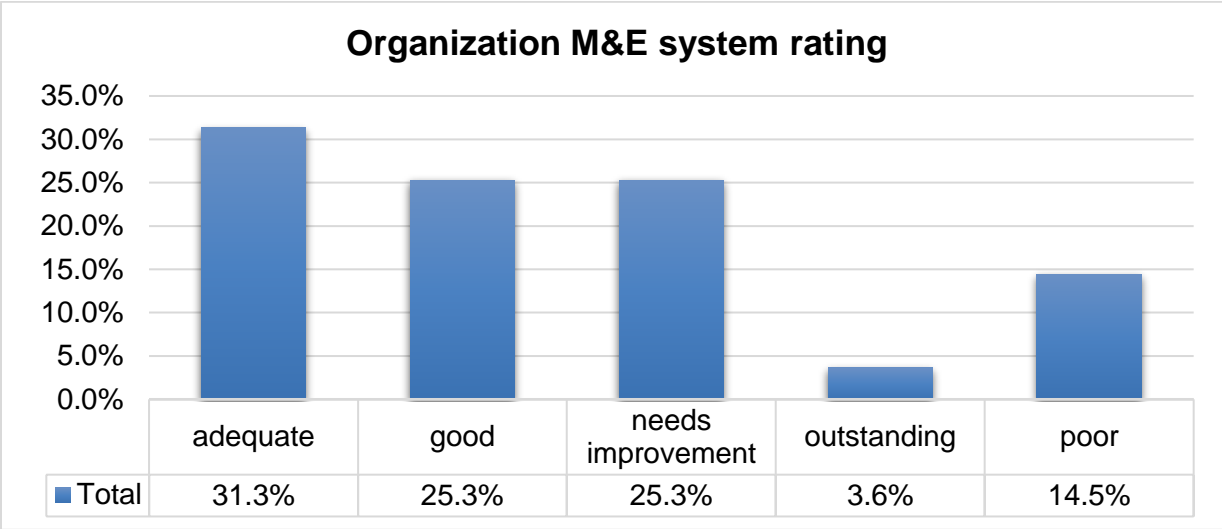
In order to determine the quality of organization performance management system, the respondents were asked to rate organizations’ PMS.

In figure 4.16, the results revealed that the majority 30.1% (n=25) of the respondents indicated that the organization performance management needs improvement, 27.7% (n=23) reported adequate performance management system; 22.9% (n=19) revealed that their organization has a good performance system, 13.3% (n=11) reported poor performance management system, while the minority 6.0% (n=5) reported outstanding performance management system.

A performance management system enables organizations to create and control specific performance guidelines that have been outlined in such a way that they will benefit the organization (Kotzé van der Westhuizen & Nel 2014:475). This also means that the organization should have a system in place that allows it to measure the actions of the staff and compare it to minimum performance requirements. Without a clearly defined performance management system of project staff, there would not be a great chance of success for the projects managed by the NGOs (Kotzé, van der Westhuizen, & Nel 2014:475).

**4.3.5.7 Rating the organization M&E system (N=83)**





**Figure 4.17: Rating the organizations’ M&E system (N=83)**

The respondents were asked to rate their organization monitoring and evaluation system. Thirty-one comma three percent (n=26) of the respondents revealed that their M&E system was adequate, 25.3% (n=21) indicated good M&E system, another 25.3% (n=21) reported that the M&E system needs improvement, 14.5% (n=12) rated it to be poor, while only 3.6% (n=3) reported outstanding MER system. Since this study aimed at investigating how M&E process is been carried out on HIV/AIDS projects implemented by these NGOs, the responses indicated that most of these NGOs do not have a structured M&E system.

However, UNAIDS (2010:9) emphasizes that organizations implementing HIV/AIDS programme should have defined M&E system. UNAIDS (2010:9) also stresses that M&E is a major constituent of the complete HIV and AIDS plan, which is designed to measure progress towards the achievement of two interconnected goals of the comprehensive HIV and AIDS plan. Adding to this, monitoring and evaluation system is delineated by the Presidency (2014:4) to be a set of organisational structures, management processes, strategies, reporting lines, and accountability relationships that enable the organization to discharge their M&E functions effectively. The M&E system provides information required to measure and direct the project plan which in turn will ensure effective operations (NRCS 2013:49).

### 4.3.6 Organization data quality management

To understand the data quality management within these NGOs, the respondents were asked to respond to the data quality management within the organization. Table 4.19 indicated the type of tool used by the organization for data collection, verification and documentation process.

#### 4.3.6.1 Organizations' data management tools (N=83)

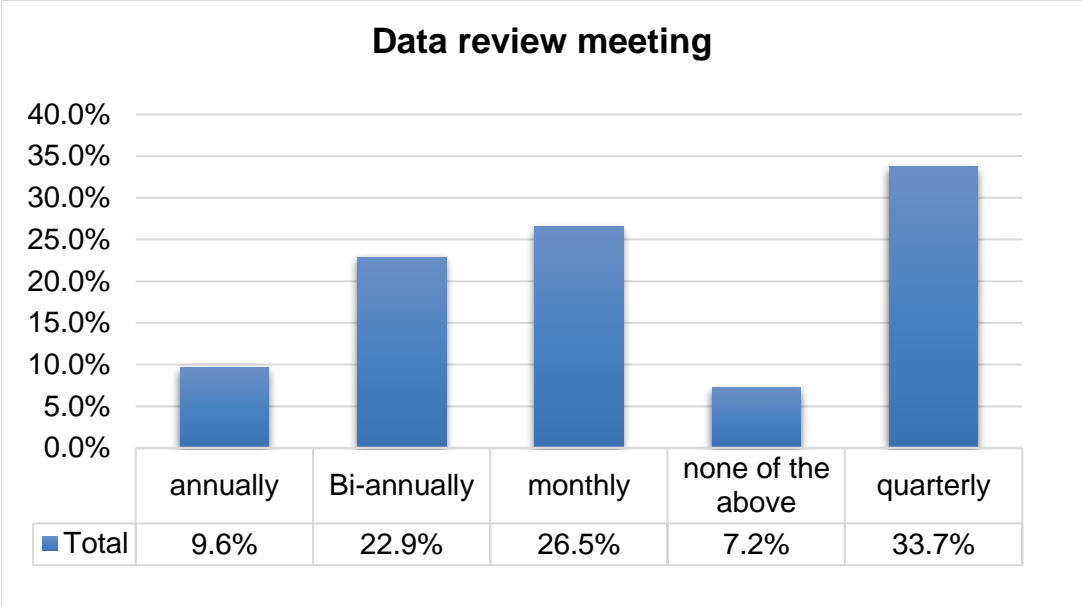
**Table 4.14: Data management tool used for data collection, verification and documentation (N=83)**

No	Organization data management tools	Frequency (n)	Percentage (%)	Cumulative percentage
1	Electronic spread sheet	6	7.2	7.2
2	Hard copy form (Paper form)	16	19.3	26.5
3	Electronic verification of data	4	4.8	31.3
4	Human verification	3	3.6	34.9
5	Electronic spread sheet and Electronic verification of data	1	1.2	36.1
6	Electronic verification and human verification	3	3.6	39.8
7	Paper form and Electronic verification of data	5	6.0	45.8
8	Paper form and Human verification	20	24.1	69.9
9	Electronic verification of data and Human verification	1	1.2	71.1
10	Electronic spread sheet, Paper form and Electronic verification of data	2	2.4	73.5
11	Electronic spread sheet, Paper form and Human verification	6	7.2	80.7
12	Paper form, Electronic verification of data and Human verification	4	4.8	85.5
13	Electronic spread sheet, Paper form, Electronic verification of data and Human verification	12	14.5	100.0
	<b>Total</b>	<b>83</b>	<b>100.0</b>	

Table 4.14 illustrated 24.1% (n=20) of the respondents indicated that their organizations used paper form and human verification, 19.3% (n=16) used paper form only, 14.5% (n=12) indicated all the four tools which are electronic spread sheets, hardcopy form, electronic verification and human verification, 7.2% (n=6) revealed electronic spread sheet, another 7.2% (n=6) revealed electronic spread sheets, hardcopy form and human verification, 6.0% indicated hardcopy and electronic verification, 4.8% (n=4) reported electronic verification only as their data management tool, another 4.8% (n=4) reported hardcopy, electronic verification and human verification, 3.6% revealed human verification only; in the same pattern, another 3.6% (n=3) reported electronic spread sheet and human verification, 2.4% reported electronic spread sheets, hardcopy, electronic verification as data quality management tools; 1.2% (n=1) indicated electronic spread sheet and electronic verification and the remaining 1.2% (n=1) reported electronic verification and human verification.

This shows that only 14.5% adopted the complete tools for data quality management. Since monitoring and evaluation process is based on data collection, collation, verification, analysis and reporting and documentation process, there is a need for all NGOs to utilize different set of data management tools. Adopting the use of complete data management tools and clearly defined instructions and directives for their appropriate use reduces the likelihood of errors occurring (Lescroël, Ballard, Grémillet, Authier & Ainley 2014:1). This can also help prevent human errors and mistakes especially in NGOs where only human verification is adopted as the sole tool.

#### **4.3.6.2 Duration for data review meeting (N=83)**



**Figure 4.18: How often does the M&E staff conduct data review meeting? (N=83)**

Figure 4.18 showed that data review meeting is mostly conducted quarterly according to 33.7% (n=28) of the respondents, 26.5%(n=22) indicated monthly data review meeting, 22.9% (n=19) indicated bi-annually data review meeting, 9.6% (n=8) revealed that data review is done once in a year, while the remaining 7.2% (n=6) indicated that there was never data review meeting in their organization. Data review is an activity through which the correctness and completeness of organization programme/project data is verified. Ahmad, Nicole, Anne and Ties (2018:4) clarify data review is an important aspect of monitoring and evaluation process that should be conducted monthly. Therefore, organizations implementing HIV/AIDS programme in this municipality should conduct programme data review meeting monthly. This will enable them to trace and document data error, implement corrective actions and improve quality of programme data.

**4.3.6.3 Methods of solving data related issues (N=83)**

**Table 4.15: How the organization solve issues relating to data errors? (N=83)**

<b>No</b>	<b>Methods of Solving issues data errors</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>	<b>Cumulative percentage</b>
1	By checking data source	30	36.1	36.1
2	Checking data accuracy	3	3.6	39.8
3	Checking data validity	2	2.4	42.2
4	All of the above	35	42.2	84.3
5	None of the above	7	8.4	92.8
6	By checking data source and Checking data accuracy	5	6.0	98.8
7	Checking data accuracy and validity	1	1.2	100.0
	<b>Total</b>	<b>83</b>	<b>100.0</b>	

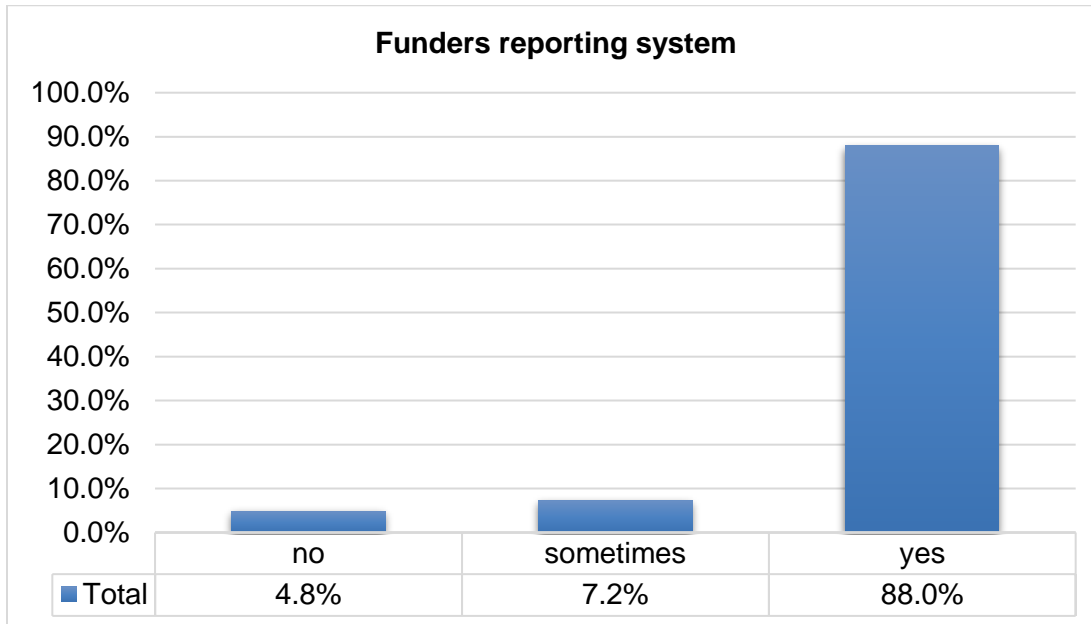
The study revealed that the majority 42.2% (n=35) of the respondents agreed that their organizations solve data issues by checking data source, by using all of the above measures which includes checking of data source, accuracy and validity, 36.1% (n=30) revealed that their organization only check data source, 8.4% (n=7) reported that none of that above measures is used in the organization, 6.0% (n=5) indicated checking data source, checking data accuracy, 3.6% (n=3) showed checking data accuracy, 2.4% (n=2) indicated checking data validity and 1.2% (n=1) reported data accuracy and data validity as the means of solving data errors. The study showed that only 42.2% solved data issues by checking of data source, data accuracy and data validity. Ahmad et al (2018:4) stress that to have accurate programme data for M&E purpose, data source, accuracy and validity needs to be reviewed as it promotes quality of the data.

#### **4.3.7 Challenges of Monitoring and Evaluation**

This section described the challenges faced by the organization while implementing M&E on their specific HIV/AIDS management programme. These challenges include funder or donor related challenges, organization's related challenges and community related

challenges. This section aimed to understand what challenges various organizations are facing while implementing programmes.

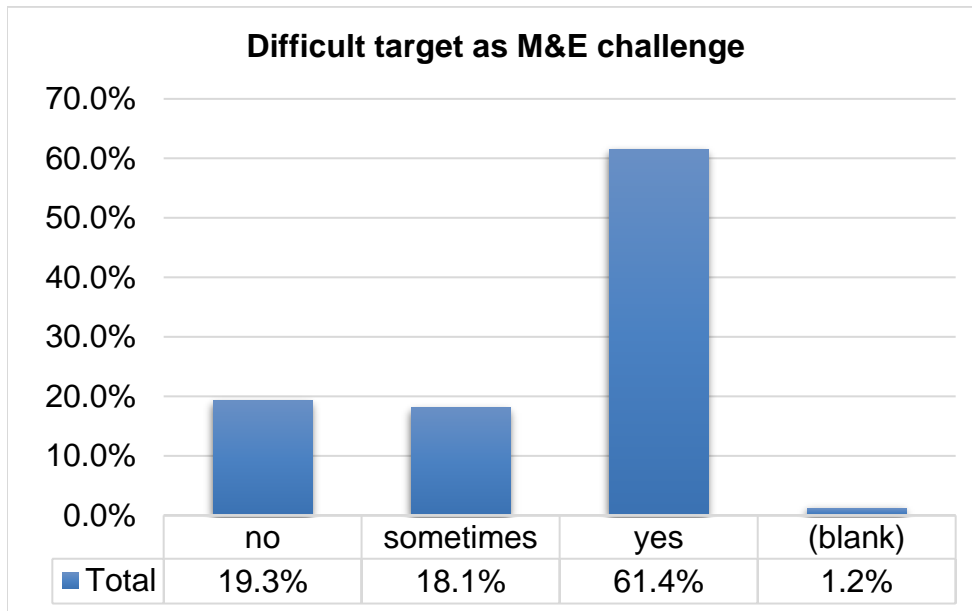
#### 4.3.7.1 Funders reporting system as M&E challenge



**Figure 4.19: Does different funders have different reporting system? (N=83)**

According to figure 4.19, the majority 88.0% (n=73) of the respondents agreed to funders having different reporting system as M&E challenge, 7.2%(n=6) indicated that funders reporting system is sometimes a challenge, while 4.8%(n=4) showed that funders having different reporting system is not a challenge to M&E process. These results revealed different funders having different reporting system as a major challenge these NGOs are facing. To solve this challenge, funders need to have a modified reporting system for the NGOs supported. This will reduce the confusion amongst the programme implementers.

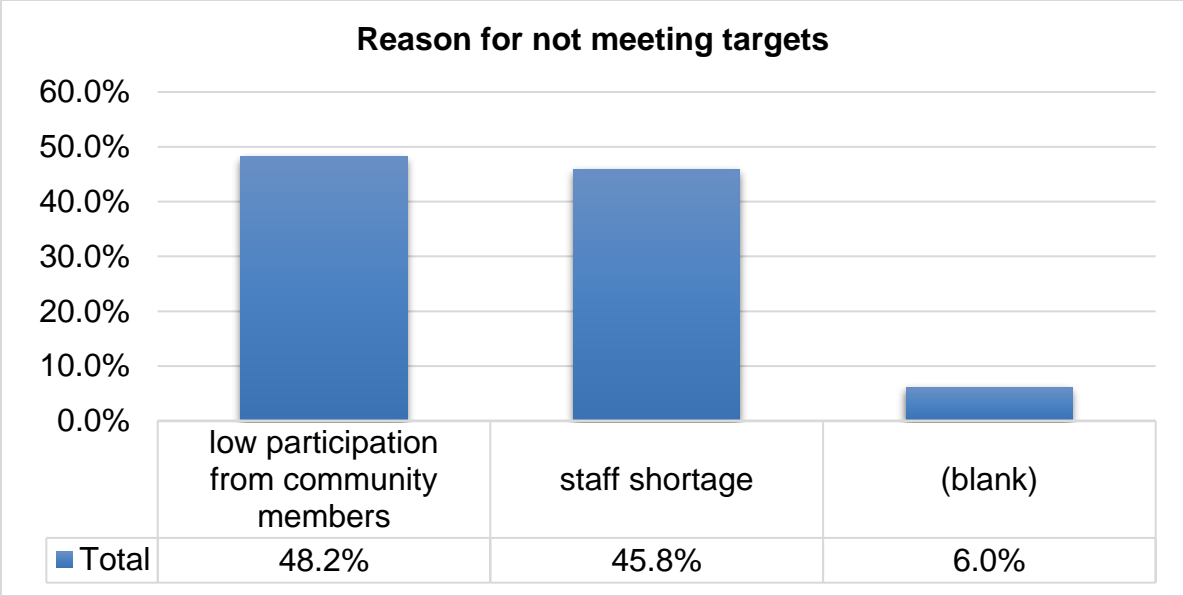
#### 4.3.7.2 Difficulty in meeting target as M&E challenge (N=83)



**Figure 4.20: Does funders set difficult targets to reach? (N=83)**

The study showed that majority of the respondents, 61.4% (n=51) pinpointed that targets set by funders are hard to reach, 19.3% (n=16) indicated that funders targets were not difficult to reach, while 18.1% (n=15) agreed that funders targets could be sometimes difficult to reach, 1.2% (n=1) did not answered this question. These results proved that funders set unrealistic targets while planning projects. To resolve this challenge, will necessitate that funders and programme implementers set a reasonable target before embarking on various projects. This will also reduce stress and burn out on project staff.

#### 4.3.7.3 Why the organizations are unable to reach programme targets? (N=83)

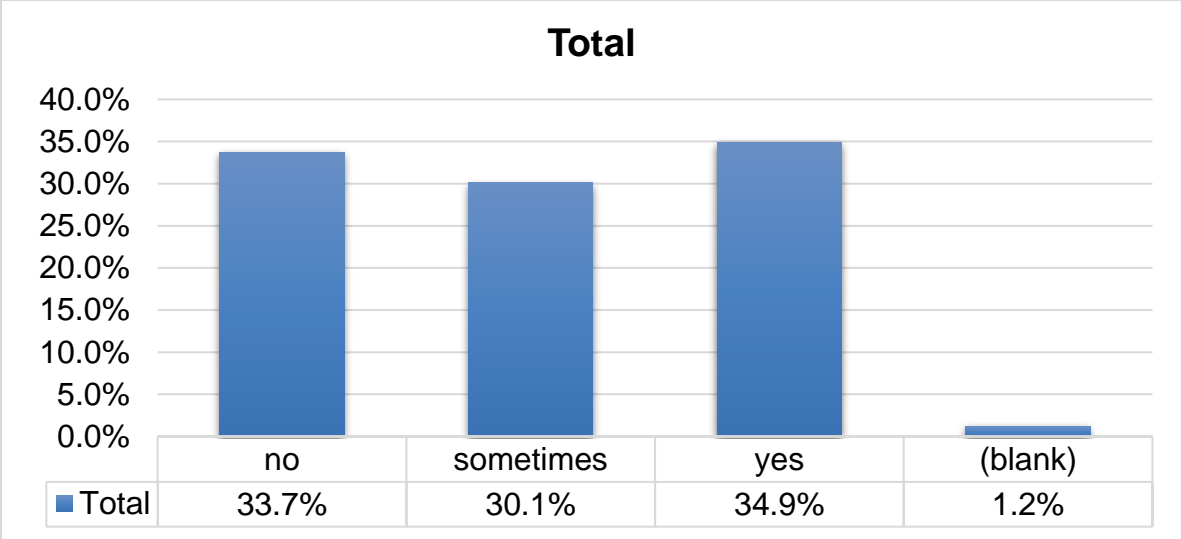


**Figure 4.21: Reason why the organization is unable to reach targets (N=83)**

Forty-eight comma two percent (n=40) of the respondents indicated low participation from the community members as the reason their organization is unable to reach programme target, while the remaining 45.8% (n=38) indicated staff shortage as the reason why the organization is unable to reach targets, 6.0% (n=5) of the respondents left the question unanswered. Both community participation and adequate human resources are required for organization managing HIV programmes to reach targets set by funders. Community leaders should be amongst the stakeholders to be included in projects and M&E plans. According to CARE (2014:9), this will enable the leaders to communicate effectively with their community members, which will in turn increase community mobilization and participation on various projects. Organization managers need to discuss the issue of human resources and its importance in reaching project targets with funders. It is also imperative for programme planners to determine and document the adequate resources such as, human resources necessary for project implementation and delivery.

**4.3.7.4 Rating the availability of M&E expertise (N=83)**

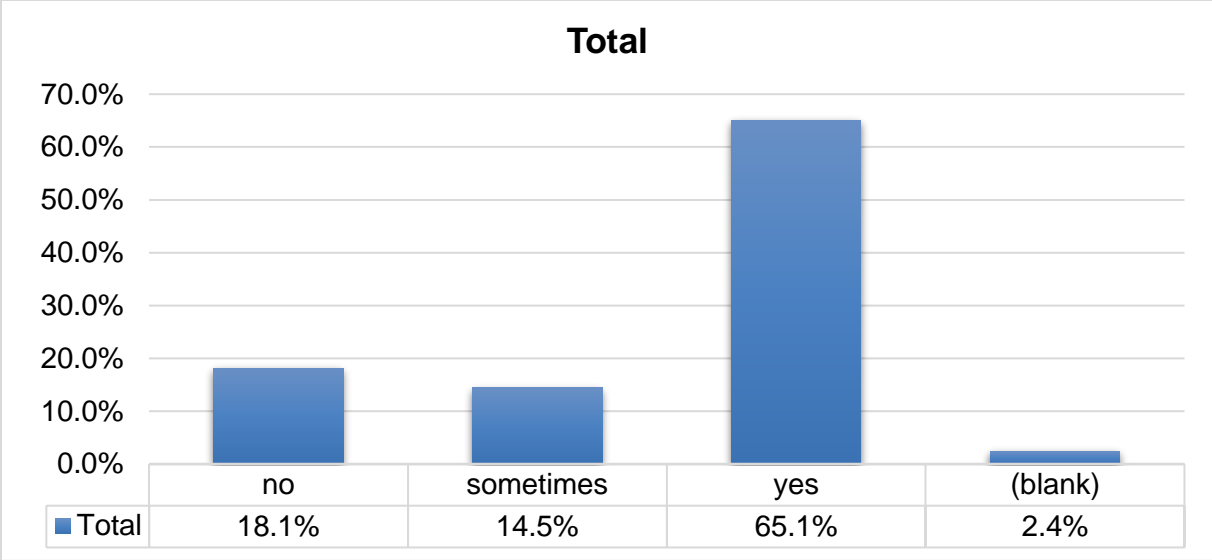




**Figure 4.22: Does the organization lacks M&E expertise? (N=83)**

When the respondents were asked to indicate if their organizations lack M&E expertise, the majority, 34.9%(n=29) indicated that their organizations lack M&E expertise, 33.7%(n=28) revealed that they do not lack M&E expertise, while the remaining 30.1% (n=25) indicated that the organization sometimes lacks M&E expertise, 1.2% (n=1) did not respond. These results revealed that some NGOs in this municipality lack M&E expertise. For an NGO to be able to discharge its M&E functions, it needs to have expertise in the field of M&E. The UNAIDS (2016:6) emphasizes that NGOs implementing HIV/AIDS programmes need to have the adequate human resource in order to manage and realize the M&E function by hiring employees who have adequate knowledge and experience in M&E implementation.

**4.3.7.5 Is the implementation of M&E activities time consuming? (N=83)**

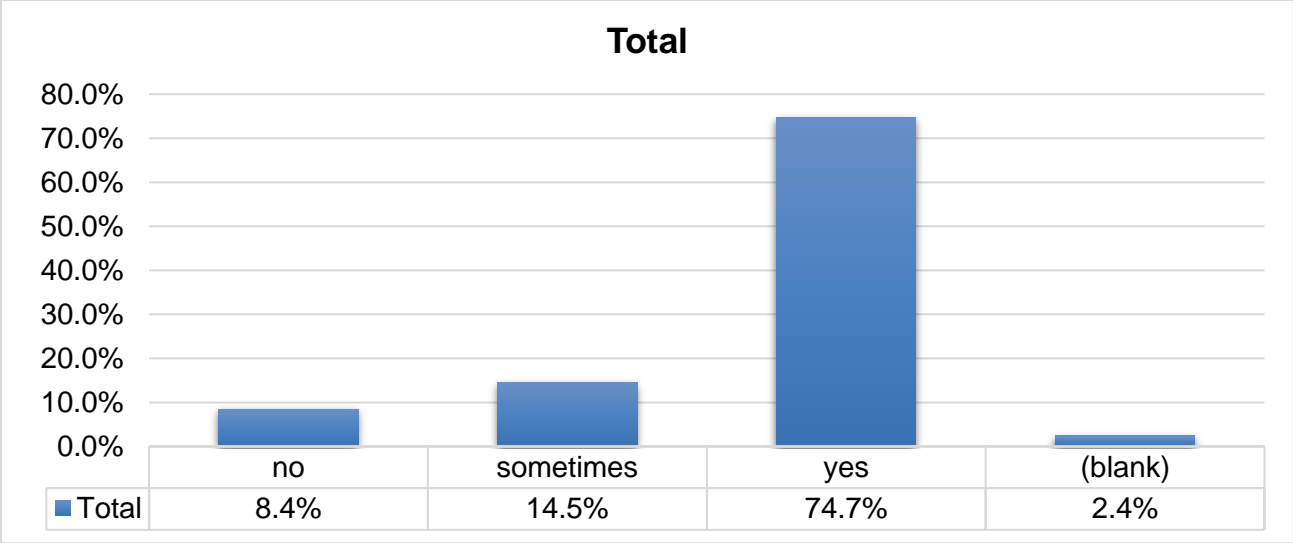


**Figure 4.23: Is the implementation of M&E activities time consuming? (N=83)**

In order to understand how the respondents felt about M&E practices, they were asked to indicate if M&E process is time consuming. Sixty five comma one percent (n=54) indicated that the M&E activities are time consuming, only 18.1% (n=15) of the respondents indicated that M&E activities were not time consuming, while 14.5%(n=12) indicated that the implementation of M&E process could be time consuming, 2.4% (n=2) did not respond to this question. This means that most of the respondents believed that the implementation of M&E process is time consuming. Hence, this may be one of the reasons why most of the NGOs lack a monitoring and evaluation process and fail to reach proposed project targets.

M&E is an essential component for proper HIV/AIDS management programme and should not be regarded as time consuming. Instead, it should be seen as a major technique for effective implementation of various HIV/AIDS programmes, especially in an HIV epidemic region (UNAIDS 2010:9). To close this gap, organization staff needs to be trained on M&E, processes, importance and how to discharge the functions. Perhaps this might help in improving their understanding and cause change of attitude towards M&E activities.

**4.3.7.6 Importance of M&E on project implemented by the NGOs (N=83)**



**Figure 4.24: Is monitoring and evaluation important to the various projects implemented by the organization? (N=83)**

The respondents were asked to indicate if M&E is important to projects implemented by the organization. Seventy-four comma seven percent (n=62) agreed that it is important, 14.5% (n=12) indicated that it is sometimes important, while 8.4% (n=7) did not agree to the importance of M&E in projects implemented, 2.4% (n=2) did not respond. This indicated that some staff do not really have knowledge on M&E and how it is important for HIV programmes. To rectify this, training of organization staff on M&E, process and importance should be done. This can be done by sending staff for M&E trainings and workshops and conferences or bringing in expertise from M&E discipline to capacitate the staff.

**4.3.8 Additional challenges on monitoring and evaluation**

The respondents were asked to indicate their view, other challenges confronting them in the implementation of an effective M&E process on HIV/AIDS. The following additional challenges were noted by the respondents:

- Poor handwriting of data capturers and field workers, and this is in situations where hand- written paper form is used as data collecting tools;
- Staff attitude to M&E implementation;

- Incorrect capturing of data;
- Difficulty in supported facilities;
- Lack of constant funding from donors to fund M&E skills training;
- Lack of training programme to develop individual M&E skills; and

#### **4.3.9 Indication of innovative ways of dealing with the identified challenges**

The respondents were asked to indicate ways of dealing with challenges faced in implementing an effective M&E process on HIV/AIDS. The following ways were indicated by the respondents:

- Having regular meeting with staff on M&E issues;
- Train organization staff on M&E process and importance;
- Having meeting with the communities to increase their support;
- Adopting the use of electronic and digital system and
- Having meeting with health care workers to increase their support in the various facilities
- Capturing of data correctly.

#### **4.4 CONCLUSION**

This chapter analyzed the results derived from the NGOs that participated in this study. It also presented the results of the study relating to the demographic information of the respondents, organizations' information, nature of HIV/AIDS programme implemented by the organizations, the organizations' current monitoring and evaluation methods and equipment, performance management processes, data quality management, challenges on monitoring and evaluation of HIV/AIDS programmes/projects and the innovative ways of dealing with the identified challenges.

The data analyzed revealed that the participating NGOs in this study had some inconsistency in implementing and delivering M&E process on the HIV/AIDS programme. It is also evident that the NGOs have a number of challenges in the monitoring and evaluation of the projects they implemented. The results of the study indicated that the

challenges and issues identified by the respondents affected the way they monitored and evaluated the projects they implemented.

The chapter that follows conclude the study, discusses limitations and presents recommendations.

## **CHAPTER 5**

### **DISCUSSION, CONCLUSION AND RECOMMENDATIONS**

#### **5.1 INTRODUCTION**

Chapter 4 discussed the data analysis and presentation of the results in the aspect related to the demographic data of the respondents, organization information, nature of HIV/AIDS programme implemented by the organizations, organization's current monitoring and evaluation method and equipment, performance management process, data quality management, challenges on monitoring and evaluation of HIV/AIDS programs/projects and the innovative ways of dealing with the identified challenges.

This chapter will present summary of the results based on the research objectives, recommendations, limitations of the study and conclusions.

#### **5.2 SUMMARY OF THE RESULTS**

Summary of the results addressed the following:

##### **5.2.1 Demographic information**

Figure 4.1 revealed that more female staff met the inclusion criteria compared to males. This also showed that the organizations are supporting the country's female empowerment development. Under the age category, the results in table 4.1 revealed that majority of the respondents, 33.7 % (n=28) were between the ages 31-40 years, 30.1% (n=25) ranged between 41 -50 years, 25.3% (n=21) were 21-30 years, 8.4% (n=7) were 51 years and above while, 1.2% (n=1) was 20 years and below. This indicated that, the respondents were old enough to understand how M&E programmes on HIV/AIDS are implemented and how the M&E process is carried out in their specific organizations. Highest qualification presented in table 4.2 revealed that the respondents are educated and could read and understand the questionnaires before indicating the responses.

The residential area in figure 4.2 showed that the majority 37.3% (n=31) reside in rural and urban areas and 25.3% (n=21) reside in semi-urban area. This could be attributed to

the fact that the specific municipality which the study focused on is located both within the urban and rural area of the major district. The medium of communication in table 4.3, the results showed that 38.6 % (n=32) of the respondents use English and isiZulu languages as their medium of communication, 10.8% (n=9) of the respondents speak both English and Afrikaans, 7.2% (n=6) communicate in English and other language, while 4.8% (n=4) communicate in English and Xhosa. In general, all the respondents use English as their media of communication. The results also supported the researcher's statement that all the respondents could communicate in English; hence there was no need for the translator.

### **5.2.2 Organization information**

Majority of the NGOs as indicated in table 4.4 have been implementing HIV programmes ranging from between 11 to 19 years, was 45.8% (n=38). Twenty-six comma five (n= 22) have been implementing HIV programmes within the range of 6 to 10 years; 20.5% (n=17) have been involved in HIV management programmes for 20 years and more, while only 7.2% (n=6) of the NGOs have been undertaking HIV programmes between 0 to 5 years. This proved that NGOs the specific municipality where this study was conducted have been involved in the management of HIV programmes for a long time being 11 to 19 years 45.8% (n=38), and this can also be attributed to the increasing community needs because of the increase in the HIV/AIDS epidemic.

In view of the respondents' position within the organization, the study noted that it was imperative to know their position. The results in figure 4.3 indicated that majority of the respondents 26.5% (n=22) are project coordinators. Twenty-two comma nine (n=19) of the respondents belonged to "other group" which include, data quality officers, data analyst, project leader, programme team leader and clinical nurse mentor. Twenty-one coma seven percent (n=18) were monitoring and evaluation officers, programme managers comprised of 18.1% (n=15) and programme coordinators were 10.8% (n=9). These results revealed that all the respondents (n=83) were in senior positions and were relevant in the implementation of monitoring and evaluation of HIV programmes. The

results also show that these staff were in better position in terms of providing quality information on how programme implementation and M&E were conducted.

Looking at the number of years the respondents have been employed in the organization, table 4.5 showed that 44.6% (n=37) of them have been employed between 6-10 years, 34.9% (n=29) have been employed in the organization for 2 to 5 years, 16.9% (n=14) have been employed from 11-15 years, and 3.6% (n=3) have been employed with the organizations between 16-25 years. These results revealed evidence that the respondents have been working with the NGOs for several years. This also indicated that they are aware of programme/project implementation within the organization and M&E process on programmes implemented. In line with this, the responses in figure 4.6 showed that almost all the respondents were engaged in the implementation of HIV/AIDS programmes as 96.4% (n=80) indicated that they were involved, while the remaining 3.6% (n=3) were sometimes involved in the programme implementation. This result proved that the overall data for this study were true reflection of how M&E process have been implemented on the various HIV/AIDS programmes managed by these NGOs.

### **5.2.3 Nature of HIV programmes implemented by the organizations**

The results of the study also touched on the nature of HIV programmes implemented by the organizations, wherein table 4.6 disclosed that the majority of the respondents, 8.4% (n=7) affirmed that their organization implement all the seven (7) programmes for HIV management. These programmes were listed in the questionnaire and included prevention and behavioural change, supporting orphan and vulnerable children, psychosocial support, gender-based violence management, voluntary male medical circumcision VMMC, and care and treatment awareness education. Seven comma two percent (n=6) implements programmes that supporting orphans and vulnerable children only, 6.0% (n=5) indicated care and treatment for HIV positive clients. The results from the table also revealed that 3.6% (n=12) of the respondents, of which the responses occurred four times, asserted that the organization implements between two to five programmes from the listed programmes. More so, 2.4% (n=20) of the respondents, of which the responses occurred ten (10) times, pinpointed that their organizations implement between two to six management programmes.



In summary, the results in table 4.6 showed that majority of the NGOs from the specific municipality that participated in this study were implementing more than one type of project for HIV/AIDS management. Barron, Pillay, Doherty, Sherman, Jackson, Bhardwaj and Goga (2013:70) explain that response to HIV/AIDS pandemic resulted in the notion of the partnership of shared responsibility for the development and implementation of HIV/AIDS programmes between the South African Government and NGOs. Hence, it is of great benefit that the study proved that all the organizations (N=83) were implementing various programmes in response to HIV/AIDS epidemic as their way of delivering partnership roles.

#### **5.2.4 Current M&E process on HIV/AIDS programmes implemented by NGOs in KwaZulu-Natal**

The following were found to be the current monitoring and evaluation implementation process on HIV/AIDS programmes by these NGOs in this specific municipality. The result will summarize the current M&E method and the equipment used for undertaking M&E of various programmes.

In the section, the study also looked at the importance of the organization to have a formal M&E plan. The study noted that for organization undertaking HIV/AIDS programmes, it is important for them to have M&E plan, as it helps them to discharge their M&E functions efficiently. However, table 4.7 proved that not all the NGOs in this specific municipality have formal M&E plan, seeing that 15.7% (n=13) indicated lack of formal M&E plan, 9.6% (n=8) of the respondents indicated that the organization lacks the skills to design formal M&E plan and 8.4% (n=7) of the respondents agreed that M&E plan is only for big projects. The study however, established that a clearly structured M&E plan is integral to all the projects and programmes implemented.

In terms of the resources used by the organization to undertake M&E plan, the study found as shown in table 4.8 that only 15.7% (n=13) of the organization made use of enough resources like computers, M&E staffs, statistical skills, offices and M&E experts for implementing M&E plan for projects. While, the remaining NGOs used limited resources to implement M&E plan on their projects. The conclusion, therefore, was that

the NGOs in this municipality did not have M&E staffs and statistical skills to perform M&E processes for the projects they have implemented.

The study further identified the need to conduct baseline study before implementing HIV/AIDS programme. In this regard, the results in figure 4.5 revealed that most of these NGO did not conduct baseline study before implementing the actual project as most of the respondents 37.3 % (n=31) stated that they do not conduct baseline study to get baseline data before implementing various projects. Given that a baseline study is a starting point for every project, attention was drawn to its importance following the reasoning that baseline study establishes priority areas and the findings are useful for programme evaluation.

Basically, M&E is quite a comprehensive process and the organization's M&E plan in view of the aims and objectives of the various projects implemented are important aspects to be considered in the process. The USAID Monitoring and Evaluation Participant Guide (2011:6) speaks to this fact by stating that the core of any M&E system is to consider, monitor and evaluate the aims and objectives of the programme to be implemented. Examining this aspect in this study, figure 4.6 proved that the minority of the NGOs in this municipality do not take projects aims and objectives into consideration seeing that 15.7% (n=13) reported that their organization sometimes considered the aim and objectives of the project. Seven comma two percent (n=6) indicated that their organization do not consider the aim and objectives of the project implemented. In light of this, the study noted that the consideration of the aims and objectives in the M&E plan is also vital for the achievement of the project objectives based on the M&E plan. It is in consideration of this point that the results 69.9% (n=58) presented in Figure 4.7 indicated that the organizations' M&E plan described how the project objectives would be achieved, 19.3% (n=16) of the responses showed that the M&E plan sometimes describe how project objectives will be achieved, and 10.8% (n=9) indicated that their organization M&E plan do not explain how projects objectives will be achieved. This means that some NGOs do not explain how the programme objectives will be achieved. However, drawing from Tiina and Louise (2016:9), it was asserted that the key purposes of M&E plan within an

organization is to explain how the projects/programmes objectives will be achieved to the project implementers and staff. This helps to achieve the programme aim in the long term.

Organizations' monitoring of projects and staff performance while undertaking project was also looked as an important element in the M&E process. The results in figure 4.8 showed that, only 45.8% (n=38) of the respondents, indicated that the organization monitors project and staff performance, 27.7 % (n=23) agreed that the organization sometimes conduct staff performance on project, and 26.5% (n=22) confirmed that their organization do not monitor staff performance on ongoing projects. As the organizations have inconsistencies in monitoring of staff performance on projects it means that the NGOs have failed to promote and improve staff effectiveness on various projects. An important point advanced considering this emanated from the emphasis made by Peter, Alaa and Aladdin (2013:4) that performance monitoring should be a constant process where managers of the NGOs and employees collaborate to plan, monitor and review an employee's work against project objectives.

With regards to the implementation of corrective actions in situations where target has not been met. It was found that as revealed in figure 4.9 that not all the NGOs in this municipality implement corrective actions where they are unable to reach programme targets as 37.3% (n=31) indicated that their organization sometimes implement corrective actions in situations where target has not been met. Thirty-six comma one percent (n=30) indicated that they implement corrective actions, while 26.5% (n=22) do not implement corrective actions where target has not been met. Thus, the outcome that these NGOs do not discuss the reason why the project targets are not met, and way forward not also implemented for future projects. Nonetheless, to improve programme performance, implementation of corrective actions in cases where targets has not been met is critical (WHO 2010:6).

The study also drew attention to the detail that the M&E plan needs to establish if performance target of projects has been achieved. In figure 4:10, the results proved that not all the NGOs in this municipality established if the performance targets of the projects have been achieved, as only 38.6% (n=32) indicated that their organization does establish if performance target has been achieved, 34.9% (n=29) indicated if that it is sometimes

achieved, while 26.5% (n=22) did not establish if performance target of projects has been achieved. The study, therefore, resolved in concurrence to Gerrish (2016:48) perspective that collecting, analyzing and reporting information for measuring individual performance within the organization is an essential component of M&E. Likewise, the procedures of M&E plan in which the data was collected and analyzed for project evaluation was also probed. The results in figure 4.11 revealed that 60.2% (n=50) of the respondents agreed that their organization explained the data collection procedure, 24.1% (n=20) indicated that the organization sometimes does explain procedure for data collection analyzed and 14.5% (n=12) does not explain procedure in which the data will be collected and analyzed for project evaluation. This showed inconsistency with M&E plan explaining procedure for data collection and analysis for project evaluation. In agreement with Janine (2011:5), the study also ascertained that M&E planner should clearly indicate how programme data would be collected, organised, analysed reported and evaluated.

Noteworthy in the success and effectiveness of M&E process is the component of the stakeholders' involvement in the organization of the M&E plan, as emphasized in the study. The results in table 4.9 showed that majority of the stakeholders, 18.1%(n=15) are involved in donors and organization programme and a team of staff, 13.3% (n=11) indicated involvement of programme team staff only, interestingly, only 9.6% (n=8) indicated that donors and founders, community representative, government departments KZN, beneficiary, health care worker and programme team staff should be involved in the M&E plan. In other words, only 9.6% (n=8) involved the complete stakeholders which donors and founder, community representative, government departments KZN, beneficiary, health care worker and programme team staff in their M&E plan. The components of organization's M&E plan was another item of the M&E process which the study investigated. The results in table 4:11 revealed that not all the NGOs included the three components which are donor's target, organization current target and performance indicators to their M&E plan as, 31.3% (n=26) included donor's target, the organization's current target and performance indicators, 21.7% (n=18) included the organization's current target only, 19.3% (n=16) included donor's target only, 10.8% (n=9) included donor's target and the organization's current target, 8.4% (n=7) included the organization's current target and performance indicators, 3.6% (n=3) included

performance indicators only, 2.4% (n=2) included donor's target and performance indicators.

It has been indicated by the UNAIDS (2016:12) that a complete M&E plan for organization managing HIV/AIDS should consist of donor's target, organization target and performance. The M&E process requires that budget be allocated for M&E activities. Investigating this component in the study, the results presented in table 4.12 showed that the NGOs are doing very well in this aspect as 41% (n=34) of the respondents indicated that budget allocated to M&E activities was between 5-10%, 24% (n=20) revealed 11-15% of budget allocation, 9.6. % (n=8) reported budget allocation of 16-20% while another 9.6% (n=8) reported budget allocation of more than 20% for M&E activities. According to WHO (2013:8), 10% of the entire budget for the project should be allocated for M&E system for the organization to have a good M&E system.

### **5.2.5 Performance management in the organization**

The study also looked at the performance management in the organization and it was found that not all the NGOs are conducting performance management as presented in figure 4.12, wherein 14.5% (n=12) of the respondents indicated that performance management meeting has never been done in their organization. Figure 4.12 results also revealed that 18.1% (n=15) of the organization does not compare programme target against performance output. This proved that not all the NGOs compare programme targets against performance output. Reviewing this result, the study found it very disappointing because, usually, NGOs work towards achieving targets set by the project funders and constant performance management is considered critical in ensuring that planned targets are met.

With regard to evaluation of programme/projects implemented, figure 4.14 showed that 19.3% (n=16) indicated that their organization did not evaluate programmes implemented while 4.8% (n=4) reported programme evaluation process is not available in their organization. This only means that some NGOS in this municipality do not evaluate the project implemented. If the NGOs does not evaluate already implemented project, how would they know the worth of the project and if the project has achieved its planned aim.

Implemented programmes needs evaluation to document the successes and failures and improved in the similar programmes or projects.

In terms of the organization evaluating staff performance on project implemented, the results in figure 4.15 showed 28.9% (n=24) indicated that their organization does not evaluate staff performance on already implemented project. According to Janine (2011:5) organizations implementing projects are expected to evaluate staff performance at the end of the project. This helps programme staff to understand their shortcomings, what should have done in the previous projects, understanding what is expected of them in future and it prepares them for upcoming projects.

The results in table 4.13 showed that the majority 60.2% (n=50) of the respondents indicated that more than sixty percent (60%) of their projects meets target, 24.1% (n=20) agreed that 20-50% of programme meets targets, 13.3% (n=11) revealed that only 10-20% of programme meet targets. This shows that most of the NGOs are doing well however, there is a need for improvement for other NGOs to increase their targets percentage in order to keep project funders and to achieve the programme aims.

When the respondents were asked to rate their organizations' performance management system, the results in figure 4.16 revealed that the majority 30.1% (n=25) of the respondents indicated that the organization performance management needs improvement, 13.3% (n=11) reported poor performance management system while the minority 6.0% (n=5) reported outstanding performance management system. This indicated that the performance management in these NGOs were not outstanding, and without a clearly defined performance management system within the organization, there would not be a great chance of success for the projects managed by the NGOs.

The respondents also rated the organization M&E system in figure 4.17. The results showed 25.3% (n=21) reported that the M&E system needs improvement, 14.5% (n=12) rated it to be poor while only 3.6% (n=3) reported outstanding MER system. The results in figure 4.17 also revealed that most of these NGOs do not have a structured M&E system. It is crucial for organizations implementing HIV/AIDS programme to have defined M&E system. Without, HIV and AIDS plan cannot be considered complete if the M&E

component is absent because M&E measures progress towards the achievement of two interdependent goals of the comprehensive HIV and AIDS plan.

### **5.2.6 The organizations' data quality management**

How organizations manage their data is also very important for effective M&E process execution. According to the results in table 4.14, the majority 24.1% (n=20) of the respondents indicated that their organizations used paper form and human verification, 19.3% (n=16) used paper form, only 14.5% (n=12) indicated all the four tools which are, hardcopy (paper) form, electronic spread sheets, electronic verification and human verification as the data management tool used by the organization for data collection, verification and documentation process. Thus, the conclusion that very few NGOs, that is, 14.5% adopted the complete tools for data quality management.

However, it was also found that the NGOs in this municipality are expecting to adopt the use of complete data management tools and clearly delineated instructions for their correct use to reduce the likelihood of errors occurring. To this, the study highlights Lescroël et al (2014:1) finding that using complete tools for data management helps in preventing human errors and mistakes especially in NGOs where only human verification is adopted as the only tool.

In the aspect relating to data review meeting within the organization, the results in figure 4.18 showed that data review meeting is mostly conducted quarterly according to 33.7% (n=28) of the respondents, 26.5% (n=22) indicated monthly data review meeting, 22.9% (n=19) indicated bi-annually data review meeting, 9.6% (n=8) revealed annual data review while the remaining 7.2% (n=6) indicated that there was never data review meeting in their organization. In M&E context, data related issues cannot be overlooked as M&E process is centered on data collection, analysis, reporting, evaluation and decision making. In view of this, the study urged that these NGOs are expected to conduct data review meeting monthly as this practice would allow them to deal with data issue such as data capturing processes from all data sources and prevent data errors. In addition to this, the study in line with Ahmad et al (2018:4) assertion underscored that data review is

an important aspect of monitoring and evaluation process that should be conducted monthly.

In terms of how the NGOs address issues relating to data error, the results in table 4.15 showed 42.2% (n=35) of the respondents agreed that their organizations solve data issues by using all the measures listed in the questionnaire which includes checking of data source, accuracy and validity. The remaining respondents chose different method from the four indicated methods. This means that only 42.2% solved data issues by checking of data source, data accuracy and data validity. In concurrence with Ahmad et al (2018:4), the study stressed to have accurate programme data for M&E purpose, data source, accuracy and validity needs to be reviewed as it promotes quality of the data.

### **5.2.7 Challenges on M&E of HIV/AIDS programmes' implementation.**

Based on the research results, the following were the issues indicated by the respondents as the challenges they faced while implementing HIV/AIDS programmes by the NGOs in this specific municipality.

#### **5.2.7.1 Funders reporting system and setting high target as M&E challenge**

The results in figure 4.19 revealed that the majority 88.0% (n=73) of the respondents agreed to funders having different reporting system as M&E challenge. These results revealed that different funders having different reporting systems are a major challenge these NGOs are facing. The study also revealed in figure 4.20 that funders set hard to reach targets as 61.4% (n=51) of the respondents agreed that funders set target which are difficult to reach.

#### **5.2.7.2 Reasons why the organizations are unable to reach programme targets**

The results in figure 4.21 showed low participation from the community members as the main reason why organizations are unable to reach programme target as indicated by 48.2% (n=40) of the respondents while 45.8% (n=38) indicated staff shortage as the other reason for not reaching targets. From these results, it is obvious that both low participation from the community and human resources shortage were the major challenge faced by the NGOs in this specific municipality.



For these NGOs to improve community participation towards various projects implemented, the programme planners, and the managers of this NGO need to involve community representatives while designing projects and M&E plan. The community leaders or representatives have a better understanding of the people, culture and situation of their communities. They are the best set of people to improve community mobilization amongst their people. CARE (2014:9) indicated that community leaders should be amongst the stakeholders to be included in project and M&E plan.

### **5.2.7.3 Rating the availability of M&E expertise**

The results in figure 4.22 indicated that the organizations lack M&E expertise as the majority, 34.9%(n=29) of the respondents indicated that their organization lack M&E expertise,33.7%(n=28) revealed that they do not lack M&E expertise while the remaining 30.1% (n=25) indicated that the organization sometimes lacks M&E expertise. This only means that majority of the NGO operating in this municipality lack M&E expertise. Without M&E expertise, how have they been discharging their M&E function on projects implemented on HIV/AIDS management programme? Every organization needs to have M&E experts who can constantly ensure that the organization M&E plan is developed, reviewed and up to date. Organization implementing HIV/AIDS management programme need to hire employees who have adequate knowledge and experience in M&E implementation (UNAIDS 2016:6). In this case, the NGOs without M&E expertise are expected to hire the necessary employees in order to close this gap.

### **5.2.7.4 Is the implementation of M&E activities time consuming?**

Figure 4.23 results showed that the implementation of monitoring and evaluation is time consuming as 65.1 % (n=54) agreed to that M&E activities are time consuming, only 18.1% (n=15) of the respondents indicated that M&E activities were not time consuming while 14.5%(n=12) indicated that the implementation of M&E process could be time consuming. This means that most of the respondents believed that the implementation of M&E process is time consuming. Hence, this may be one of the reasons why most of the NGO lack monitoring and evaluation process and fail to reach proposed project target.

According to UNAIDS (2010:9) M&E is an essential component for proper HIV/AIDS management programme.

The managers of the NGOs need to liaise with funders on the importance of training the organization staff on M&E importance, process and implementation. This in turns will increase the budget allocated for M&E and staff can be trained. Capacity building of staffs can be achieved by sending staffs to workshops, conferences on monitoring and evaluation of programmes.

#### **5.2.7.5 Importance of M&E activities on project implemented by the NGOs**

The results in figure 4.24 revealed that M&E is important to projects implemented by these NGOs as 74.7% (n=62) agreed that it is important, 14.5% (n=12) indicated that it is sometimes important while 8.4% (n=7) did not agree to the importance of M&E in project implemented.

This proves that some staff do not really have knowledge on M&E and how it is important for HIV programmes. The UNAIDS & UNICEF (2010:6) listed the importance of M&E as the following:

- Assist in capacity building and understanding among project staff;
- Elucidating the impact expected from the programme before the actual implementation;
- Obtaining and analysing the relevant information for tracing progress and determining impact.
- Providing managers and stakeholders with information needed for the decision-making processes, which in turn leads to stakeholders' empowerment due to their involvement;
- Acting as an early warning system in case there are problems, so that corrective actions are implemented;
- Assisting in capacity building and understanding among project staff and
- Helping track the progress of the project and ensure accountability to stakeholders.

To deal with this challenge, the managers of these NGOs need to ensure that all staff are capacitated or trained on M&E importance and process. This will improve their understanding of M&E of programmes.

#### **5.2.7.6 Challenges on M&E of HIV/AIDS programmes by the organizations**

The respondents indicated the use of non-relevant tools, staff attitude to M&E implementation, lack of programme to develop individual M&E skills, difficulty in supported facilities, lack of constant funding from donors to fund M&E skills training, poor handwriting of data capturers and incorrect capturing of data as additional challenges which are faced. These additional challenges tally with the literature reviewed, where WHO (2010:4) highlighted the challenges faced by NGOs implementing HIV/AIDS programme.

Reflecting on the challenges presented, the study looked at innovative ways of dealing with them. So, to address the challenges identified, the study makes suggestions about how to support interventions to overcome the challenges of effective M&E of HIV/AIDS programmes by NGOs in KwaZulu-Natal. From the standpoint of the respondents, having regular meeting with staff on M&E issues, capturing data in a correct manner, training organization staff on M&E process and its importance, having meeting with the communities to increase their support, adopting the use of electronic and digital system, and having meeting with health care workers to increase their support in the various facilities, would be the best way forward towards dealing with the said challenges.

### **5.3 RECOMMENDATIONS**

Based on the summary of the results and conclusion relating to the research objectives, recommendations to this study are made collectively under the following heading:

#### **5.3.1 The organization's monitoring and evaluation plan**

There is need for the development of comprehensive M&E plan document. This document will detail the programme's objectives; develop the interventions to achieve these objectives. The plan should describe the procedures that will be implemented to determine whether the objectives are met.

It was also evident that the organizations lack the skills to design M&E. There is need for training the staff to acquire skills for designing monitoring and evaluation plan for all projects and not specific projects. Programmes planners must communicate with various funders on how to put in place a structured M&E plan for all the projects to be implemented in future. For NGO implementing programmes to have a structured M&E plan, there is a need for adequate resources in order to implement M&E processes and functions.

### **5.3.2 Training of organizations' staff on M&E activities**

For organization to manage a successful HIV/AIDS programme, M&E department requires staff members who have appropriate knowledge and skill on M&E jobs. Training needs to be acquired on the aspect relating to taking the projects aims and objectives in to consideration, planning how programmes objectives will be achieved, explain procedure in which data will be collected and analyzed for decision making. In every project implementation process, the project planners, programme managers and coordinators should always take the aims and objectives of the projects into consideration from the implementation stage to the final delivering stage.

The study revealed lack of programme to develop individual M&E skills and lack of constant funding from donors to fund M&E skills training as challenges faced by these NGOs. The results found inconsistencies due to lack of expertise in monitoring and evaluation activities of projects implemented by the NGOs. There is a need for training in this aspect of monitoring and evaluation. Donors in conjunction with government in KwaZulu-Natal should institute programmes which will have an impact to HIV/AIDS projects monitoring and evaluation skills amongst the local NGOs. This in turns will improve the overall quality of these NGOs from poor to outstanding in due time.

The staff should be trained on the importance and process of conducting baseline studies before implementing actual programmes. In the monitoring and evaluation context, it is essential to conduct baseline study before implementing the projects. As this will provide information which is based against what to monitor and assess an activity's progress and effectiveness during implementation and after the activity is completed. Baseline study

also helps programme implementers to understand the situational analysis of a place, especially if a similar project has been implemented. Therefore, programme implementers can document the success and failures of the previously implemented project and using it improved on the actual projects.

Data collection is an important aspect of M&E functions, hence a structured procedure for such as where, whom and when data will be collected should be constantly put in place. Training of field workers such as data collectors and data capturers on data documentation should not be overlooked.

Some of these NGO staff believed that M&E process is time consuming. This should not be the case. To close this gap, organization staff needs to be trained on M&E, processes importance and how to discharge the functions. Perhaps this might help in improving their understanding and cause change of attitude of staffs towards M&E activities.

Most of the respondent agreed that M&E process is important to their projects, however, few people do not agree that M&E is important. Perhaps, this is one of the reasons why the organization lacks M&E expertise. To rectify this, capacity building of organization staff on M&E, process and importance should be done. This can be done by sending staff for M&E trainings and workshops and conferences or bringing in expertise from M&E discipline to capacitate the staff. Also, new staffs hired by the organization should have the same training.

### **5.3.3 Stakeholders' involvement in M&E plan**

All stakeholders are equally important in programme planning and should all be part and parcel of the designing of the M&E plan for the HIV/AIDS programme. NGOs programme managers and other implementers of HIV/AIDS management programmes should understand that it is essential to gain their buy-in and increase participation from stakeholders. Involving these stakeholders will in turns improves stakeholder's mobilization and reduces the challenges of monitoring and evaluation on programmes implemented. Stakeholder's engagement in programme implementation is a way of making them to be involved and have ownership in the programme.

### **5.3.4 Performance management in the organization**

The aim of managing performance is to allow employees to find out how well they had performed in relation to performance targets or key performance indicators during a specific period from their supervisors. The results revealed that not all the NGOs undertake performance management meeting. Hence, there is a need for the NGOs that does not conduct performance meeting to learn the process importance and start conducting it. Capacity building for programme staff is required for performance management issue to be solved, as the findings evident that some organizations do not monitors staff performance on ongoing projects. There is need to compare programme targets against performance output as this will help the organizations to increase the percentage of projects that meets targets and ultimately enables the organizations to have an outstanding performance management system.

### **5.3.5 Data quality management**

Since M&E process deals with data collection, collation, analysis, reporting and decision-making purposes, therefore feedback regarding data issues should be communicated to all those who are involved in the programme implementation staff. There is a need for all NGOs to utilize different set of data management tools. Adopting the use of complete data management tools and clearly delineated instructions for their correct use reduce the likelihood of errors occurring. This can also help in preventing human errors and mistakes especially in NGOs where only human verification is adopted as the only tool. Conducting of monthly data review meeting along with the stakeholders will also help the NGOs to prevent data errors on programme implemented.

### **5.3.6 Modification of reporting system**

The results revealed that different funders having different reporting systems and at the same time funders set unrealistic targets as a major challenge in these NGOs in this specific municipality. To close this gap, funders of different projects need to work together and have a modified reporting system for the NGOs supported. This will reduce the

confusion amongst the programme implementers. In the same trend, there will be a need for funders and programme implementers to set a reasonable target before embarking on various projects. This will also reduce stress and burn out on project staff.

### **5.3.7 Participation of community members and adequate resources**

The results proved that low participation from community members as major reason why these NGOs are not reaching targets, staff shortage was also another reason. To solve this challenge, community leaders or representatives should be amongst the stakeholders to be included in project planning and M&E plan. This will enable the leaders to communicate effectively with their community members and increase their participation. With regards to the lack of human resources shortage challenge, it is also imperative for programme planners to determine and document the adequate resources such as, human resources necessary for project implementation and delivery, while planning projects or writing proposals for funders.

The NGOs implementing HIV/AIDS programme in this specific municipality need to have the adequate human resource that can run the M&E function by hiring employees who have adequate knowledge and experience in M&E implementation.

## **5.4 RECOMMENDATION FOR FUTURE RESEARCH**

This study focused on the HIV/AIDS programme implemented by a specific municipality in KwaZulu-Natal province in South Africa. The results arrived at are delimited to NGOs implementing HIV/AIDS in that specific municipality in KwaZulu-Natal province.

However, future research on same or similar topic should be conducted in other provinces to understand the monitoring and evaluation challenges, programme implementation challenges as different province, districts and municipalities might be facing different challenges in the implementation of HIV/AIDS management programmes

## **5.5 LIMITATIONS OF THE STUDY**

The study was focused on the HIV/AIDS programme implemented by a specific municipality in KwaZulu-Natal province in South Africa. Hence, the results are limited to NGOs implementing HIV/AIDS in that specific municipality in KwaZulu-Natal province.

## **5.6 CONCLUDING REMARKS**

The study started by introducing the research topic which is investigating the monitoring and evaluation process on HIV/AIDS programmes implemented by NGOs in KwaZulu-Natal, where the background of the research and the rationale of the research were discussed. The research problem, research questions, aim and objectives and the significance of the research were also discussed. The study investigated the current monitoring and evaluation process implement on HIV/AIDS programmes by the NGOs implementing HIV/AIDS projects in specific municipality in KwaZulu-Natal province of South Africa. The study's results revealed that there are inconsistencies in implementing monitoring and evaluation process on programmes undertaken. Based on the inconsistencies revealed by the research results, the researcher revisited these NGOs in the municipality to discuss how important and beneficial it would be for them to implement the recommendations made for them to be able to implement effective monitoring and evaluation process on various HIV/AIDS management programmes undertake by the organizations.



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# ANNEXURE

## ANNEXURE 1: ETHICAL CLEARANCE



**RESEARCH ETHICS COMMITTEE: DEPARTMENT OF HEALTH STUDIES  
REC-012714-039 (NHERC)**

1 March 2017

Dear Mrs OA Kana

**Decision: Ethics Approval**

**HS HDC/647/2017**

Mrs OA Kana

Student: 5459-129-5

Supervisor: Dr KA Maboe

Qualification: D Litt et Phil

Joint Supervisor: -

**Name:** Mrs OA Kana

**Proposal:** Investigating the monitoring and evaluation process of HIV/AIDS programmes by non-governmental organizations in KwaZulu-Natal province.

**Qualification:** MPCHS94

Thank you for the application for research ethics approval from the Research Ethics Committee: Department of Health Studies, for the above mentioned research. Final approval is granted for the duration of the research period as indicated in your application.

*The application was reviewed in compliance with the Unisa Policy on Research Ethics by the Research Ethics Committee: Department of Health Studies on 1 March 2017.*

*The proposed research may now commence with the proviso that:*

- 1) The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.*
- 2) Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the Research Ethics Review Committee, Department of Health Studies. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.*



Open Rubric

University of South Africa  
Preller Street, Muckleneuk Ridge, City of Tshwane  
PO Box 392 UNISA 0003 South Africa  
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150  
[www.unisa.ac.za](http://www.unisa.ac.za)

3) *The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.*

4) *[Stipulate any reporting requirements if applicable].*

**Note:**

*The reference numbers [top middle and right corner of this communiqué] should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the Research Ethics Committee: Department of Health Studies.*

Kind regards,



Prof L Roets

CHAIRPERSON

[roetsl@unisa.ac.za](mailto:roetsl@unisa.ac.za)



Prof MM Moleki

ACADEMIC CHAIRPERSON

[molekmm@unisa.ac.za](mailto:molekmm@unisa.ac.za)



University of South Africa  
Preller Street, Muckleneuk Ridge, City of Tshwane  
PO Box 392 UNISA 0003 South Africa  
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150  
[www.unisa.ac.za](http://www.unisa.ac.za)

## ANNEXURE 2: PERMISSION LETTER OF NGOs

University of South Africa (UNISA)  
Department of Health Studies  
College of Human Sciences  
[54591295@mylife.unisa.ac.za](mailto:54591295@mylife.unisa.ac.za)

18 September 2017

The District manager  
NGO  
Pietermaritzburg  
Dear Sir/Madam

### **Request for permission to conduct the study**

I am a research student for Master's degree in Public Health at the University of South Africa (UNISA) under the supervision of Dr KA Maboe. I kindly request permission to conduct my study at your organization. The study focuses on the monitoring and evaluation process of HIV/AIDS programmes by Non-Governmental Organizations in KwaZulu-Natal province.

The objectives of the study are:

- To explore and describe the monitoring and evaluation process of HIV/AIDS programmes implemented by NGOs in Kwa-Zulu Natal;
- To identify and describe the challenges faced by the NGOs in effective monitoring and evaluation process of HIV/AIDS programmes implementation;
- To suggest support interventions to overcome the identified challenges for effective monitoring and evaluation of HIV/AIDS programmes by NGOs in KwaZulu-Natal.

The significance of the study is to support the NGOs in KwaZulu-Natal province to overcome the challenges for effective monitoring and evaluation of the HIV/AIDS programmes carried out. Ethical clearance was granted by the Research and Ethics committee of the department of health studies at UNISA.

The study will require people working in your NGO to respond to a questionnaire. Their participation to this study is completely voluntary. Their responses will remain confidential and anonymous. It will take 15 minutes to complete each questionnaire. For confidentiality purposes the names of the respondents and your NGO will not be revealed in the report. Findings will be reported in a dissertation and may be published in a journal or presented at a conference. In that regard your name will be protected. Should you require any further information, please do not hesitate to contact me or my supervisor. Our contact details are as follows:

(1) [54591295@mylife.unisa.ac.za](mailto:54591295@mylife.unisa.ac.za) (Researcher), Telephone 033 345 4808; Cell no: 071 764

2902

(2) Dr KA Maboe (Supervisor) at [maboeka@unisa.ac.za](mailto:maboeka@unisa.ac.za) Telephone no: 012 4292393

(3) The Chairperson of Departmental Research and Ethics Committee, Prof J Maritz  
[maritje@unisa.ac.za](mailto:maritje@unisa.ac.za)

Your permission to conduct this study will be appreciated. I thank you for your time and consideration and I look forward to hearing from you.

Thank you for your assistance in this important endeavour.

Sincerely yours,  
Olayinka A. Kana

### **ANNEXURE 3: INFORMED CONSENT FORM**

I am Olayinka Kana, I am a registered master's student of the Department of health studies at the University of South Africa (UNISA). My student number is 54591295.

I am conducting the study titled **“INVESTIGATING THE MONITORING AND EVALUATION PROCESS OF HIV/AIDS PROGRAMMES BY NON-GOVERNMENTAL ORGANIZATIONS IN KWAZULU-NATAL PROVINCE”**. The aim of this study is to investigate the monitoring and evaluation process carried out on HIV/AIDS programme by the NGOs in KwaZulu-Natal province. The study has been approved by the Research and Ethics Committee of the Department of Health studies at UNISA and permission to conduct the study was granted by your NGO. The findings of this study will be used to support NGOs to overcome the challenges of effective monitoring evaluation process of the program offered by the NGOs.

Based on this, I request you to take part in this study, by completing a questionnaire. The questionnaire contains different questions, some of which you can choose an option and others are to be written in your own words. The questionnaire will take about 15 minutes to be completed. Being part of this study is voluntary. You will not be penalised either by the researcher or the NGO should you choose not to take part, or should you withdraw from the study at any stage.

Your name and the name of your NGO will not be used in the research report. All information is given anonymously and will be kept confidentially. Findings will be reported in a dissertation and may be published in a journal or presented at a conference. In that regard your name will be protected.

Should you require any further information, please do not hesitate to contact the following people. Our contact details are as follows:

- (1.) Olayinka Kana [ywealth2003@yahoo.com](mailto:ywealth2003@yahoo.com) , Cell no: 071 764 2902
- (2) Supervisor: Dr KA Maboe, [Maboeka@unisa.ac.za](mailto:Maboeka@unisa.ac.za), Telephone no +27124292393
- (3) The Chairperson of Research and Ethics Committee of the Department of Health studies at UNISA, Prof J Maritz [maritje@unisa.ac.za](mailto:maritje@unisa.ac.za)

I thank you for your time and consideration and I am looking forward to your responses.

Yours sincerely

Olayinka A. Kana

### **Informed consent Form**

I have read the consent information. I understand the purpose of the study. I understand that I was chosen for the study because of my area of expertise within the organization. I am not under obligation or any form of threat to take part in the study. I consent voluntarily to take part in this study.

Print Name of respondent \_\_\_\_\_

Signature of Respondent \_\_\_\_\_

Date \_\_\_\_\_

Day/month/year

### **Statement by the researcher**

I have given an accurate explanation of the study on the information sheet to the potential respondent, and to the best of my ability made sure that the respondent understands the objectives of the study and the importance of giving accurate information. I confirm that respondent has not been forced into giving consent, and the consent has been voluntarily.

Signature of Researcher \_\_\_\_\_

Date \_\_\_\_\_

Day/month/year

## ANNEXURE 4: RESEARCH QUESTIONNAIRE

**Research Title: INVESTIGATING THE MONITORING AND EVALUATION PROCESS OF HIV PROGRAMS BY NON-GOVERNMENTAL ORGANIZATIONS IN KWAZULU-NATAL PROVINCE.**

Please take 15 minutes to fill out this questionnaire on the monitoring and evaluation processes on HIV/AIDS programs implement by NGOs in KwaZulu-Natal province. All answers will be kept confidential as stated in the consent form. Kindly answer the question below based on how monitoring and evaluation of HIV/AIDS management program is been carried out in your organization.

Thank you for your participation.

**Kindly respond to the following questions by indicating your answer with an X**

### Section 1

#### 1. Demographic data

Sex

Male                       Female       Bisexual

Age category

20 years and below       21-30 years                       31-40 years                       41- 50 years  
 51 years and above

Highest qualification

Grade 12 and below                       Certificate course       Diploma       Basic degree  
 Honours degree                       Masters degree                       other

Residential area

Urban               Semi urban       Rural

1.1 What is your medium of communication?



- IsiZulu     Xhosa     Afrikaans  
 English     others

## Section 2

2 Organization information:

2.2 How long has the organization been undertaking HIV/AIDS management program?

- 0 to 5 years     6 to 10 years     11 to 19 years     20 years and above

2.3 What position do you hold in the organization?

- Program manager                       Monitoring & Evaluation officer  
 Project coordinator                       Program coordinator  
 Other

2.4 How long have you been employed within the organization?

- 2-5 years                       6-10 years                       11-15 years                       16-25 years  
 26 years and above

2.5 Are you involved in any implementation of HIV/AIDS project/ program in the organization?

- Yes                       No                       Sometimes

## Section 3

3. Nature of HIV/AIDS program implemented by the organization

3.1 Please select the type of HIV program which the organization manages by indicating with X

- Prevention and behavioral change  
 Voluntary male medical circumcision (VMMC)

- Supporting orphan and vulnerable children (OVC)
- Psychosocial support to HIV infected& affected people
- Care and treatment for HIV positive clients
- Gender based violence
- Creating awareness &educating communities member

#### Section 4

4. The Organization’s current Monitoring and Evaluation method and equipment.

4.1 Does the organization have a formal M&E Plan?

- Yes only for big projects Organization lack skills to design M&E plan
- No

4.1.1 If not yes, please state the reason?

4.2 Select the resources used by the organization to implement the monitoring and evaluation plan?

- Computers  Monitoring &Evaluation Staff  Statistical skills
- Offices  Monitoring and Evaluating experts

**In answering questions 4.3, 4.7, 7.2 and 7.8, you are requested to support your answer indicated with X in your own words:**

4.3 Does the organization conduct study to establish baseline data before embarking on HIV/AIDS project?

- Yes  No  Sometimes

If no, could you state the reason

.....

.....

.....

.....  
.....  
4.4 Does the current organization Monitoring and Evaluation plan take into consideration the aim and objectives of the various projects implemented?

Yes  No  Sometimes

4.5 Does the M & E plan describe how project objectives will be achieved?

Yes  No  Sometimes

4.6 Does the organization monitors project and staff performance while project is been undertaking?

Yes  No  Sometimes

4.7 Does the organization implement corrective actions in situations where targets have not been met? If no, kindly state the reason why?

Yes  No  Sometimes

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

4. 8 Does the Monitoring and Evaluation unit establish if the performance targets of the various projects have been achieved?

Yes  No  Sometimes

4.9 Does the monitoring and evaluation plan explain procedure in which the data will be collected and analyzed for project evaluation?

Yes  No  Sometimes

4.10 Select the types of stakeholders involved in the organization's monitoring and evaluation plan. Select more than one if applicable

Donors and founder departments                       Community                       Government

Beneficiary                       Health care worker                       Program team staff

4.11 Who do you think should be involved in the organization M&E plan? Select all, which are applicable

Donors and founder departments KZN                       Community                       Government

Beneficiary                       Health care worker                       Program team staff

4.12 What are the components included in the M&E plan?

Donor's target                       Organization current target                       Performance indicators

4.13 What range of the budget is allocated to M&E activities in relation to the total project budget?

5-10%                       11-15%                       16-20%                       20% and above

## Section 5

5. Performance management in the organization

5.1 How often does Performance management meeting of the M&E projects take place?

Monthly                       Quarterly                       Bi-annually (twice in a year)                       annually (once in a year)

Never

5.2 Does the organization compare the program target against performance output?

Yes    No    Sometimes

5.3 Does the organization evaluate program/projects implemented?

Yes    No    Sometimes

N/A

5.4 Does the organization monitor staff performance on programs implemented?

Yes  No  Sometimes

5.5 What percentage of the project embarked upon by the organization ultimately meets the target?

0-10%  10-20%  20-50%

5.6 How would you rate the organization's performance management system?

Outstanding  Good  Adequate

Needs improvement  Poor

5.7 How would you rate the organization monitoring and evaluation reporting system?

Outstanding  Good  Adequate

Needs improvement  Poor

## **Section 6**

6. Organization data quality management

6.1 What data management tool does the organization employ for data collection, verification and documentation?

Electronic spread sheet  Hard copy form (Paper form)  Electronic verification of data

Human verification

6.2 How often does the M&E staff conduct data review meeting?

Monthly  Quarterly (every 4 months)  Bi-annually (every 6 months)

Annually (Once a year)  None of the above

6.3 How does the organization solve issues relating to data errors?

By checking data source  Checking data accuracy  Checking data validity

All of the above  None of the above

## **Section 7**

7. Challenges on monitoring and evaluation of HIV/AIDS programs/projects

7.1 Does different funders have different reporting system?

Yes  No  Sometimes

7.2 Does funders set target which are difficult to reach?

Yes  No  Sometimes

7.3 What is the reason why the organization is unable to reach project targets?

Staff shortage  Low participation from community members

What are other reasons?

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

7.4 Does the organization lack monitoring and evaluation expertise?

Yes  No  Sometimes

7.5 If 'Yes' why?

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

7.6 Is the implementation of monitoring and evaluation activities time consuming?

Yes  No  Sometimes

7.7 Does monitoring and evaluation important to the various program/projects implemented by the organization?

Yes  No  Sometimes

**Answer the following questions with your own words**

7.8 What are the challenges you are encountering when you monitor and evaluate the HIV/AIDS program?

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What are the other challenges the organization encountered on the Monitoring and evaluation of HIV/AIDS management program within the organization.

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Indicate the innovative ways of dealing with the identified challenges.

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**8. Please share any additional comments regarding monitoring and evaluation of HIV/AIDS programs/projects.**

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Thanks for taking your time to complete the survey. We rely on your response to help us in effective monitoring and evaluation process of HIV/AIDS program in KwaZulu-Natal. Your input is highly appreciated.

## ANNEXURES 5: PERMISSION LETTERS FROM NGOS



P.O. Box 22023  
Mayor's Walk  
3208  
(T)+27 33-3441580  
(F)+27 33-3442882  
[hospice@hospicekn.co.za](mailto:hospice@hospicekn.co.za)  
[www.hospicekn.co.za](http://www.hospicekn.co.za)  
VAT Reg. No. : 4250115009  
Accredited by CoHSASA (13 Feb 2015 to 12 Feb 2018)

27 November 2017

To whom it may concern  
UNISA  
Supervisor for Mrs O A Kana

### **RE: AGREEMENT TO CONDUCT RESEARCH**

Dear Sir/Ma'am

Mrs Kana approached Msunduzi Hospice to conduct research at our facility relating to the monitoring and evaluating of HIV programmes conducted here.

This approach was followed by a meeting between herself, myself and other relevant staff members. Her request was then presented to our internal Ethics Committee which approved the conducting of this research subject to us being presented with a copy of her findings.

The research questionnaires were sent to us and these have been completed by members of my staff and returned to her.

If any additional information is required, please do not hesitate to contact me.

With kind regards

  
Warren Oxford-Huggett  
(CEO)





INNOVATION  
in  
PUBLIC HEALTH

**NATIONAL OFFICE**

11th Floor  
Metlife Centre  
7 Walter Sisulu Avenue  
Cape Town, 8000

P O. Box 7595  
Roggebaai, 8012

Tel +27 21 410 4300  
Fax +27 21 410 4499

[www.khethimpilo.org](http://www.khethimpilo.org)

0861 543 844 (KHETHI)

**DISTRICT OFFICES**

**WESTERN CAPE**

National Office  
Western Cape  
Eerste River

**EASTERN CAPE**

East London  
Butterworth  
Uitenhage  
Port Elizabeth

**KWAZULU NATAL**

Ethekewini  
Iembe  
Umsunduzi

**FREE STATE**

Bloemfontein  
Sasolburg  
Welkom  
Kroonstad

**ZIMBABWE**

7 Albany Road, Harare

**BOARD MEMBERS**

Prof Marian Jacobs  
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(VICE-CHAIR)

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Roxy Marosa  
Hilary Morris  
Fr Michael Lapsley  
Dalmani Steward  
Zaida Osman  
Riaan van Tonder

21 September 2017.

Dear Ms Olayinka Kana

**Re: Request for consent to participate in completion of research questionnaire.**

Kheth'Impilo (KI) would like to inform you that your request for consent of KI staff in Msunduzi sub-district to participate in your research titled: **Monitoring and Evaluation Process of HIV Programmes by Non-Governmental Organizations in Kwa Zulu-Natal Province** has been granted based on the following conditions:

1. During the administration and completion of the questionnaire, you will follow the submitted protocol with ethical approval granted you by UNISA and UMgungundlovu district DOH;
2. You will ensure, observe and respect the rights and culture of KI staff that will participate in your research and maintain confidentiality of the organization as well as the identities of the respondents;
3. At the end of your study, you are expected to send a full written report with your findings and implementable recommendations to KI.

Your compliance in this regards will be highly appreciated.

All the best.

  
Dr Bola Oyeibanji

National Programmes Manager

**KHETH'IMPILO**

11th Floor, Metlife Building  
No 7 Walter Sisulu Avenue  
Cape Town, 8001, South Africa  
PO Box 7595, Roggebaai, 8012  
Tel: +27 21 410 4300 Fax: +27 21 410 4499  
Email: [info@khethimpilo.org](mailto:info@khethimpilo.org)  
Website: [www.khethimpilo.org](http://www.khethimpilo.org)



20 August 2018

To whom it may concern,

**Re: Permission Granted for Study**

This is just to confirm that dalanathi granted Olayinka Fasanmi permission to invite staff from our organisation to participate in her M&E research study. Three of our staff participated and submitted their questionnaires in February 2018.

Please be in touch if you have any questions.

Warmly

A handwritten signature in black ink that reads "Robyn Hemmens". The signature is written in a cursive style.

Robyn Hemmens

Operations Director

084 511 4425



10<sup>th</sup> Floor, 85 Main Street,  
Marshalltown,  
Johannesburg, 2001, South Africa

PO Box 51160, Braamfontein,  
2017, South Africa

Tel: +27 (0)21 422 1700  
+27 (0)11 300 4721

www.tac.org.za  
info@tac.org.za

NPO Number: 043-770  
VAT Number: 4070239977  
Registration: 2000/029181/08

**Eastern Cape Office**  
18 Embassy Building  
Jacaranda Street  
Lusitania, 4820  
Tel: 039 253 1951

**Free State Office**  
Office 205 B, 2<sup>nd</sup> Floor,  
78 Charlotte Maxeke Street,  
Bloemfontein 9301  
Tel: 087 803 2020, 051 430 1060

**Gauteng Office**  
10<sup>th</sup> Floor, 85 Main Street,  
Marshalltown,  
Johannesburg, 2001  
Tel: +27 (0)21 422 1700

**KwaZulu-Natal Office**  
50 Longmarket Street  
Pietermaritzburg, 3201  
Tel: 079 833 1109

**Limpopo Office**  
Office No3 Maledza Lifestyle  
Complex  
Section A12,  
Street Number 2176  
Giyani, Limpopo.  
Tel: 015 811 9300

**Mpumalanga Office**  
Office 4 2nd Floor, Trigon Building,  
100 Joubert Street, Ermelo, 2351  
Tel: 017 811-5085

**Western Cape Office**  
SIVIVANA  
Cnr Julius Tsole & Mzala Streets  
Village 3  
Khayelitsha, Cape Town 7784  
Tel: 076 501 5636

**DIRECTORS**  
Anele Yawa  
(General Secretary of TAC)

Ndhemani Mavasa  
(Chairperson of TAC)

Oondisa Ngwenya  
(Chairperson of the Board)

Lord Ntambw  
(Treasurer)

Vuyeska Dubula-Majola

Jane Barrett

Mbuyiselo Botha

Eric Goemaere

Thembeke Gwagwa

Moray Hathorn

Mark Heywood



13 November 2018

To whom it may concern,

**Re: Permission to conduct study**

This letter serves to confirm that Treatment Action Campaign (TAC) Organization granted Olayinka Abiola permission to conduct her M&E research. She came to the organization to explain the purpose and steps of the research to the staff. Questionnaires were handed to staff for completion and submitted in January 2018. Please be in touch if you have any questions.

Warm regards

**Mzamowenkosi Zondi**  
Provincial Head  
TAC KwaZulu Natal

082 26 82 531

# EAGLE TRAINING AND DEVELOPMENT



NO: 193 PINE STREET  
PIETERMARITZBURG  
3201

P.O.BOX 100141  
SCOTTSVILLE  
3209

Tel. 0338189783  
Cell. 0721820138  
Email [jmofokeng2012@gmail.com](mailto:jmofokeng2012@gmail.com)

NPO. 017- 293

---

TO WHOM IT MAY CONCERN

**RE: PERMISSION TO CONDUCT STUDYS**

Miss Olayinka approached the Eagle Training Development organization in January 2018. Her request was to seek for permission for our HIV/AIDS programme staff to participate in the research which she was about to conduct.

Her research was focusing on the monitoring and evaluation (M&E) of HIV programmes implement by the NGOs. She brought a copy of ethical clearance granted by the UNISA and a permission letter which has her supervisor's contact to conduct study as a proof. The steps, objectives and significance of her study was explained to the organization during few meetings.

The organization consented to participate in her study. Questionnaires were brought to the staff for completion.

Any other information required will be provided.

Kind regards

A handwritten signature in black ink, appearing to be 'JM', written over a horizontal line.

Mr. John Mofokeng  
Programme Manager

Eagle training And Development



190 Pine Street  
Pietermaritzburg  
3201  
Phone:033 345 2970

15-01-2018.

To whom it may concern

**RE: AGREEMENT TO CONDUCT RESEARCH**

Miss Olayinka Kana approached the youth for Christ organization in December 2017. Her request was to seek for permission for our Monitoring & Evaluation and programme staff to participate in the research which she was about to conduct.

Her research was focusing on the implementation of monitoring and evaluation (M&E) of HIV programmes implement by the NGOs. She brought a copy of ethical clearance granted by the UNISA and a permission letter to conduct study as a proof. The significance of her study was explained to the organization.

Based on this, it was agreed that the organization will participate in her study. Questionnaires were brought to the staff for completion.

If any other information is needed, do not hesitate to contact me.

Kind regards

Dr. Tinayi Chigunduru  
Regional Director  
YFC Organization

NPO: 004257

190 Pine Street Pietermaritzburg 3201  
1280 Umgeni Road Durban, 4000  
P.O.Box 1660 Pietermaritzburg 3200

Tel: 033 345 2970 / 031 303 1058  
Fax: 033 345 1583 / 031 312 3404

info@youthkzn.co.za  
www.youthkzn.co.za





"Always Needed, Always There"



**THE SOUTH AFRICAN RED CROSS SOCIETY  
Pietermaritzburg Branch**

208A Boom Street, Pietermaritzburg, 3201  
PO BOX 322, Pietermaritzburg, 3200, \*Tel: +27(033) 342 5276 \*fax: 27(086) 224 9095  
E-mail: [tngubane@redcross.org.za](mailto:tngubane@redcross.org.za)  
Registration No: 000-852 NPO

19 November 2018

To whom it may concern

**Re: Permission to Conduct Study**

This letter serves as evidence that The South African Red Cross Society organization granted Ms Olayinka permission to conduct her research. She had explained the purpose and steps of the research. Questionnaires were brought in for staff for completion. Please be in touch if you have any questions.

Yours in Humanity

(Sent Electronically)

Thabang Ngubane



Ref 011-496 NPO  
Section 18a Ref 930008976  
55 Jabu Ndlovu, Pietermaritzburg. 3201 P.O. Box 157, Pietermaritzburg. 3200  
Tel: 033-3457994, Fax: 033-3457272 E-mail: [director@cindi.org.za](mailto:director@cindi.org.za) Website: [www.cindi.org.za](http://www.cindi.org.za)

14 November 2018

To whom it may concern,

**Re: Permission to Conduct Study**

This is to confirm that Children in Distress Network (CINDI) organization granted Miss Olayinka permission to conduct her M&E research study within our organization. Our eligible staff member participated and submitted their questionnaires in January 2018.

Do not hesitate to contact me for any inquiries.

Kind regards

Signature

Thulani Zondi

Dep Programme Manager

[DepProgManager@cindi.org.za](mailto:DepProgManager@cindi.org.za)

084 6511 270



14 Jabu Ndlovu Street  
Pietermaritzburg  
3201  
South Africa  
P. O. Box 1053

Tel.: +27 33 3943350  
Fax: +27 33-3943351  
Email: [ccp@mweb.co.za](mailto:ccp@mweb.co.za)  
[www.communitycareproject.co.za](http://www.communitycareproject.co.za)

IT 1197/2006/PMB  
065-420 NPO

13 November 2018

To whom it may concern,

**Re: Permission to Conduct Study**

This letter serves to confirm that Miss Olayinka was granted permission to conduct her research at the Community Care Project (CCP). She was at the organization to explain the purpose of her research, the steps it was going to take and the importance of our staff participating in the research. Questionnaires were then handed to our staff for completion and submitted in November 2017.

I hope the purpose of the research as a whole was achieved.

Warm regards

Dr Benson Okyere-Manu  
DIRECTOR





**COMMUNITY MEDIA TRUST**

Suite 08SB Tannery Park 23A Belmont Road Rondebosch 7700  
Cape Town **T** +27 21 788 9163 **F** +27 21 788 3973 [www.cmt.org.za](http://www.cmt.org.za)

034-718-NPO  
PBO – 930019259  
VAT – 4440193623  
BEE LEVEL 3

14 November 2017

To Whom It May Concern

**RE: PERMISSION GRANTED FOR MASTER'S STUDENT TO ADMINISTER QUESTIONNAIRES TO CMT STAFF**

I am writing to confirm that Olayinka Kana approached CMT to participant in her master's research project focusing on the monitoring and evaluation process of HIV/AIDS programmes by Non-Governmental Organizations in KwaZulu-Natal province.

Ms. Kana communicated via email and phone call to request permission and this was granted via email from myself on 3 November 2017. I completed the questionnaire myself as one participant and the relevant staff at CMT to completed theirs as well.

Please let me know if you have any further queries.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'DZyl', is written above the typed name.

Debbie Van Zyl  
**CMT Co-Director**



12 November 2018

To whom it may concern,

**Re: Permission to Conduct Study**

This letter serves to confirm that AIDS Foundation of South Africa (PMB office) granted Olayinka Kana permission to conduct her M&E research. She came to the organization few times to explain the purpose and steps of the research.

Questionnaires were handed to staff for completion and submitted in February 2018. Please be in touch if you have any questions.

Warm regards

Signature

Thabile Msezane

Position: District Programme Co-ordinator

0873629301/2

AIDS FOUNDATION OF SOUTH AFRICA, (RF) NPC.  
2<sup>nd</sup> Floor, 135 Musgrave Road, P. O. Box 50582, Musgrave, Durban 4062, South Africa.

Telephone +27 31 2772700 Fax +27 31 2012584 E-Mail: [info@aidsof.org.za](mailto:info@aidsof.org.za) Website: [www.aidsof.org.za](http://www.aidsof.org.za)

Non Profit Company registered under Companies Act 71 of 2008, Registration: NPC No 1968 007 144/06. NPO No 003-464 NPO.  
PBO No. 930002314-Section 18A (1) (a) Income Tax Act



info@tbhivcare.org  
www.tbhivcare.org

T: +27 (0)21 425 0050  
F: +21 (0)21 421 9439



To whom it may concern

### AGREEMENT TO CONDUCT STUDY

This is to inform you that Miss Olayinka Kana approached the TB/HIV Care organization in January 2018. Her request was to seek for permission for our eligible staff to participate in the research.

Her research has to do with the monitoring and evaluation process of HIV/AIDS management programmes implement by the NGOs in KwaZulu-Natal.

She brought a copy of ethical clearance granted by the UNISA and a permission letter. She gave detail explanation on the research steps, aim and objectives.

The organization consented to participate in her study. Questionnaires were brought to our staff for completion.

We contacted her for collection;

Any other information required will be given.

Kind regards

Gladness Marhwa  
0726203561/033 3420067  
[gladness@tbhivcare.org](mailto:gladness@tbhivcare.org)

Signature.....





HEAD OFFICE: MPUMUZA TRADITIONAL AUTHORITY, KWAMPUMUZA, NPO Number: 074-206  
SWEETWATER, PIETERMARITZBURG, 3200  
VULINDLELA OFFICES:  
VULINDLELA EDUCATION CENTRE, TAYLORS HALL  
CELL NO: 083 7631 282

Natal Midlands Development Programme

12 November 2018

To whom it may concern

**Re: Permission to Conduct Study**

This letter confirms that the Natal development Programme granted Olayinka Kana permission to conduct her M&E research. She came to the organization few times to explain the purpose and steps of the research. Questionnaires were handed to project leaders and our staff. The questionnaires were filled out and gave back in February 2018.

Natal Midlands Development Programme is a non-profit organization (an official partner to the KwaZulu-Natal legislature) jointly implementing a programme titled: The Virtual state. The organization runs its own department of Health with the intention to fast-tracking service delivery by activating the roles that should be played by communities in supporting their government.

Should there be any queries; please do not hesitate to contact the chairperson Mr. Mncwabe.

Thank you

Chairperson

Natal Midlands Development Programme

Premier  
Virtual State

## The Outreach Social Care Project

90 College Road, 1 Maxims Court  
Pelham, Pietermaritzburg 3201  
KwaZulu-Natal,  
South Africa

Telephone: +27 (0) 33 346 2159

Fax No. +27 (0) 86 606 4626

Email: [outreachcare@webmail.co.za](mailto:outreachcare@webmail.co.za)

[oscarprojectsa@gmail.com](mailto:oscarprojectsa@gmail.com)



"Caring for the Disadvantaged Communities"

Registration Number as Non-profit Organisation: 062-459NPO

---

15 November 2018

To whom it may concern,

### Re: Permission to Conduct Study

This letter confirms that the **Outreach Social care project (OSCAR)** organization granted **Olayinka Kana** permission to conduct her M&E research after explaining the purpose, steps and significance of the research. Questionnaires were completed by the staff.

Any additional question regarding this will be answered.

Best Wishes,

### **Rosemary Madlala (Ms.)**

Executive Director

Outreach Social Care Project

Mobile: 076 303 2005



**BRINGING FOOTBALL TO LIFE**  
South Africa • Ghana • United Kingdom

23 November 2018

To whom it may concern,

**Re: Permission to Conduct Study**

This is to confirm that the Africaid Trust WhizzKids United granted Miss Olayinka permission to conduct her research study within our organization. Our eligible staff participated and submitted their questionnaires. Please be in touch if you have any questions.

Kind regards

Marcus McGilvray  
The Africaid Trust CEO and Founder



**The Africaid Trust**

Reg. Trust in RSA (IT 153/2006) • UK Reg No 1045461  
c/o Edendale Hospital, Lot 89, Selby Msimang Road, Edendale 3216, South Africa  
Email: [info@africaid.org.za](mailto:info@africaid.org.za) • Phone: +27 33 395 4683 • Fax: +27 86 560 2482  
[www.whizzkidsunited.org](http://www.whizzkidsunited.org)



**ESSA CHRISTIAN AIDS PROGRAMME (ECAP)**



PO BOX 7874  
CUMBERWOOD 3235  
Pietermaritzburg, KZN  
South Africa

193 Pine Street  
Pietermaritzburg 3201  
KZN, South Africa  
Tel: +27 33 3425168  
Fax: 0 33 3425168  
E-mail: [ecap@telkomsa.net](mailto:ecap@telkomsa.net)



Banking details: Will be provided upon request

Non-Profit Organisation Registration No. 059-016-NPO

Public Benefit No. 930031246



12 November 2018

To whom it may concern,

**Re: Permission to Conduct Study**

This letter serves to confirm that ECAP organization granted Olayinka Kana permission to conduct her M&E research. This happened after she came to the organization to explain the purpose and steps of the research. Questionnaires were handed for completion and submitted in March 2018.

Warm regards

Signature

Israel Ndlovu  
**PROGRAMME MANAGER**



Research and Development

10 Oleander Road, Pietermaritzburg,

South Africa.

Phone:033 396 1848

15 November 2018

To whom it may concern,

**Re: Permission to Conduct Study**

This letter serves as a confirmation that the Centre for Health Education, Research and Development (CHERD) granted Ms Olayinka the permission to undertake a research within our organization. She brought questionnaires which were completed by our staff and returned.

Please do not hesitate to contact us for more information.

Kind regards

Enoch Dube (Project director)

Registration number 210-122 N70



## ANNEXURE 6: LETTER FROM STATISTICIAN

04-June-2018

To whom it may concern

This letter serves as a proof that I have helped Olayinka A. Kana with her work. I have instructed her on how to go about collecting the data. I have also assisted Olayinka with exploratory data analysis; that is, descriptive statistics.

My name is Thabo Lephoto and I am both a lecturer in Statistics and PhD student at the university of KwaZulu -Natal (UKZN).

My contact number is 0747048528

Email address: [lephotothaboop@gmail.com](mailto:lephotothaboop@gmail.com)

With regards

T. Lephoto

A handwritten signature in black ink, appearing to read 'Thabo Lephoto', written in a cursive style.

## ANNEXURE 7: LETTER FROM THE EDITOR

### **SLS Proofreading & Editorial Services**

Email: [lukongstella@gmail.com](mailto:lukongstella@gmail.com) | [lukongstella@hotmail.com](mailto:lukongstella@hotmail.com)

Contact No: +27 72 443 2406 / +27 65 942 3332

28<sup>th</sup> September 2018

University of South Africa  
College of Human Sciences  
School of Social Science  
Department of Health Studies  
Pretoria, South Africa

#### **To Whom It May Concern**

#### **CERTIFICATION OF ENGLISH LANGUAGE EDITING OF MRS. FASANMI-KANA'S MASTER THESIS**

This document serves to acknowledge that the thesis titled: *Investigating the Monitoring and Evaluation Process of HIV/AIDS Programmes by Non-Governmental Organizations in KwaZulu-Natal Province* by Olayinka Abiola Fasanmi-Kana for the award of Master of Public Health, has been thoroughly edited for correct English language usage, syntax, spelling, punctuation, and overall style.

The author's ideas, research content and context were not altered during editing. Where meaning was not explicit, recommendations were advanced and the responsibility of implementing them rests with the author of the thesis.

Sincerely



Shulika Lukong Stella