

CHRISTIAN SERVICE UNIVERSITY COLLEGE
DEPARTMENT OF PLANNING AND DEVELOPMENT
MASTER OF SCIENCE IN MONITORING AND EVALUATION

ASSESSING THE PERCEPTION OF STAFF ON THE EFFECTIVENESS
OF MONITORING AND EVALUATION SYSTEM IN THE
IMPLEMENTATION OF PUBLIC HEALTH PROGRAM AT THE
NATIONAL PUBLIC HEALTH INSTITUTE OF LIBERIA

BY

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Dissertation submitted to the Department of Planning and Development,
Christian Service University College in partial fulfillment of the requirement
for the award of Master of Science degree in
Monitoring and Evaluation

OCTOBER, 2019

DECLARATION

Candidate's Declaration

I, hereby declare that this Master's Thesis is the result of my original research and no part of it has been submitted for another degree in this university or elsewhere.

Candidate Signature..... Date

Name: Francis Jeyawle Nagbe

Supervisor's Declaration

hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Coast.

Supervisor's Signature..... Date

Name: Dr Charles Peprah



ABSTRACT

The aim of the research was to evaluate staff's perception on monitoring and evaluation at the NPHIL with regard to its effectiveness and efficiency in the execution of public health programs. A successful and sound monitoring together with an evaluation arrangement would assist the NPHIL in making good decisions in the prevention and control of diseases. The research method employed in the administration of the survey was the descriptive design method. The research population was 100 employees and sample size was 50 of the research showed that out of the total of 50 respondents covered by the respondents (staff of NPHIL) non-probability sampling technique. The results study. About 46% of the respondents strongly agreed with the statement that Liberia's National Public Health Institute has M & E mechanisms put in place. The findings also discovered that 40% agreed that the Liberia's National Public Health Institute possesses an M & E framework that could be aptly described as efficient. Additionally, the research showed that about 38% strongly agreed with the statement of the capacity of the NPHIL to thwart, detect then respond to health threats with the potential to affect the public in general in less than 24 hours. To conclude, the researcher found out that the Liberia's National Public Health Institute has M & E mechanisms put in place that is effective and efficient, but with challenges and constrains. The researcher is pleased to recommend: That the Liberian Government increases the fiscal allotment due the state's Institute of Public Health for resilience Public health division.

KEY WORDS

Evaluation

Effectiveness

Monitoring

M&E plan

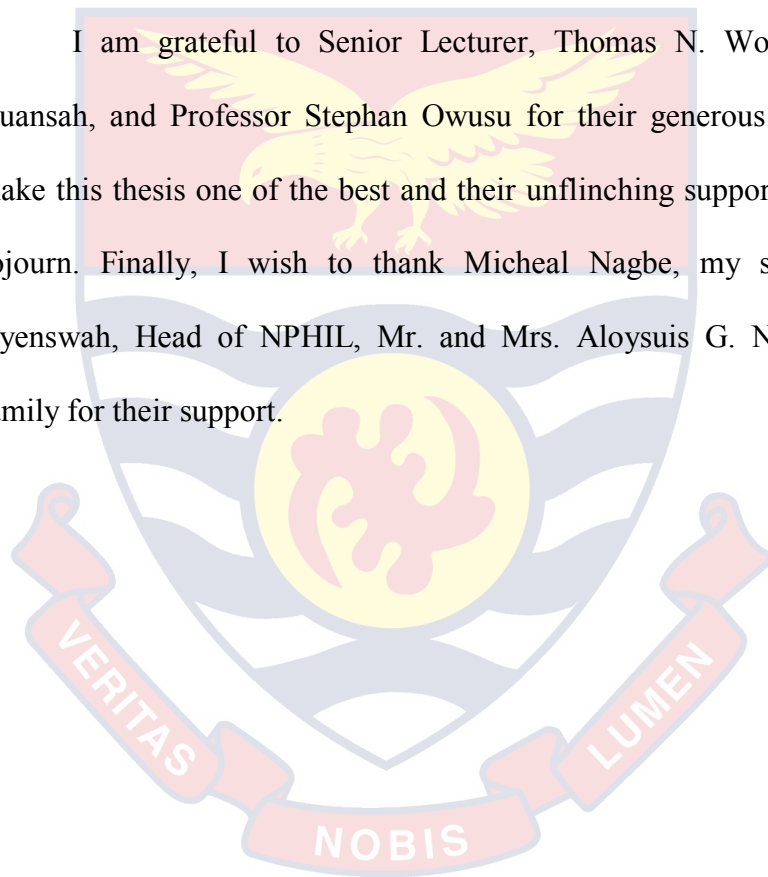
Monitoring and Evaluation work plan



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DEDICATION

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CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 Introduction

This section of the study is the preliminary chapter to the report. It outlines a narrative which is centred on the background to the study, the problem at hand that requires the carrying out of the enquiry. In addition it spells out the objectives for which the study is undertaken, the importance for such a research and the scope of the study. It also sets out the limitations that are expected as part of the study as well as definition of key terms. It ends with the organisation of the chapters of the report.

The primary objective for the investigation is the assessment of the perception of staff of the National Public Health in relation to the structure of monitoring and evaluation as well as its effectiveness at the Liberia's state institute for Public Health.

1.2 Background to the Study

Liberia's NPHIL was established after 2014, as an outcome of the unprecedented Ebola Virus Disease (EVD) outbreak that brought death toll of 11,000 individuals with more than 28,000 people infected. Before then, Liberia's health system suffered a considerable collapse after 14 years of civil war (Kruk, et al., 2010). Kruk, et al. (2010) submit that prevailing in the weakened health system was a breakdown of 242 out of 293 public health facilities, limited physicians (30) for a population of about 3 million and the flight of health workers away from the country. The consequences of the dire

situation included a 71% increase in live child mortality between 2000 and 2008 (Institute of Statistics, 2008). Over 6,000 children died as a result of malaria and more than one third of the population suffered from the disease (WHO, 2007).

The Ministry of Health determined to respond to the health dilemma, embarked on initiatives to reconstruct the health system in collaboration with support from donors and NGO's. There was expansion of health care especially in rural communities with initiatives like the Basic Health Package. BHP was used to kick-start the reconstruction of the health systems of the civil war. However, by 2014 the outbreak of the Ebola virus had exposed unidentified weakness in Liberia's health sector. The highest reported cases of Ebola were from Liberia among the three West African states which battled with the virus (Pillai et al., 2014). As a result, public health infrastructure had been stressed, international travel limited and civil rights restricted.

In April 2015, the organ of the UN in-charge of Health, World Health Organization (WHO) and Liberia's Health of Ministry convened a meeting in Geneva to bring to existence the NPHIL subsequent to the aftermath of the Ebola epidemic. This was endorsed in the blueprint for the financing of a resilient Health system for 2015-2021. The output was a Concept Paper for the Establishment of Liberia's Public Health Institute. In August 2015, the Ministry of Health held key stakeholder participation planning meeting with two primary objectives: to review the functions of the proposed public health institute; and develop a structured agenda for study tours including key goals,

learning objectives, expected outcomes, list of potential countries, and related logistics. The legislation that formed the NPHIL was passed on September 21 and the House of Representatives on December 8 2016. It was signed by the President on December 27, 2016 and published by the Ministry of Foreign Affairs on January 26, 2017.

The NPHIL has been mandated to enhance the public health status of the Liberian people in collaboration with relevant agencies and government institutions, in alignment with the International Health Regulation core capacities (avoidance, discovery, and reaction to communal health threats and events). The institute is expected to provide real-time surveillance and expert advice on public health morbidity and mortality to the Government of Liberia, key stakeholders, and the public. Public health workforce training and capacity building is an integral component of the Institute. NPHIL is mandated to conduct and coordinate studies to appraise empirical decision making and policy development. Public health laboratory, environmental and occupational health, Global Health and partnerships, are all key NPHIL components.

However, prior to the transition of these units from the Liberian Health Ministry to the NPHIL, they had the core functions of active surveillance, early warning, epidemic preparedness and response; detect, notify, and respond to most infectious diseases of public health concern; Conduct health and medical research focused primarily on biomedical research; and responsible for food safety, WASH, water quality, vector and chemical control

under well internationally supported watchful eyes of monitoring together with evaluation configurations.

A framework for monitoring as well as evaluation is vital for the health sector in providing quality data for informing decisions in the implementation of state-level health programs in Liberia. Monitoring and evaluation, becomes a key instrument to ensure prioritization of needs in the health sector (as well as the NPHIL), strengthen their activities and implementation progress. The interests of various stakeholders are spiked to participate and also invest in implementation and investment in the country's public health institute. The Monitoring as well as Evaluation (M&E) arrangements and structures with their indicators are useful to measure advancement in program implementation, strategies, project planning to achieve the purpose of the system. Altogether, M&E outcomes could be worthwhile in the comprehension of policies that are successful and enlighten the design of policies in the near future (Health Policy Project, 2014). This study assesses the perception of staff at the Liberia's state institution for public health known as the National Public Health Institute, to determine Monitoring and Evaluation effectiveness in respect of plans and program execution related to public health in Liberia.

1.3 Problem Statement

According to Khan (2003), the non-existence of successful and effectual M&E configuration to track the objectives of program of human advancement besides, the measurement of its implementation is one

fundamental flaw of plan design and implementation. A fragile M&E systems affects the management functions of development programs like the selected public health programs affects policy makers, program sponsors, managers/staff and program stakeholders (Wilkins et al. 2008). In essence, the framework for monitoring and evaluation continually observes a pattern in relation to how the change theory occurs, starting with input, product, effect and impact levels whether intended or unintended. This will ensure that the program activities have occurred according to plan, progress accordingly and desire goal is met for appropriate management decisions.

The Ministry of Health of Liberia was implored to reinforce its ability of credible policy analysis so as to makes sure of data availability, reply to requests for research, make best use of available data, respond to research requests, explain long-term developments and create opportune and suitable policy grounded on confirmation (Ministry of Health, 2006). A complete monitoring as well as an evaluation system as instituted by the Ministry is anchored on strategic goals as well as a subscribed combination of measurements.

This was done following the operationalization of the National Health Policy Program (NHPP) and the NPHIL (MOH, 2015) after the occurrence of the Ebola Virus Disease (EVD). The indicators listed below were put forward for noticing improvement in the use of the National Health Policy Program: health condition, ease of resource use and distribution, health care outputs, extent of cover, fairness and efficacy. The Ministry of Health (2006) indicated

that the monitoring with an evaluation framework was subjected to modification in the wake of the evolving environment, new information and earned experiences in the NHPP and NPHIL. According to Atun et al. (2009), many Health Service System (HSS) projects introduced struggled during planning and implementation to link Health Service (HS) intervention(s) to other HS functions and outcomes (Anwer et al., 2017).

According to Anwer et al. (2017), a flexible and adaptable monitoring with an evaluation structure remains necessary to comprehend a complex nature of HS. In addition, the system should source information from varied avenues to document performance from the Health Service System and Program.

Evaluation based research additionally, makes sure the outcomes of strategies and associated execution methodologies. The monitoring of Health System performance mirrored the manner in which contributions to the structure (assets, artificial endowments etc.) are duplicated in outputs (including the existence of facilities and intermediations) and aftermaths and the effects such as the usage of services and improved health conditions. These fallouts series structure could be employed to illustrate the functioning of disease specific and health systems interventions together (Boerma et al., 2009). Critical questions like; what monitoring and evaluation mechanisms exists within the institute, how effectives are the mechanism and what challenges are faced as afar as implement of these mechanisms are concerned needs to be explored so as to institute a resilient system of health in Liberia.

1.4 Purpose of the Study

The purpose of the study is to assess the perception of staff on the effectiveness of monitoring and evaluation system in the implementation of public health program at the National Public Health Institute of Liberia. As an understanding is essential for devising appropriate measures to ensure effective monitoring and evaluation in the implementation of public health program.

1.5 Objectives

Main Objective

The overall object of the research is to evaluate the perception(s) of staff of the NPHIL on the effectiveness of its Monitoring and evaluation system.

Special Objectives

- a. To evaluate the NPHIL's Monitoring and Evaluation mechanisms
- b. To assess the perception of the staff about Monitoring and evaluation's effectiveness at NPHIL.
- c. To examine the challenges and weakness associated with implementing monitoring with evaluation programing at NPHIL.
- d. To make policy recommendation on the improvement of the monitoring and evaluation system.

1.6 Research Questions

- a. What Monitoring as well as Evaluation mechanisms exist at NPHIL?
- b. What are the perceptions of NPHIL staff on the effectiveness of monitoring together with the evaluation system?
- c. What challenges and weakness confronts the execution program relating to monitoring and evaluation at the NPHIL?

1.7 Significance of the Study

The conclusions of the will investigation are excessively significant to the NPHIL in knowing the strength and weakness of existing monitoring with evaluation system and find remedial measures for the curtailment of the identified weaknesses. In addition, it would help the NPHIL to appreciation the perception of its staff of the monitoring and evaluation architecture.

1.8 Delimitation

The study only focuses on assessing the perception of staff on monitoring and evaluation system effectiveness in the ambit of implementation of public health programs at the NPHIL. The perception of staff would be collected to inform the objectives of the study.

1.9 Limitations

The researcher faced time and financial constraints in getting the study done; travelling from Ghana to Liberia to conduct the study, also getting to respondents was a factor that hampered the smoothness of the study.

1.10 Definition of Key

Evaluation- In this study, evaluation was defined as the effectiveness of a project accomplishment of goals and objectives and the types of changes that resulting from the project.

Effectiveness—For the purpose of this study, effectiveness was defined as the magnitude to which a program/intervention achieves its purposes within normal real-life situations.

Monitoring—In this study, monitoring was defined as the logical procedure of gathering, scrutinizing and utilizing data to trace the progress of a program in achieving its intents and to influence management verdicts.

M&E plan— In this study, M& E plan was referred to as a year or a more than a year's performance of a proposal for the gathering, scrutiny and usage of statistics required for the management and accountability of a program/project. It describes the information requirements related to a definite program/project, the M&E events that is essential for fulfilling the requirements of facts, the data gathering techniques and instruments, the standardized measures that should be assembled for regular monitoring and systematic recording, the constituents of the monitoring and evaluation framework that needs utilisation and the functions and obligations of diverse organizations/ organization in their discharge; and in what manner data is employed for the management and accountability of program/project. The strategy specifies resource prerequisite, estimations and shapes a method for resource mobilization.

Monitoring and Evaluation work plan—a yearly, M&E blueprint associated with costs that defines the urgent year's M&E accomplishments

including the functions and obligations of actors in their accomplishment, the amount required for each activity and the labeled funding ascertained, and a deadline for the provision of all products/outputs. It is utilized for harmonizing monitoring and evaluation accomplishments and measuring the advancement of monitoring and evaluation implementation within the year.

1.11 Organization of Chapters

The thesis was organised in five key chapters in the structure of a narrative. The opening chapter presented the universal outline which consists of a contextual of the treatise, an account of the problem, Rationale for undertaking the study, objects underlying the research, research interrogations as well as the importance of the study. In addition, the scope of the study, its constraints, and the explanation of key terms and organisation of the study are also presented in this section. The next part presents the relevant review of scholarly works, and conceptual framework.

The third chapter emphasises the approaches of the gathering of the data and analysis for the thesis. Here, the study design and methodology, sampling procedure, foundations of data, compendium and procedure of analysis. The Fourth Chapter is predominantly dedicated to the examination and discussion of the field data. The last chapter presented a condensation of the foremost discoveries based on the analysis and discussions. The chapter also includes the conclusions as well as proposals.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

This portion of the study centres on the review of literature related to monitoring and evaluation. The definition of the conception is also emphasized. Functional monitoring and evaluation systems are explored together with how to afford functional M&E systems. Further, the elements that inhibit the successful execution of M&E are highlighted so as the monitoring and evaluation system's performance.

2.2 Monitoring and Evaluation

The concept of monitoring and evaluation has been expounded through numerous components by different experts contingent on the concentration. However, the key monitoring and evaluation components are portrayed in a variety of descriptions. Monitoring is a routine role that utilizes logical compilation of data on definite benchmarks to afford policy makers and interested persons of a progressive development implementation using signals pertaining to a degree of improvement. In addition, it includes the attainment of aspired intentions and development in the usage of assigned resources (OECD, 2004:16). In Morra Imas & Rist (2009:16) monitoring is defined as an incessant, continuing, in-house action, exercised to accumulate information on the activities of a program, final product, and outcomes to ascertain the achievement of the implementation. In Gage (2005:6) monitoring is the habit of pursuing activities of program by regularly measuring, on a constant basis whether strategic activities are executed or otherwise. This definition

summarily concurs with McCoy, Ngari & Krumpel, and (2005:10) definitions of monitoring.

The GWM&ES policy framework (2007:6) delineated evaluation as a periodic or incidental exercise which is operated within a time frame, with the intention of furnishing reliable and beneficial evidence to solution definite queries to influence the choices of managers and policy makers. It may measure importance, proficiency, usefulness, influence, outcomes and sustainability'. This explanation corresponds with Randel's (2002:14) clarification of evaluation to mean an episodic appraisal of the significance of a project and its accomplishment. The OECD, (2002) concurs that evaluation according is the logical and impartial appraisal of a project in progress or a finished one, program, or strategy, including its outline, execution, promotion and outcomes'. The goal is to define the importance and accomplishment of its objects, development adeptness, efficacy, bearing, and sustainability.

In plain words, monitoring is maintaining trajectory of on-going activities to afford management prescribe a remedy if necessary. Evaluation involves a scrutiny of progress to determine the level of advancement in relation to a set of proposed activities. The constancy of undertaking an evaluation is premised on the degree and effectiveness of the monitoring activity. In other words, these activities support each other but differ in relation to their purposes and processes.

A constant evaluation counts on an effective monitoring; consequently, the both models supplement each other however they have dissimilarities with regards to the purposes and processes.

2.3 Public Health

The term Public health was coined to differentiate between the actions required by either governments and societies, or individuals to uphold and safeguard people's healthiness (Krieger & Birn, 1998). The 19th century presented an enormous social division that seemingly made the concept of public health a necessity (Heller, Heller, & Pattison, 2003). There is therefore the need to understand a social perspective of public health. In order for public health to flourish and influence, it must be cautious about the greater part of the community and the reasons for promoting and protecting people's health (Beauchamp & Steinbock, 1999). Even though there is the assertion that public health refers to populations as opposed to personalities, there is an undefined relationship between the representative of the discipline and the communities (Heller, Heller, & Pattison, 2003).

Varied schools of thought have idealized the characterisation of public health in different contexts. In the UK, the predominantly used definition was devised by the Acheson Committee on Public Health. The committee defined Public Health as the "the science and art of identifying, preventing, and controlling ailment, lengthening natural life and stimulating health owing to structured determinations of society (Acheson, 1998). Even though predominantly used and accepted, this definition is argued to be too broad for

interpretation (Heller, Heller, & Pattison, 2003). The definition does not indicate specifically, what public or individual health component is referred to and the specific function of public health institutions. Similarly, the Institute of Medicine based in the United States refers to public health as a ‘‘function to fulfil society’s concentration in guaranteeing circumstances or situations in which populaces can be healthy (Institute of Medicine, 1988). Like the UK’s definition, this explanation to public health is argued to be too broad for interpretation. Forsetlund & Bjorndal, (2001) suggested an improved definition of public health to mean ‘‘the administration and analytics of medicinal and research competence in such a manner that it may be employed by humanity in the reaching conclusions in health associated queries (Forsetlund & Bjorndal, 2001). This definition too, even though does not specifically elaborate the use of population-based procedure, lays much emphasis on knowledge in medicine.

In an effort to establish evidence-based public health and recognizing the need for emphasizing the importance of public, Heller, & Pattison (2003) defines public health as the usage of philosophy, knowledge and substantiation consequential over the population disciplines to progress the health of the populace that appropriately links the inherent and obvious desires of the public. This description puts prominence on the public, differentiates between public and the individual, and shows the need for evidence in improving healthcare and pounds on the requirement for population health sciences for establishing the evidence. The definition establishes a clear line of duty for health professionals in the public health. The definition suggests that public

health professional must consider collection and utilization of evidence as a key component of their work and that; they remain responsible to the broad public, this makes monitoring and evaluation an fundamental aspect of public health.

2.3.1 Monitoring and Evaluation Systems

The description of a well-designed monitoring and evaluation system serves as the bedrock that affords the key knowledge required for accurate and sound resolutions for managing and improving accomplishment, articulating policy and communicating ideas of support and preparing better proposals (The Global Fund, 2009).

It was further made cleared by ACF's Monitoring and Evaluation Guidelines for Food Security and Livelihood that monitoring and evaluation framework is an amalgamation of procedures, instruments, prototypes, staff, equipment and accomplishments, prerequisite for the collection, management, analysis, reporting and dissemination of monitoring and evaluation based information (ACF, 2011). Henceforth, a functional monitoring and evaluation structure is an incorporation of a number of constituents made up of procedures and events as well as resources with the capability to provide program with the capacity to accumulate and handle data.

A perfectly devised monitoring and evaluation framework hence has an in-depth approach to gathering plus utilizing data together with the rationale, kind of statistics to be assembled, quantitative and non-measurable,

and the consistency of gathering facts. In this regard, the M&E system narrative for a program ought to stipulate: statistics that have to be traced; connotation of fundamental vocabularies; benchmarks (mid-way and closing); the appropriate instruments for data collection; the human resources required for collection, documentation and evaluation of the data, (for instance, recipients and other concerned parties); and the categories of documents to be produced, plus for whom, reason and frequency (NGO Connect, 2012). Establishing a system for monitoring and evaluation goes beyond merely constructing a program-based software application or a databank.

It is therefore recommended that, to establish a program monitoring and evaluation system, organizations or individual(s) essentially have to undergo evident critical stages or adhere to selected far-reaching procedures deemed as a routine that is more than an arithmetic undertaking or simply achieving a peripheral responsibility (Freeman, 2003).

2.4 Creating an Operational Structure for Monitoring and Evaluation

A conventional monitoring and evaluation framework for an organization does not spontaneously operate to link with the necessary objectives of the entity or program.

It is worthy to note that a well-organized and comprehensively acknowledged system of monitoring and evaluation could contribute to a remarkable stimulus to a program and an organization's operation (Gorgens and Kusek, 2009). Rigorous actions are to be considered to afford a

monitoring and evaluation system that could be described as effective and functional for standard outcome or service delivery. The World Bank (2004) and Khan (2003) have suggested some quality features. Development specialist concurred that a participatory approach, 'lessons learning are significant, that providing management information should be the pivot, that emphasized should be adequately articulated on impacts and outcomes, that there should be critical interaction with key stakeholders as regards to forethought and answerable accountability (Woodhill, 2005). Woodhill argues that M&E will be functional when prospective is directed towards learning oriented system instead systems of indicator and data. The concept of promoting learning among organizations, communities, and professional teams has been recorded by authors like (Senge,1992).

2.4.1 Implementation Challenges of a Monitoring and Evaluation system

One of the core management activities is the monitoring and evaluation function. It is a dynamic activity and as such it may probably be confronted with a number of encounters in the course of planning and implementation. A number of bottle nets have been identified by experts and writers on the topic.

These include stiff opposition or unavailability of attention from principal partners and stakeholders, piecemeal relationship and governmental backing besides a possibly of constrained capability (GIZ, 2013). Undergoing such constraints could be different from one project to another. It relies significantly within a particular geographical location within which the M&E system is being executed. Some cues are acquired from Khan's (2003)

description of the potential circumstances – equally elaborated directly above in respect of a strategic initiative or some institution monitoring and evaluation systems could be categorized. By practice, it is a strategic influential instrument of management, which has the ability to be utilised as a guide for the architects of decision making and officials to track improvement and validate the impact of a policy or program. Kusek and Rist (2004) observed that constructing a precise and efficient monitoring and evaluation structure to be a difficult task. When the structure is put together, sustainability turn out to be an obstacle as both construction and sustenance of the system necessitates continuous dedication, devotion, time and physical and natural assets, whether at the state echelon, an established political environment. Various recognized and associated problems with positioning and developing the system for a specific institution or program is conditioned by the following situations stated subsequently.

2.5 Governmental factors against monitoring and evaluation systems

The institution of operational and proficient system requires the services of great leader which some authors referred to as a “champion” (Kusek & Rist, 2004).

This they convinced is due to the fact that generating knowledge within the communal sphere is able to modify the variations of official relationships, planning, and distribution of resource, political schedules and public opinions of administrative usefulness. Henceforth, the responsibility of a political leader is important to safeguarding the institutionalization and

sustainability of the efficiency of the monitoring and evaluation systems (Kusek and Rist, 2004).

2.5.1 Professional element

As a proficient discipline, monitoring and evaluation is relatively an innovative phenomenon, as well as its systems. Consequently an analytical bottleneck to the complete functioning of the system is the inadequate expertise of individuals and organisations. For that reason, Görgens and Kusek, highlighted the unlimited request for experienced specialists and ability in structuring monitoring and evaluation frameworks. They further preceded by disclosing the scarce nature of skilful monitoring and evaluation specialists. In addition, there is a deficiency of coherent teaching curricula and technical instruction existing (Görgens and Kusek, 2009).

2.6 The Fallacy element

A different but major and diagnostic opposition based on the point of the existence of a widespread fallacy around the monitoring and evaluation goal in project interventions or public sphere –particularly within the least developed world– (Görgens and Kusek, 2009). The majority of projects and program managers have suspicions concerning the actions included in M&E.

2.7 Financial plan, time, and the gathering of data

The financial plan and its associated resources, time, and the gathering of data are other difficulties connected to M&E predominantly the appraisal procedure. Most discussions that can be performed for the purposes of an

evaluation could be hampered by inadequate resources, so is the likelihood of identifying the precise methods of accumulating data. The tendency to associate quantifiable and non-quantitative methods of gathering data and examination, the scope plus expertise of researchers, and the appropriate analysis required are all constrained in relation to financial allocation. The element of time emanates when picking the lifecycle of the M&E methods—start plus completion, even exactly how extensive investigators could go on the field, and period accessible for reaction from stakeholders. These elements perpetually pose constraints to the monitoring and evaluation system for a lot of plans (World Bank 2006).

2.8 Capacity of Personnel and monitoring and evaluation performance

The monitoring and evaluation system cannot be operational or be effective in the absence of experienced persons who excellently execute the monitoring and evaluation task based on their responsibilities. Therefore, the perception that the requisite methods coupled with the ability of monitoring and evaluation practitioners (commissioning personnel capability appraisals) and tackling aptitude vacuums (via planned skill improvement program) rests in mainstream of monitoring and evaluation frameworks (Gorgens & Kusek, 2010:95). In outlining a well-designed system for monitoring and evaluation, apart from owing a committed and sufficient number of M&E staff, it is indispensable for the staff to possess the appropriate expertise for the work UNAIDS (2008). More importantly, monitoring and evaluation practitioners' skill improvement necessitates a widespread series of actions, comprising prescribed specialized instruction, on the job teaching, guidance, mentoring

and practicums. Finally, monitoring and evaluation skills improvement should concentrate on the technical aspects of M&E as well as tackle skills in governance, monetary management, facilitation, management, advocacy and communication, reporting and dissemination.

2.9 Performance of Monitoring as well as Evaluation Systems

A well-organized monitoring and evaluation framework is key and significant from a variety of viewpoints; beginning with the necessity to safeguard independence, reliability and accuracy of the monitoring and evaluation information that the structure creates (Mackay, 2006:19). The notional blueprint for a monitoring and evaluation framework must deal with issues that borders on the system's functioning, experienced and accomplished expert, dependability of facts, its administration, distribution and recovery into the development procedure and putting prominence community participation (Khan, 2003:11). The monitoring and evaluation framework must be structured in a way that the request for outcome information at every stage data is collect and analysed. In furtherance to that, perfect functions, obligations, conventional structural and political channels of power should be instituted (Kusek & Rist, 2004: 114). There are frequently needs for particular organizational backing for monitoring and evaluation, by means of a distinct assessment entity is occupied by at minimum a charismatic leader who causes the system to be adhered to, executed and improved. Besides, the structure essentially has to be constant in comparison to standards established by the institution and drive to back the approach.

2.10 Quality of Information and system performance

The foundation of the accomplishment data is significant to the integrity of stated outcomes. It is imperative, therefore, for an integration of information from a diversity of avenues to authenticate conclusions. Additionally, although basic statistics are accumulated wholly with the aid of the monitoring and evaluation system for purposes of M&E, ancillary facts are gathered outside the organization and others for rationales diverse from M&E (Gebremedhin, Getachew & Amha, and 2010: 40). Within the monitoring and evaluation framework, the intent is associated with the accumulation of information regarding indicators from diverse arenas, comprising the stakeholders for monitoring project progress (Barton, 1997:67). The methodology for gathering information for a monitoring and evaluation framework comprises interviews using questionnaires and observations.

Meanwhile, developing vital benchmarks to examine a product that enables program managers to evaluate the extent to which proposed and desirable or guaranteed results are being attained (Kusek & Rist, 2004).

2.11 Theoretical Framework

It is a known fact that theoretical framework is the structure that supports a study. Theoretical framework throws more light on the theory that discuss how the problem identified exist. It is noted that evaluation transcends into several disciplines. As such, there are a lot of theories that are linked to evaluation. Theories such as theory of change and realist theory are some of the notable theories in monitoring and evaluation. For the purpose of this study, the

theoretical framework underpinning this study is the realist theory. The realist theory has been well explained by Pawson and Tilley (1997).

The key tenet of the theory is that interventions work when the resources such as material, cognitive, social or emotional reach an agreement with program subjects. This pathway from resource to reasoning is referred to as the program 'mechanism' (Akanbang, 2012). Realist evaluation research is thus primarily about detecting and inspecting vital program mechanisms (Akanbang, 2012). As this study seeks to assess the perception of staff on the effectiveness of monitoring and evaluation system in the implementation of public health program at NPHIL, it is plausible to employ the realist theory to frame the study.

2.12 Conceptual Framework underpinning the study

The conceptual framework is a pictorial summary of the main variables underpinning the study based on the objectives of the study. From Figure 2.1, it can be seen that effective monitoring and evaluation at the NPHIL is premised on the perception of the workers on M& E practices as well as mechanisms on M&E practices. It is indicated that the perception of workers on M& E practices may influence M& E practices at NPHIL. For instance, if workers are not involved in monitoring and evaluation, they may not know more about the M& E practices which may affect the implementation of the program. Also, the mechanisms being put in place could have impact on effective monitoring and evaluation. Further, the various challenges and weaknesses associated with M&E practices could undermine M& E practices

at the NPHIL. It is clearly noted that after identifying the weaknesses and challenges hindering effective M& E practices, policy recommendations could be put in place to ensure effective monitoring and evaluation at NPHIL. Thus, the conceptual framework would enable the researcher to answer the various research questions underpinning the study.

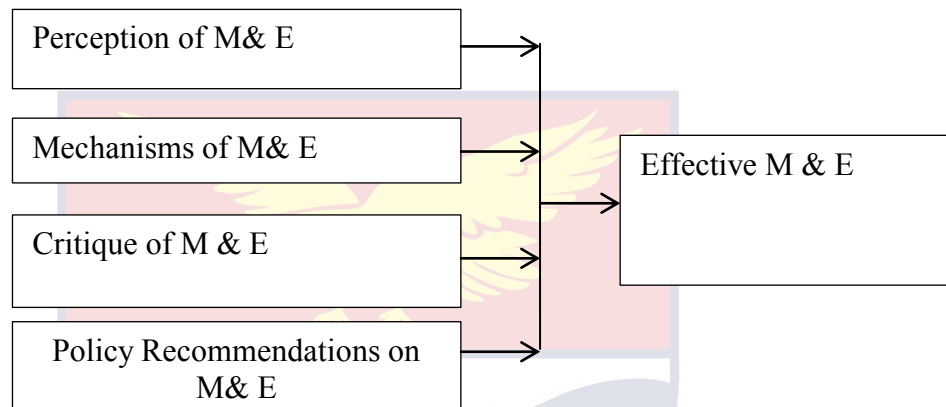


Figure 2.1 Conceptual Framework

2.11 Summary of Chapter

The perspectives of various authors, experts, researchers, organisations and institutions have been defined. The concept of monitoring and evaluation has been adequately tackled in the context of health programs. The definition of public health with its pros and cons was also dealt with. The monitoring and evaluation systems as well as their supports that enable these systems to thrive in public health were discussed. The systems of monitoring and evaluation serve as the bedrock for the collection of data, its analysis and presentation. Despite this the monitoring and evaluation activity is faced with challenges which hinder the effective implementation of it. The review also indicated some factors the militate against the effective performance of the monitoring

and evaluation system. The next chapter delves into methods that are to be adopted to measure the variables of the study as well as reports on the data collection and analysis.



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

A major intention of this survey is to investigate NPHIL staff perception on the monitoring and evaluation of the institute regarding its effectiveness. A methodology provides a blueprint for other researchers to follow. A Research approach is a logical method to disentangle a challenge. It is a science of reviewing in what way a research is to be implemented. Importantly, research methodology is the processes by which scientists go about their work of depicting, illuminating and forecasting occurrences. It is demarcated as the study of approaches by which facts are acquired. Its objective is to produce the outline of a research.

3.2 Research Design

The structure of circumstances regarding the gathering and scrutinising of statistics in a way that is geared towards the merger relevant to the research objective with discretion in technique is referred to as a research design (Kothari, 2004). The research design serves as a platform on which the research takes places by allowing the researcher to expect the suitable research strategy, and safeguard the cogency of the ultimate outcomes. It discusses how to proceed on a research including what data to collect, from whom, how and when to gather data, and how to analyse and interpret the data obtained (Paulin, 2007, Mitchell and Jolley, 2010).

There are a lot of available research designs in conducting a research. To achieve the objectives set out for this research, the investigator employed research design that is descriptive in nature to conduct the study. Specific type is the survey method which gives the respondents the opportunities to answer the research questions. Survey method has weakness and strength in conducting a research. The strengths of the survey, comprises efficiency, ability to yield generalisation, dependability and flexibility; while its weakness includes its rigidity and rationality.

3.3 Study Area

The research was undertaken at the NPHIL, located at the Congo Town, Back Road Adjacent the Ministry of Health, Monrovia, Liberia, West Africa.

3.4 Population of the Study

According to Mugenda and Mugenda (2003) a population is defined as the complete cluster of persons, actions or things having a shared apparent attribute. This means whatever the investigator wishes to examine and make inference about. It involves individuals who have special characteristics or a set of features a study intends to examine and analyse (Frankel and Wallen, 2000). In this context, the population of interest for the survey was 100 workers of the NPHIL, with the sample size of 50. The use of 50 respondents as the sample size was due to resource problems and limited time on the side of the researcher. This is because the researcher had to combine the thesis with other course work. Regarding the financial constraint, assistance from sought

from family members while with the time factor, the researcher made good use of his time. The study constituted 21 males and 29 females, with the age range of 20yrs – 50yrs and above, with the educational level of high school graduate to master degree and above.

3.5 Sampling Procedure

Saunders, Lewis & Thornhill (2003) also defined sampling as a procedure of choosing a number of persons for a research out of a bigger group considered as the population. It is used to obtain a representation of a population as a result of a restricted period of time and the available resources for the researcher to gather and examine data from the whole population. The selections of the sample necessitate the usage of suitable and required procedures to warrant a fair representation of the population. It is possible to limit a study to a relatively small portion of the population with the aid of sampling by creating a representative choice of population concerned to be examined to achieve statistical facts of the aggregate (Agyedu, 1999). Samples of 50 employees were engaged in the study. Two major sampling techniques exist in the operationalization of a research; they are chance and non-chance sampling techniques. To achieve the intended outcomes of the study, the research employed a non-chance sampling method. Purposive sampling techniques helped the researcher to select respondents who are more knowledgeable on the issue under investigation.

3.6 Tools for gathering data

The sources of data for the study utilized prime and supplementary sources. The prime information was gathered using survey instruments, observations and dialogue guides. The questionnaires and interview guides were administered to respondents. The data was collected based on issues concerning factors affecting the workers of the NPHIL in accordance with the research aims. The unprocessed data for the research was acquired directly from the field using data collection tools such as questionnaires, interview guides and observations. The literature based data on the other hand, was obtained from existing literature and diverse materials online using internet search engines.

3.6.1 Research Variable

Mugenda and Mugenda (1999), made it clear that a variable is a quantifiable representative that accepts diverse quantities amongst themes. They are thus coherent groupings or expression of attributes (Babbie, 2007). Variable are thus a concept that varies. Miller and Brewer (2003) indicated that variables aid in altering a research from a theoretical to a practical level, deploying the variables as significant fundamentals of the research problem.

These understandings link with the focus of this research, the variables comprised of the monitoring and evaluation practices carried out in NPHIL, staff perception of the robustness of the monitoring and evaluation system instituted plus a narrative on the problems faced in undertaking the monitoring and evaluation activity and function.

3.6.2 Dependability and Soundness of Research Tools

Dependability is the extent to which the determinant of a paradigm is reliable or trustworthy whereas validity is the magnitude to which a quantity sufficiently embodies the original concept that it is intended to calculate. According to Ary et al (2010), dependability and accuracy are important factors in the development and evaluation of research instrument. It is used to determine whether a research instrument, for example an interview guide or questionnaire possess the relevant questions, flow and logic so as to capture the right data to respond to the questions of the survey. Consequently, in ensuring soundness and dependability of the research instruments, the questionnaires and interview guide will be given to the supervisor to make critique for his inputs.

Furthermore, the research instruments would be piloted on colleagues who would act as respondents to assess the logic and clarity of the questions, and also measure the average speed of the interview in order to help explore better ways to facilitate the data gathering process. Appropriate reviews would be made to the research instruments to reflect the inputs of the supervisor and matters arising following the pilot survey.

3.7 Data Gathering Processes

Tools of gathering data are the implements which are utilised to accumulate the suitable statistics required to assist or demonstrate some realities (Mugenda & Mugenda, 2003). Creswell (2002), opined that looking for consent and achieving authorization instead of arriving at a site where the

study or research is to take place is very supreme in an enquiry. The questionnaire used to gather the required data to serve the aims of the research was a structured type. The process of gathering data is a methodical attempt to collecting statistics from a diversity of sources to develop a comprehensive and exact portrait of a region of importance. Before the start of the research, the researcher ensures to formally inform the authority of the NPHIL about the research through communication. Upon granting the researcher the authorisation to proceed with the research, the researcher spread the questionnaires among the employees to collect the data.

3.8 Techniques for Data Analysis

The data analysis procedures employed a structure of assessing data by means of a systematic and coherent thinking to examine each component of the data required. The feedback obtaining from the respondents was recorded in tables and charts to give full descriptive explanation and interpretation of the findings. The Microsoft Excel software together with the IBM software called the Statistical Package for Social Sciences (SPSS) were employed to describe and explain the statistics. Results were interpreted using percentages and frequencies.

3.9 Chapter Summary

A descriptive research strategy was employed by the researcher to undertake the survey; Specific kind is the survey method or questionnaire which gives the respondents the opportunities to the answered the research

questions. In so doing, this method has limitation; and these limitations are inflexibility and issues with validity.



CHAPTER FOUR

DATA PRESENTATION AND INTERPRETATION

4.1 Introduction

The rationale of the study involved the assessment of NPHIL staff perception about the existing framework for monitoring and evaluation in terms of its effectiveness and efficiency in the operation of public health programs at. The researcher used descriptive research design with the simple size of 50 staff to conduct the research.

4.2 Data Analysis and Discussion

4.2.1 Background characteristics of the respondents

The complete set of the 50 questionnaires were wholly answered and returned. Table 4.1 depicts the analyses of the data obtained using tables.

Table 4.1: Gender of Respondents

Gender	Frequency	Percentage
Male	21	42
Female	29	58
Total	50	100

Source: Field Survey, 2019

Table 4.1 illustrates that out of the total of 50 workers were covered by the survey, 21 of them representing 42% males whereas 58% of them were females. Accordingly, there were more female workers than males as suggested by the survey. This result is quite true since females are more than males in the study area. Because females have greater health needs than men and as such stand to benefits a lot from health interventions.

Table 4.2 provides information on the age of the respondents who were engaged in the study. It presents the summary of the ages reported by the survey.

Table 4.2: Age of Respondents

Age Range	Frequency					Percentage
	Male	%	Female	%	total	
20-29yrs	2	9.5	6	20.7	8	16
30-39yrs	5	23.8	7	24.1	12	24
40 -49	7	33.3	8	27.6	15	30
50yrs and above	7	33.3	8	27.6	15	30
Total	21	100	29	100	50	100

Source: Field survey, 2019

Table 4.2 demonstrates that less than 25% of the respondents fall within ages 30 – 39. Again three out of every 10 of the workers of NPHIL fall between 40 -49 years. Similar trend was observed among the respondents within the age group of 50 years and above. Less than 20% of the staffs were less than 30years of age but more than 19 years. This is an indication that the staff of the NPHIL were older.

The table again shows that a third of the male respondents were aged 40-49 as well as 50 years and above. Close to 25% of the male workers of the NPHIL who participated in the study were within the age range 30-39 years and less than 10% were between 20-29 years. Approximately 28% of the female staffs were within the ages of 50 years and above. Equal proportions of females were aged 40-49 years. There were younger (20-29years) females

than males. Perhaps the NPHIL has a policy of equal opportunities in relation to employment, which is why it attracts a fair number of males and females.

Table 4.3 shows that 11 of the respondents representing 22% were High School Graduates; with 24 of the respondents representing 48% were College Graduate, while 15 of the respondents representing 30% were Master Graduate/ Above.

Table 4.3: Educational Level of Respondent

Education Level	Frequency				Total	Percentage
	Male		Female			
High Sch. Graduate	6	28.6	5	17.2	11	22
College Graduate	10	47.6	14	48.3	24	48
Master Graduate/ Above	5	23.8	10	34.5	15	30
Total	21	100	29	100	50	100

Source: Field survey, 2019

Close to 30% of the males participants were High School Graduates and almost a half of them were college graduates. Less than 25% male participants were master graduate and above. About a half of female respondents were college graduates and a proportion of 34.5% were master graduates and above. The least qualification of females was the high school graduate which 17.2% of the females possessed. There were more females with qualifications above the High School Certificates than males.

This suggests that the females had a higher educational status than the males. This may mean there may be females in the higher echelons of the NPHIL. Perhaps the education of females has been prioritized and given the needed attention in the country.

Table 4.4 indicates that half of the respondents reached an agreement that the National Public Health Institute of Liberia has M & E mechanisms put in place; while a proportion close to 50% strongly in agreement that the National Public Health Institute of Liberia has M & E mechanisms put in place. An insignificant percentage (2%) of the respondents disagreed that the National Public Health Institute of Liberia has M & E mechanisms put in place. In addition, another proportion of 2% of the respondent strongly disagreed that the National Public Health Institute of Liberia has M & E mechanisms put in place.

Table 4.4: Perception of the existence of M&E system

M & E mechanisms put in place	Frequency					Percentage
	Male	%	Female	%	Total	
Agree	10	47.6	15	51.7	25	50
Strongly Agree	11	52.4	12	41.4	23	46
Disagree	0	0.0	1	3.4	1	2
Strongly Disagree	0	0.0	1	3.4	1	2
Total	21	100	29	100.0	50	100

Source: Field survey, 2019

A little over a half of the male respondents strongly agreed with the perception that a monitoring and evaluation system existed. A percentage of 47.6% of them agreed with the assertion that a system of monitoring and evaluation existed at the NPHIL. None of the male research participants did express any form of disagreement of the existence of a monitoring and evaluation. Most of the female staffs who were engaged in the study agreed that a monitoring and evaluation system exist within the structure of the

NPHIL. The responses show that the workers are aware of the existence of a monitoring and evaluation system. It is expected that the NPHIL would effectively implement the monitoring and evaluation system to the benefit of all stakeholders.

Table 4.5 depicts that 18 of the respondents who make up a proportion of 36% agree that the NPHIL has strategic plan in place; while 27 of the participants signifying 54% strongly agree that the NPHIL has strategic plan in place; while less than 4% of employees who took part of the study disagree that the NPHIL has strategic plan in place; while on the hand, 3 of the respondent representing 6% strongly disagree that the National Public Health Institute of Liberia has strategic plan in place. There is a general perception that there is a strategic plan which guides management and staff in their work. This could improve the operations of the NPHIL.

Table 4.5: Perception of the existence of Strategic Plan

Strategic plan in place	Frequency					Percentage
	Male	%	Female	%	Total	
Agree	10	47.6	8	27.6	18	36
Strongly Agree	8	38.1	19	65.5	27	54
Disagree	0	0.0	2	6.9	2	4
Strongly Disagree	3	14.3	0	0.0	3	6
Total	21	100.0	29	100.0	50	100

Source: Field Study, 2019

The question of whether a strategic plan existed in term of sex disaggregation showed that a proportion of 47.6% of males agreed in the affirmative. A further percentage of 38.1% strongly agreed that the NPHIL

had a strategic plan. Less than 15% of males strongly disagreed that a strategic plan was in place. In the opinion of the female respondents, there was a strong agreement that the NPHIL had a strategic plan which 65.5% of the total female participants. In addition, close to 30% of the females engaged in the study agreed that a strategic plan was in existence. Only 6.9 disagreed that the NPHIL had a strategic plan in place. The figures indicate the staffs were involved in the preparation of the strategic plan despite some few disagreements by some staff. It may be that this group may not have been involved or were new staff.

Close to 40% of the participants who were involved in the study agree that the NPHIL has operational plan in place as demonstrated in Table 4.6. In addition, more than half of the employees engaged in the research strongly agree that the NPHIL has operational plan in place: while 3 of the respondents representing 6% disagree that the NPHIL has operational plan in place; Conversely, less than five percent of the participants strongly disagree that the National Public Health Institute of Liberia has operational plan in place.

Table 4.6: Existence of Operational plan

Operational plan in place	Frequency					Percentage
	Male	%	Female	%	Total	
Agree	8	38.1	10	34.5	18	36
Strongly Agree	12	57.1	16	55.2	28	56
Disagree	0	0.0	3	10.3	3	6
Strongly Disagree	1	4.8	0	0.0	1	2
Total	21	100.0	29	100.0	50	100

Source: Field Study, 2019

About 60% of the male staff who were engaged in the study strongly agreed that there was an operational plan at the NPHIL. A percentage of 38.1 agreed that an operational plan exists. Less than 5% indicated a strong disagreement that operational plans exist. More than half of the female participants also strongly agreed that there was an operational plan in the institute. About 35% agreed that the NPHIL has an operational plan while 10.3% disagreed. The existence of an operational plan would propel the NPHIL to effectively carry its monitoring and evaluation activities.

Table 4.7 illustrates that 46% of participants agree that the NPHIL has an annual plan in place. A proportion of 48% of the respondents strongly agree that the NPHIL has annual plan in place while none of the respondents disagree that the National Public Health Institute of Liberia has annual plan in place; while on the hand, 3 of the respondent representing 6% strongly disagree that the NPHIL has annual plan in place.

Table 4.7: Existence of annual plan

Annual plan in place	Frequency					Percentage
	Male	%	Female	%	Total	
Agree	13	61.9	10	34.5	23	46
Strongly Agree	8	38.1	16	55.2	24	48
Disagree	0	0.0	0	0.0	0	0
Strongly Disagree	0	0.0	3	10.3	3	6
Total	21	100.0	29	100.0	50	100

Source: Field data, 2019

Majority (69.1%) of the male respondents strongly agreed that there was an action plan while 34.5 of them agreed to the existence of an annual action plan. There was no form of disagreement on the part of the male workers who were part of the study. On the part of the female participants, 55.2% of them strongly agreed that the NPHIL had an annual action plan. In addition, 34.5% of them agreed that there exist an annual plan.

Table 4.8 confirms that a portion of the 50 research participants covered by the study which was 48% agree that the NPHIL has M & E plan in place; while a proportion of 40% strongly agree that the NPHIL has M & E plan in place: while 3 of the participants demonstrating 6% disagree that the NPHIL has M & E plan in place; while on the hand, 3 of the respondent representing 6% strongly disagree that the NPHIL has M & E plan in place.

Table 4.8: Existence of M & E plan

M & E plan in place	Frequency					Percentage
	Male	%	Female	%	Total	
Agree	11	52.4	13	44.8	24	48
Strongly Agree	10	47.6	10	34.5	20	40
Disagree	0	0.0	3	10.3	3	6
Strongly Disagree	0	0.0	3	10.3	3	6
Total	21	100.0	29	100.0	50	100

Source: Field data, 2019

A little over a half of the male participants agreed to the existence an M&E plan at the NPHIL. Another 47.6% strongly agreed to the existence of a

monitoring and evaluation plan. There were no disagreements of any form. It indicates that the monitoring and evaluation involved the male staff and it was circulated publicly for them to know of it.

About 45% of the female workers who participated in the study agreed to the presence of a monitoring and evaluation plan. Approximately 35% of them expressed strong agreement to the existence of the plan while 10.3 % disagreed and strongly disagreed. This means that some of the female staff may not have been involved in the crafting of the monitoring and evaluation plan and as such would not receive their adequate contribution in its implementation. It is important management involves all and sundry in such initiatives since employees are also stakeholders of the institute.

Table 4.9 displays that a section of the 50 employees who were covered by the study who constitute 54% agree that the NPHIL has data collection instrument in place. A further 28% of them strongly agree that the NPHIL has data collection instrument in place. However 5 of the employees which represent 10% disagree that the NPHIL has data collection instrument in place; while on the hand, 4 of the respondent representing 8% strongly disagree that the NPHIL has data collection instrument in place.

Table 4.9: Existence of a data collection instrument

Data Collection Instrument in place	Frequency					Percentage
	Male	%	Female	%	Total	
Agree	15	71.4	12	41.4	27	54
Strongly Agree	2	9.5	12	41.4	14	28
Disagree	3	14.3	2	6.9	5	10
Strongly Disagree	1	4.8	3	10.3	4	8
Total	21	100.0	29	100.0	50	100

Source: Field data, 2019

Seven out of every ten male participants in the study agreed that the institute had a formal data collection instrument as part of its monitoring and evaluation system. Close to a proportion of 10% also strongly agreed to the fact that there was a data collection tool, 14.3% disagreed and 4.8 strongly disagreed. Probably the institute does well in terms of communicating its activities to the employees and therefore they seem to acknowledge the existence of the data collection tool.

The female participants agreed (41.1%) and strongly agreed (41.4%) that a data collection template exists for monitoring and evaluation. A proportion of 10.3 strongly disagreed to the presence of data collection tool while 6.9 disagree. It may suggest the female group may not be actively part of the dissemination process despite their relative qualifications to the males.

Table 4.10 demonstrates 21 of the employees who participated in the study signifying 42% agree that the NPHIL has performance tracking system

in place; while 18 of them who constitute 36% strongly agree that the NPHIL has performance tracking system in place. On the other hand 7 of the respondents representing 14% disagree that the NPHIL has performance tracking system in place; while on the hand, 4 of the respondent representing 8% strongly disagree that the NPHIL has performance tracking system in place.

Table 4.10: Existence of a performance tracking system

Performance tracking system	Frequency				Total	Percentage
	Male	%	Female	%		
Agree	11	52.4	10	34.5	21	42
Strongly Agree	5	23.8	13	44.8	18	36
Disagree	5	23.8	2	6.9	7	14
Strongly Disagree	0	0.0	4	13.8	4	8
Total	21	100.0	29	100.0	50	100

Source: Field data, 2019

Over one of every two male participants agreed that the institute had a performance tracking system. About 25% also were of the view that there was a performance tracking system at the NPHIL. An equal proportion disagreed to the availability of a performance tracking system. Close to 45% of the female respondents strongly agreed that NPHIL had a performance tracking system. About 35% of them also agreed to the notion that there was a performance tracking system. Less than 15% females strongly disagreed with the assertion that there was a performance tracking system while 6.9% also disagreed. The performance tracking system seems not to be a public

document. Therefore staffs are not able to confirm of its existence. Despite the proportions who agree, there is sizeable (22%-both male and female) who do not agree and strongly disagree to its existence. Management may have to institute a forum to brief employees on the performance results regularly to make it become familiar to them.

Table 4.11 displays that 40% of the employees of NPHIL agree that the institute practice monitoring and evaluation and a proportion of 48% strongly agree that the NPHIL practices monitoring and evaluation. Though 3 of the respondents representing 6% disagreed that the NPHIL practice monitoring and evaluation; while on the hand, 3 of the respondent representing 6% strongly disagree that the NPHIL practice monitoring and evaluation.

Table 4.11: Monitoring and Evaluation Practice

Practice M & E	Frequency					Percentage
	Male	%	Female	%	Total	
Agree	15	71.4	5	17.2	20	40
Strongly Agree	6	28.6	18	62.1	24	48
Disagree	0	0.0	3	10.3	3	6
Strongly Disagree	0	0.0	3	10.3	3	6
Total	21	100.0	29	100.0	50	100

Source: Field Data, 2019

For the male participants, a little over 70% agreed that the NPHIL practiced monitoring and evaluation and 58.6% also strongly agreed that monitoring and evaluation was practiced by the institute. There were no

disagreements of any form on the part of the males. This shows that management either involves them thoroughly or that the monitoring results may be accessible to them. A little over six out of 10 female respondents strongly agreed that there was a monitoring and evaluation tradition that is practiced at the NPHIL while less than 20% agreed to that. For the disagreements, equal proportions disagree and strongly disagree that monitoring and evaluation is practiced. This group of females may not be privy to the monitoring and evaluation process and results probably.

Table 4.12 indicates that 40% of the respondents agree that the NPHIL has an efficient M & E System; while 15 of the staff of the institute indicating 30% strongly agree that the NPHIL possess an efficient system for monitoring and evaluation. However 10 of the respondents representing 20% disagree that the NPHIL has an efficient M & E structure. On the other hand 5 of the respondent representing 10% strongly disagree that the NPHIL has an efficient M & E System.

Table 4.12: Existence of an efficient M & E system

Efficient M & E System	Frequency					Percentage
	Male	%	Female	%	Total	
Agree	12	57.1	8	27.6	20	40
Strongly Agree	5	23.8	10	34.5	15	30
Disagree	4	19.0	6	20.7	10	20
Strongly Disagree		0.0	5	17.2	5	10
Total	21	100.0	29	100.0	50	100

Source: Field data, 2019

Male respondents in the region of 57% agreed that the monitoring and evaluation system is efficient. About 24% also strongly agreed to the notion that the monitoring and evaluation system is effective and 19% disagreed.

The female participants who strongly agreed to the efficiency of the monitoring and evaluation were 34.5% while 27.6% agreed to its efficiency. A proportion of 20.7% disagreed and 17.2% strongly disagreed. The females who disagree with the efficiency of the monitoring evaluation may hold the view that the monitoring and evaluation is not producing right results. While both sexes have some segments who disagree, the females out-number the males. Some employees may want management challenge itself to go beyond the current level of efficiency.

Table 4.13 demonstrates that 52% of the respondents covered by the study agree that the NPHIL has a reliable data management System. In addition 8 of the participants who constituted 16% strongly agree that the NPHIL owns a reliable data management System. However 10 of the respondents representing 20% disagree that the NPHIL has a reliable data management System. A proportion of 12% them strongly disagree that the NPHIL has a reliable data management System.

Table 4.13: Availability of a reliable data management system

Reliable data management System	Frequency					Percentage
	Male	%	Female	%	Total	
Agree	13	61.9	13	44.8	26	52
Strongly Agree	5	23.8	3	10.3	8	16
Disagree	2	9.5	8	27.6	10	20
Strongly Disagree	1	4.8	5	17.2	6	12
Total	21	100.0	29	100.0	50	100

About 62% Source: Field data, 2019

Male respondents agreed that the NPHIL had a reliable data management system while 23.8% strongly agreed that a reliable data management system. The male participants who disagreed and strongly disagreed that there was no reliable data management system were less than 15%. On the part of females, 45% had a reliable data management system while a proportion of 10.3% also strongly agreed to it. Close to 30% disagreed that there was a reliable data management system and less than 20% also strongly disagreed. The proportions of females who seem not to have an idea of the existence of a reliable data management system are more than the males. The reliability of the data management system seems to be largely acknowledged by the man. The flow of information may be skewed towards the male participants and that management perhaps could make information available to all.

Table 14 indicates that a section of participants covered by the research who constituted 56% agree that the NPHIL has timely reporting System and 13 of the participants signifying 26% strongly agree that the NPHIL has a timely reporting System. Besides 6 of the employees representing 12% disagree that the NPHIL has a timely reporting System as well as 3 of the respondent representing 6% strongly disagree that the NPHIL has a timely reporting System.

Table 4.14: Availability of a timely reporting system

Timely reporting System	Frequency					Percentage
	Male	%	Female	%	Total	
Agree	8	38.1	20	69.0	28	56
Strongly Agree	13	61.9	0	0.0	13	26
Disagree	0	0.0	6	20.7	6	12
Strongly Disagree	0	0.0	3	10.3	3	6
Total	21	100.0	29	100.0	50	100

Source: Field data, 2019

About 40% of male employees who participated in the study agreed to the availability of a timely reporting system and about 62% strongly agreed as such. There was no form of disagreement on this subject on the part of the male participants. Approximately seven out of every ten of the female participants agreed to the availability of a timely reporting system while the rest disagreed and strongly disagreed that there was a timely reporting system. This may point to the fact that very few females are actively part of the reporting system.

Table 15 displays that 58% of the respondents agree that the NPHIL has the requisite and qualified expertise; while a proportion of 32% strongly agree that the NPHIL has the requisite and qualified expertise. A number of the respondents representing 10% disagree that the NPHIL has the requisite and qualified expertise while none of the respondents strongly disagree that the NPHIL has the requisite and qualify expertise.

Table 4.15: Existence of requisite and qualified expertise

Requisite and Qualified Expertise	Frequency					Percentage
	Male	%	Female	%	Total	
Agree	14	66.7	15	51.7	29	58
Strongly Agree	6	28.6	10	34.5	16	32
Disagree	1	4.8	4	13.8	5	10
Strongly Disagree	0	0.0	0	0.0	0	0
Total	21	100.0	29	100.0	50	100

Source: Field data, 2019

Among the male respondents, 66.7% of them agreed that the monitoring and evaluation system is manned by requisite and qualified personnel. In addition, 28.6% strongly agreed that there were requisite and qualified personnel while only 4.8% disagreed to that assertion. More than a half of the female participants agreed that there was requisite and qualified expertise. Literature has extensively discussed that monitoring and evaluation system cannot be operational or be effective in the absence of experienced persons who excellently execute the monitoring and evaluation task based on their responsibilities (Gorgens & Kusek, 2010:95). In outlining a well-

designed system for monitoring and evaluation, apart from owing a committed and sufficient number of M&E staff, it is indispensable for the staff to possess the appropriate expertise for the work UNAIDS (2008). Close to 35% of them strongly agreed while only 13.8% disagreed. Employees perceive that the personnel in charge of monitoring and evaluation are of the highest quality. This perception could translate into the provision of adequate support for the activities of the monitoring and evaluation division at the NPHIL.

Table 4.16 expresses that out of 50 participants covered by the study, 21 of the respondents representing 42% agree that the M & E practices have led to a greater employee's performance at the NPHIL. Fourteen of the research participants which represent 28% strongly agree that the M & E practices have led to a greater employee's performance at the NPHIL. Ten of the personnel who were involved in the study who constituted 20% disagree that the M & E practices have led to a greater employee's performance at the NPHIL. Five of the respondent representing 10% strongly disagree that the M & E practices have led to a greater employees performance at the NPHIL.

Table 4.16: Improved performance through M & E practice

M & E practice have led to greater employee performance	NOBIS Frequency					Percentage
	Male	%	Female	%	Total	
Agree	15	71.4	6	20.7	21	42
Strongly Agree	4	19.0	10	34.5	14	28
Disagree	2	9.5	8	27.6	10	20
Strongly Disagree	0	0.0	5	17.2	5	10
Total	21	100.0	29	100.0	50	100

Source: Field data, 2019

The proportion of males who agreed to the assertion that the practice of M&E leads to a greater employee performance was 71.4%, another 19% strongly agreed on the impact of M&E on a higher performance of employees. One out of 10 males disagreed that M&E practice necessarily leads to better performance of employees.

Females who strongly agreed that a higher performance of employees is based on the practice of M&E was 20.7% and 34.5% strongly agreed that M&E practice leads to greater employee performance. A proportion of 27.6% disagreed with the statement and 17.2% strongly disagreed that monitoring an evaluation performance leads to higher performance. Employees do perceive that there is a strong link between employee performance and monitoring and evaluation results.

Table 4.17 shows that 64% of the respondents agree that the NPHIL has a data collection instrument and a plan while 8 of the participants who represent 16% strongly agree that the NPHIL has a data collection instrument and a plan. Seven of the respondents representing 14% disagree that the NPHIL has data collection instrument and plan and 3 of the respondent representing 6% strongly disagree that the NPHIL has data collection instrument and plan.

Table 4.17: Existence of data collection instrument and plan

Data collection instrument and plan	Frequency					Percentage
	Male	%	Female	%	Total	
Agree	12	57.1	20	69.0	32	64
Strongly Agree	4	19.0	4	13.8	8	16
Disagree	4	19.0	3	10.3	7	14
Strongly Disagree	1	4.8	2	6.9	3	6
Total	21	100.0	29	100.0	50	100

Source: Field data, 2019

Close to 60% of male respondents agreed that there was a data collection instrument and a plan available with 19% also strongly agree that a data collection instrument and plan exist. A proportion of 19% disagree that a data collection instrument and plan exist while 4.8% strongly disagree that such an instrument and plan exist.

Among the female workers who were engaged in the research 69% agreed that a data collection instrument and plan are available and 13.8% strongly agree that there is a data collection instrument and plan. The proportion who disagree were 10.3% and 6.9 also strongly disagreed to the existence of a data collection and a plan.

Table 4.18 shows that a section of the 50 participants covered by the study, 24 of the respondents representing 48% agree that the NPHIL is challenged during the raining seasons to conduct monitoring and evaluation

activities across the country. A number of the employees who constituted 44% strongly agree that the NPHIL was challenged during the raining seasons to conduct M & E activities across the country. Less than 5% of the respondents disagree that the NPHIL is challenged during the raining seasons to conduct M & E activities across the country; while also 2 of the respondents representing 4% strongly disagreed that the NPHIL is challenged during the raining seasons to conduct M & E activities across the countries. During the rainy season, most of roads in Liberia are inaccessible due to bad, deplorable conditions, and broken bridges that limit the conduct of monitoring and evaluation.

Table 4.18: Challenges during raining season

NPHIL Challenged during raining seasons	Frequency					Percentage
	Male	%	Female	%	Total	
Agree	10	47.6	14	48.3	24	48
Strongly Agree	8	38.1	14	48.3	22	44
Disagree	1	4.8	1	3.4	2	4
Strongly Disagree	2	9.5	0	0.0	2	4
Total	21	100.0	29	100.0	50	100

Source: Field data, 2019

Among the male participants, a proportion of 47.6% agree that the NPHIL experiences challenges in conducting monitoring and evaluation activities during the rainy season while 38.1% strongly agreed to it. Those who disagreed constituted 4.8% and 9.5% strongly disagreed that the rains impede the smooth implementation of monitoring and evaluation activities.

The female respondents had a proportion of 48.3% who agreed to the rains impeding monitoring and evaluation activities. Another 48.3% strongly agreed that the rains disrupt monitoring and evaluation activities. Less than 5% disagreed with the assertion. This may suggest that the rains disrupt accessibility to certain areas of the country. This may also mean that generally the roads become poor during downpours.

More than 54% of the respondents agree that the NPHIL has budgetary constraint as depicted by Table 19. A proportion of less than 40% of the respondents strongly agree that the NPHIL has budgetary constraint. Two respondents representing 4% disagree that the NPHIL has budgetary constraint; while 2 of the respondent representing 4% strongly disagree that NPHIL has budgetary constraint.

Table 4.19: Existence of budgetary constraints

Budgetary Constraints	Frequency					Percentage
	Male	%	Female	%	Total	
Agree	10	47.6	17	58.6	27	54
Strongly Agree	9	42.9	10	34.5	19	38
Disagree	1	4.8	1	3.4	2	4
Strongly Disagree	1	4.8	1	3.4	2	4
Total	21	100.0	29	100.0	50	100

Source: Field data, 2019

A proportion of 47.6% of the male employees engaged in the study agreed that there was a challenge of budgetary constraints. In addition, 42.9%

strongly agreed that there exist budgetary constraints. The proportions of male respondents who disagree and strongly disagree were 9.6%.

Among the female respondents, 58.6% agreed to the existence of budgetary controls and 34.5% strongly agree to the assertion. The proportion that disagree and strongly disagreed totaled 6.8%. In the opinion of World Bank (2006), financial challenges could hinder effective monitoring and evaluation. Relating these findings to the realist theory which postulates that interventions work when the resources such as material, cognitive, social or emotional reach an agreement with program subjects (Akanbang, 2012). To this end, there could be effective monitoring and evaluation in the implementation of health intervention program if resources are available. The conceptual framework underpinning this study further accentuates that challenges such as financial problems could undermine effective monitoring and evaluation. The NPHIL may need additional funding to be able to fully carry out its mandate of establishment.

Table 4.20 indicates that a portion of the 50 respondents covered by the study who represent 52% agree that the NPHIL has logistical constraint. It also shows that 20 them illustrating 40% strongly agree that the NPHIL has logistical constrain: while 2 of the respondents signifying 4% disagree that the NPHIL has logistical constraint; while 4% of them strongly disagree that the NPHIL has logistical constraint.

Table 4.20: Existence of logistical constraint

Logistical Constraint	Frequency					Percentage
	Male	%	Female	%	Total	
Agree	12	57.1	14	48.3	26	52
Strongly Agree	8	38.1	12	41.4	20	40
Disagree	0	0.0	2	6.9	2	4
Strongly Disagree	1	4.8	1	3.4	2	4
Total	21	100.0	29	100.0	50	100

Source: Field data, 2019

Among the male respondents who were engaged in the survey, 57.1% agreed that the monitoring activity faced logistical constraint and 38.1% strongly agreed that there existed logistical constraint in monitoring and evaluation. About 5% strongly disagree that logistical constraints exist in the conduct of the monitoring and evaluation activity.

On the part of female respondents, 48.3% of them agree that there were logistical constraints and 41.4% strongly agree to it. A proportion of 6.9% disagree and 3.4% strongly disagree to the logistical constraints. This information suggests the likelihood of the NPHIL's inability to effectively carry out its duties.

Table 4.21 shows that more than half of the respondents agree that the NPHIL has strength in program implementation. Twelve of the participants who represent 24% strongly agree that the NPHIL has strength in program

implementation. Conversely 6 of the respondents representing 12% disagree that the NPHIL has strength in the implementation of program while 4 of the respondent representing 8% strongly disagree that the NPHIL has strength in the implementation of program.

Table 4.21: Strength in program implementation

Strength in implementation of program	Frequency					Percentage
	Male	%	Female	%	Total	
Agree	13	61.9	16	55.2	29	57
Strongly Agree	7	33.3	5	17.2	12	24
Disagree	1	4.8	5	17.2	6	12
Strongly Disagree	0	0.0	4	13.8	4	8
Total	21	100.0	29	100.0	50	100

Source: Field data, 2019

A proportion of 61.9% of the male participants agree that program implementation is strong while one out every three of them strongly agree there is strength in implementation of programs. Less than 5% disagree with the notion that there is strength in the implementation of programs.

More than half of the female employees of NPHIL who were engaged in the study agreed that there is strength in program implementation while 17.2 strongly agree to the opinion. However, 17.2% disagree that strength exist in the program implementation and a further 13.8% strongly disagree on that. This creates the impression that the NPHIL is able to implement its programs successfully.

Table 4.22 shows that 64% of the respondents agree that the National Public Health Institute of Liberia have high level qualified staff. Eighteen of the respondents representing 36% strongly agree that the National Public Health Institute of Liberia has high level qualify staff. None of the respondents disagree that the National Public Health Institute of Liberia has high level qualify staff; while also none of the respondent representing 0% strongly disagree that the National Public Health Institute of Liberia has high level qualify staff.

Table 4.22: Availability of high level of quality staff

High level quality staff	Frequency					Percentage
	Male	%	Female	%	Total	
Agree	12	57.1	20	69.0	32	64
Strongly Agree	9	42.9	9	31.0	18	36
Disagree	0	0.0	0	0.0	0	0
Strongly Disagree	0	0.0	0	0.0	0	0
Total	21	100.0	29	100.0	50	100

Source: Field data, 2019

Close to 60% of male respondents indicated there is a high level of quality of staff at the NPHIL and 42.9% also strongly perceive that the quality of staff is high. There was no disagreement on this from this group.

On the part of the female staff engaged in the study, 69% of them agree to the existence of a high level of quality staff and 42.9% strongly

agreed. This is indication that staff perceive that the staff of the NPHIL are of the best quality. This may be attributed a good system of recruitment at the institute.

Table 4.23 shows that out of the aggregate of 50 participants covered by the study, 27 of them who represent 54% agree that the NPHIL has donor funding. A number of them who constituted 44% strongly agree that the NPHIL has donor funding. Just 2% of them disagree that the NPHIL has donor funding. However none of the respondents strongly disagree that the NPHIL has donor funding.

Table 4.23: Existing of donor funding

Existence of Donor funding	Frequency					Percentage
	Male	%	Female	%	Total	
Agree	13	61.9	14	48.3	27	54
Strongly Agree	8	38.1	14	48.3	22	44
Disagree	0	0.0	1	3.4	1	2
Strongly Disagree	0	0.0	0	0.0	0	0
Total	21	100.0	29	100.0	50	100

Source: Field data, 2019

A proportion of 61.9% of the males agreed with the notion that the NPHIL is has access to donor funding. Around 40% of males also strongly agreed with the existence of donor funding for the monitoring and evaluation activities. These perceptions were unanimous among the males.

About 50% of the female staff agreed that there was donor funding for the monitoring and evaluation activities. Equal proportion also strongly agreed to the effect of access to donor funding, however 3.4% disagreed that there was a donor funding for the activities of monitoring and evaluation.

This may mean that the government is not able to fully provide funds for the operations of the NPHIL. Perhaps the institute has appropriate structures that enable it attract funding from donors.

Table 4.24 shows that 26% of the respondents agree that the NPHIL has emergency operational center in all the counties. Twenty-five of them signifying 50% strongly agreed that the NPHIL has emergency operational center in all the counties: while 8 of the respondents representing 16% disagreed that the NPHIL has emergency operational center in all the counties; while also 4 of the respondents representing 8% strongly disagreed that the NPHIL has emergency operational center in all the counties.

Table 4.24: Existence of emergency operational center in all counties

Emergency operational center in all the counties	Frequency					Percentage
	Male	%	Female	%	Total	
Agree	9	42.9	4	13.8	13	26
Strongly Agree	10	47.6	15	51.7	25	50
Disagree	2	9.5	6	20.7	8	16
Strongly Disagree	0	0.0	4	13.8	4	8
Total	21	100.0	29	100.0	50	100

Source: Field data, 2019

About 50% of the males agreed that the NPHIL has established emergency operational centers in all the counties in the country. A percentage of 47.6% strongly agree that all of the counties do have emergency operational centers. However 9.5% also disagree to the perception that all counties have emergency operational centers.

More than a half of the female participants strongly agree that there are emergency operational centers in all the counties. An additional 42.9% agree that all counties do have emergency operational centers. There were some forms of disagreements from some females. A little over 20% disagree that all counties do have emergency operational centers. About 14% strongly disagree that emergency operational centers exist in all counties. This may mean that centres exist but not functioning as they should and as such some employees believe they do not exist.

Table 4.25 shows that 24% of the respondents agree that the NPHIL has the capability to avert discover and respond to public health threats in less than 24 hours; while 19 of the respondents representing 38% strongly agree that the NPHIL has the capability to avert, discover and respond to public health threats in less than 24 hours. Thirteen of them representing 26% disagree that the NPHIL has the capability to avert, discover and respond to public health threats in less than 24 hours; while also 6 of the respondent representing 12% strongly disagree that the NPHIL has the capability to avert, discover and respond to public health threats in less than 25 hours.

Table 4.25: Capacity to prevent, detect and response to public health threats always

Capacity to prevent, detect, and response to threats	Frequency					Percentage
	Male	%	Female	%	Total	
Agree	5	23.8	7	24.1	12	24
Strongly Agree	9	42.9	10	34.5	19	38
Disagree	5	23.8	8	27.6	13	26
Strongly Disagree	2	9.5	4	13.8	6	12
Total	21	100.0	29	100.0	50	100

Source: Field data, 2019

A proportion (23.8%) of the males staff of the NPHIL who were involved in the study agree that the institute has the capacity to prevent, detect and respond to health threats. A ratio of 42.9 of male participants strongly agreed that the institute has the ability to prevent, detect and respond to health threats. The total disagreements were 33.4% that the institute is able to prevent, detect and respond to health threats. There is the likelihood that the staff expect the NPHIL to do more in the prevention, detection and prevention and responding to health threats. Suggestions could be sought from employees what can be done to achieve a better prevention detection and prevention.

Among the females, 34.5% of them strongly agreed that the NPHIL had the capacity to prevent, detect and respond to health threats and 23.8% also agreed to the notion. However, 27.6% disagreed on it while 13.8% also

disagreed strongly about the capacity of the institute to prevent, detect and respond to health threats. This buttresses the position of male respondents. Therefore management must involve both male and female staff to offer suggestion as to the best ways in their opinion that the NPHIL would be more capacity to carry out its main functions.

Table 4.26 displays that 50% of the respondents agree that recommendations from the M & E division informs policy decisions, while 16 of them representing 32% strongly agree that recommendations from the M & E division informs policy decisions : while 6 of the respondents representing 12% disagree that recommendations from the M & E division informs policy decisions; while also 3 of the respondent representing 8% strongly disagree that recommendations from the M & E division informs policy decisions.

Table: 4.26 Recommendations from the M & E division informs policy decisions

Recommendations informs policy decisions	Frequency					Percentage
	Male	%	Female	%	Total	
Agree	10	47.6	15	51.7	25	50
Strongly Agree	6	28.6	10	34.5	16	32
Disagree	5	23.8	1	3.4	6	12
Strongly Disagree	0	0.0	3	10.3	3	6
Total	21	100.0	29	100.0	50	100

Source: Field data, 2019

About 50% of the male participants agree that recommendations inform policy decisions and 28.6% strongly agree that recommendations from the monitoring and evaluation activities inform policy decisions. Conversely, 23.8% disagree that recommendations inform policy decisions. Some males believe that policy decisions do not emanate from the outcomes of the monitoring and evaluation activities. This may suggest that management does not involve employees at some point in the chain of monitoring and evaluation activities.

More than half of the female staffs agree that 51.7% agree that recommendations inform policy decisions while 34.5% strongly agree that recommendations inform policy decisions. Less than 5% disagree with this assertion while 10.3% strongly disagree that recommendations inform policy decisions. This may mean that there is a general perception of policy decisions which employees believe is not from the outcome of the monitoring and evaluation activities.

Table 4.27 illustrates that 46% of the respondents agree that staff has knowledge about the M & E system at the NPHIL. Twelve of them representing 24% strongly agree that staff has knowledge about the M & E system at the NPHIL. In addition, 10 of the respondents representing 20% disagree that staff has knowledge about the M & E system at the NPHIL; while also 5 of the respondent representing 10% strongly disagree that staff has knowledge about the M & E system at the NPHIL.

Table 4.27: Staff have knowledge about M & E system

Staff have knowledge of M&E	Frequency					Percentage
	Male	%	Female	%	Total	
Agree	10	47.6	13	44.8	23	46
Strongly Agree	5	23.8	7	24.1	12	24
Disagree	5	23.8	5	17.2	10	20
Strongly Disagree	1	4.8	4	13.8	5	10
Total	21	100.0	29	100.0	50	100

Source: Field data, 2019

Among the male respondents, 47.6% agree the staff have knowledge about the M&E system while 23.8% strongly agree to the assertion. About 24% of disagree that staff have knowledge Monitoring and evaluation system and 4.8% strongly disagree that staff have knowledge of M&E. Staff may need capacity building especially for those who seem to disagree of the knowledge of M&E.

For the female respondents, 44.8% agreed that staff have knowledge of monitoring and evaluation. In addition 24.1% strongly agree that staff have knowledge on monitoring and evaluation. A proportion of 17.2% disagree that staff have knowledge of monitoring and evaluation and 13.8% strongly disagree with the assertion. Monitoring and evaluation activities have to be disseminated publicly so that everyone has access to it.

CHAPTER FIVE

SUMMARY, RECOMMENDATIONS AND CONCLUSION

5.1 Summary

Based on the analysis and interpretations of the data from the respondents including data from the study, the researcher at this point has summarized the findings in response to the ensuing study interrogations. 1. What are the M & E mechanisms of the NPHIL? 2. What are the opinions of the staff of the NPHIL on the effectiveness of the monitoring and evaluation system? 3. What are the strength and weaknesses in the monitoring and evaluation program implementation? The findings of the question; what are the M & E mechanisms of the NPHIL discovered that the NPHIL has M & E mechanisms put in place. Additionally, in reply to the research question, what are the perceptions of the staff of NPHIL on the effectiveness of the monitoring and evaluation system? The findings revealed that staff of the NPHIL agreed that the monitoring and evaluation system is effective, efficient, and additionally, the monitoring and evaluation practices has led to a greater employees performances, moreover, the NPHIL has requisite and qualify expertise, also has a reliable data management System. The findings of the question, what are the weaknesses and strength during the implementation of the monitoring and evaluation programs at the NPHIL revealed that NPHIL is challenged during the raining seasons to conduct M & E activities across the country; has budgetary constrain; has logistical constrain and additionally, has strength in the implementation of program; has the capacity to prevent, detect and response to public health threats in less than 24 hours; has a reliable data management System; and has emergency operational center in all the counties.

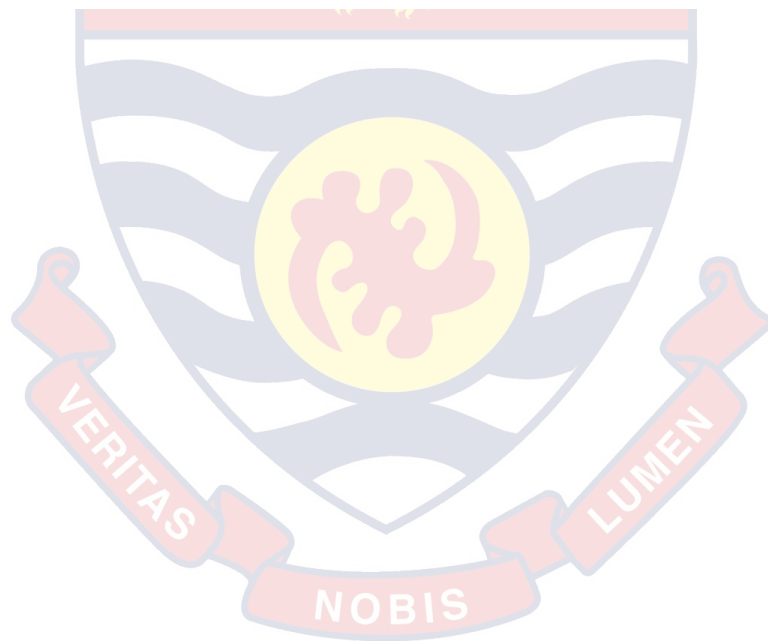
5.2 Recommendations

Based on these findings, the researcher put forth these recommendations for effective monitoring and evaluation at the NPHIL.


1. The NPHIL must communicate the monitoring and evaluation processes and the results to all employees and other stakeholders. This would help employees at the NPHIL to appreciate the essence of monitoring and evaluation in the organization.
2. The NPHIL should devise ways of augmenting the central government funds and not to rely heavily on donor funding. This is due to the fact that this study revealed inadequate of funds as a major challenge associated with the monitoring and evaluation at NPHIL. Therefore, for the NPHIL to ensure effective monitoring and evaluation, they should devise pragmatic measures to improve on their monitoring and evaluation of health care program.
3. The process of developing the data collection instrument for the monitoring and evaluation must be participatory. This is because, involvement of beneficiaries in monitoring and evaluation is key. Thus, there is the need to make monitoring and evaluation to be participatory so that project could have the desired impacts on the people.
4. Emergency operational centres in the counties must be made to be effective and full functional to undertake their mandate.

5.3 Conclusion

To conclude, the researcher found out that there is an effective and efficient monitoring and evaluation system at the NPHIL that is contributing immensely to implementation of public health programs in Liberia. Moreover, the researcher also found out that there is challenges and constrain during the raining seasons to conduct M & E activities across the country; additionally, budgetary and logistical constrain are some of the impediment to the smooth implementation of the NPHIL programs. Therefore, national government should increase the NPHIL budget to enable the institute work smoothly so as to curtail these problems.



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APPENDIX

Christian Service University College

Assessing the Perception of Staff on the Effectiveness of Monitoring and Evaluation System in the Implementation of Public Health Programs at the National Public Health Institute of Liberia

The bearer of this questionnaire is a student of the Department of Planning and Development, Christian Service University College, Kumasi - Ghana.

Information he seeks from you is purposely for academic work. Be assured that your responses will be accorded the needed privacy. Your support and cooperation are very much anticipated. *Please tick where appropriate and give response where necessary.*

Section A. BIO-DATA

1. What is your gender?

a) Male () b) Female ()

2. What is your educational level?

a) High school graduate () b) College graduate () c) Masters Graduate/above ()

Section B

What are the M & E mechanisms of the National Public Health Institute of Liberia (NPHIL)?

1. The National Public Health Institute of Liberia has M&E mechanisms put in place?

a) Agree () b) strongly Agree () c) Disagree () d) strongly disagree ()

2. The National Public Health Institute of Liberia has a strategic plan in place?

a) Agree () b) Strongly Agree () c) Disagree () d) Strongly Disagree ()

3. The National Public Health Institute has a operation plan in place?
a) Agree () b) Strongly Agree () c) Disagree () d) strongly disagree ()
4. The National Public Health Institute of Liberia has annual plan is place
a) Agree () b) Strongly Agree () c) Disagree () d)Strongly Disagree ()
5. The National Public Health Institute of Liberia has monitoring and evaluation plan in place?
a) Agree () b) Strongly Disagree () c) Disagree () d) Strongly Disagree ()
6. The National Public Health Institute of Liberia has data collection instrument in place
a) Agree () b) Strongly Disagree () c) Disagree () d) Strongly Disagree ()
7. The National Public Health Institute of Liberia has performance tracking system in place?
a) Agree () b) Strongly Agree () c) Disagree () d) Strongly Disagree ()

Section C

What are the perceptions of the staff of the National Public Health Institute of Liberia on the effectiveness of the monitoring and evaluation system?

1. Does the National Public Health Institute of Liberia practice Monitoring and evaluation?
a) Agree () b) strongly agree () c) Disagree () d) Strongly disagree ()
2. The National Public Health Institute of Liberia has an efficient M & E System?
a) Agree () b) strongly agree () c) Disagree () d) strongly disagree ()
3. The National Public Health Institute of Liberia has a reliable data management system?
a) Agree () b) strongly agree () c) Disagree () d) strongly disagree ()

4. The National Public Health Institute of Liberia has timely reporting system?

a) Agree () b)strongly agree () c) Disagree () d) strongly disagree ()

5. The National Public Health Institute of Liberia has the requisite and qualify expertise?

a) Agree () b) strongly agree () c) Disagree () d) strongly disagree ()

6. M & E practices have led to a greater employee performance at the National Public Health Institute of Liberia.

a) Agree () b) strongly agree () c) Disagree () d) strongly disagree ()

7. The National Public Health Institute of Liberia has data collection instrument and plan in place?

a) Agree () b) strongly agree () c) Disagree () d) strongly disagree ()

Section D

What are weaknesses and strength during the implementation of the monitoring and evaluation programme at the National Public Health Institute of Liberia?

1. The National Public Health Institute of Liberia is challenged during the rain seasons to conduct monitoring and evaluation activities across the country (Liberia)

a) Agree () b) Strongly Agree () c) Disagree () d) Strongly disagree ()

2. The National Public Health Institute of Liberia has budgetary constrain

a) Agree () b) strongly agree () c) Disagree () d) strongly disagree ()

3. The National Public Health Institute of Liberia has logistical constrain
 - a) Agree () b) strongly agree () c) Disagree () d) strongly disagree ()
4. The National Public Health Institute of Liberia has strength in the implementation of its program
 - a) Agree () b) strongly agree () c) Disagree () d) strongly disagree ()
5. The National Public Health Institute of Liberia has high level qualify staff
 - a) Agree () b) strongly agree () c) Disagree () d) strongly disagree ()
6. The National Public Health Institute of Liberia has donor funding?
 - a) Agree () b) strongly agree () c) Disagree () d) strongly disagree ()
7. The National Public Health Institute of Liberia has emergency operational centre in all counties?
 - a) Agree () b) strongly agree () c) Disagree () d) strongly disagree ()
8. The National Public Health Institute of Liberia has the capacity to prevent, detect, and response to public health threats and events in less than 24 hours?
 - a) Agree () b) strongly agree () c) Disagree () d) strongly disagree ()
9. Recommendations from the M & E division inform policy decisions?
 - a) Agree () b) strongly agree () c) Disagree () d) strongly disagree ()
10. Staff has knowledge about the M & E system at the National Public Health Institute of Liberia?
 - a) Agree () b) strongly agree () c) Disagree () d) strongly disagree ()

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