

Promoting Evaluation Capacity Building in Tanzanian Public Health Organizations

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Dedication

I dedicate this dissertation to my beloved husband Dr. Francis Lyimo, and our kids, Ian, Gian, & Gianna, without forgetting my parents, Mr. and Mrs. Festo Mkonyi, for their prayers and encouragement during my program. Dr. Francis, you have been a role model for me. I have been following your steps. On top of that, you have helped me shape my thinking and ideas and asked me some challenging questions each time I asked you to read my work. Your critics helped me think critically and intellectually, so I could accomplish my dissertation. To my kids, you have been patient and supportive even when I did not have time to play with you. You always gave me a big smile; such spirit keeps me going. I appreciate this.

Abstract

The need for evaluation capacity building (ECB) by the Ministry of Health, Community Development, Gender and Children (MOHCDGEC) in public health organizations in Tanzania has rapidly increased due to an increased need to engage Tanzanian health professionals at all levels in planning, designing, and implementing a comprehensive evaluation of public health policies and programs. Despite a growing interest by the Ministry of Health, there has been a challenge in how to strengthen evaluation capacity in these organizations. A fundamental question is: how can ECB be promoted in public health organizations (PHOs) in Tanzania to promote an evaluative culture? The purpose of this exploratory study is threefold. First, it intends to explore the current practice of evaluation in PHOs in Tanzania. Second, it explores the challenges and barriers that hinder evaluation capacity development in these organizations. Third, it seeks to determine the most useful and culturally relevant strategies professionals can adopt to develop evaluation capacity and an evaluative culture specific to PHOs in Tanzania.

This study attempts to answer the following research questions: (1) What are the current evaluation practices and efforts to engage in ECB in PHOs in Tanzania? (2) What are the current challenges and barriers that impede evaluation capacity development and strategies to overcome these challenges in PHOs in Tanzania? (3) What are the strategies and approaches for building evaluation capacity and promoting the evaluative culture of PHOs in Tanzania?

This study adopted a social constructivism qualitative research method to understand the problem. Thirteen interviews were conducted among managers at regional and district municipal councils, representatives from MOHCDGEC, and officials at the President's Office, Regional Administration, and Local Government (PO-RALG). The interviews were conducted in the Kiswahili language and later translated into English. The study employed thematic analysis to analyze data and generate themes and subthemes.

The results of this study show that local staff (at the managerial and non-managerial levels) do most of the evaluation in these PHOs internally. Managers perform a lot of supervision, capacity building, and data quality assessment for staff at the non-managerial level. The findings show a more reasonable evaluation culture at the managerial level than at the non-managerial level. The Ministry of Health managers use data for planning and decision-making more than non-managerial staff. Findings show a more positive evaluative culture among managers than at the non-managerial level. Even though there is an evaluative culture within PHOs, knowledge, and skills to evaluate to the fullest are lacking. Participants demonstrated the use of various ECB strategies; however, the most practical, efficient, and effective ones were on-the-job training (i.e., supportive supervision) and hands-on training.

Furthermore, the results highlighted several barriers and challenges to the development of ECB, such as a lack of evaluation expertise to provide technical support, a shortage of staff, staff turnover, limited funding, and a lack of clear roles and responsibilities. Generally, this study reveals a high demand for ECB among PHO staff at all levels (managerial, non-managerial, and at the ministry level). The presence of barriers and challenges undermines efforts to develop and sustain ECB in these PHOs.

This study supports the findings of other scholars who argue that to build and promote sustainable ECB in an organization; there must be visionary leaders, good communication, and incentives and motivations from the highest policy and management levels. Senior leaders should demonstrate the need for and investment in ECB processes to improve the PHOs at all levels. Leaders need to be part of the process because they are the key stakeholders in decision-making, and they are the ones who allocate resources. Through the MOHCDGEC and other organizations, the government should consider legal and statutory policies and regulations when designing an evaluation system. This study recommends that managers should design comprehensive ECB activities that are rooted in evaluation approaches, theories, and frameworks to address the needs of the Ministry of Health, the public health system, and the people of Tanzania.

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List of Abbreviations

CDC	Center for Disease Control
DHIS	Demographic Health Information System (DHIS)
DHMISCo	District Health Management of Information System Coordinator
DRCHCo	District Reproductive and Child Health Coordinator
DQA	Data quality assessment
HDC	Tanzania health data collaborative
HSSP IV	Health Sector Strategic Plan IV
IRDP	Institute of Rural Development Planning
M&E	Monitoring and Evaluation
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children (abbreviated within this text as the Ministry of Health or the ministry)
NGOs	Non-Governmental Organizations
NPES	National Poverty Eradication strategies
OC	Organizational change
OLPD	Organizational Leadership and Policy Development

PORLAG	President’s Office, Regional Administration Local Government Tanzania
RHMISCo	Reproductive Health Management and Information System Coordinator
SDGs	Sustainable Development Goals
TanEA	Tanzania Evaluation Association
THMIS	Tanzania Health Management Information System
TMETWG	Tanzania Monitoring and Evaluation Technical Working Groups
UN	The UN United Nation
DQA	Data quality assessment
USAID	United States Agency for International Development

Chapter 1: Introduction

The term “evaluation” refers to a critical process that examines a program’s merits and worth and provides recommendations for program improvement. It involves collecting and analyzing information about the program's activities, characteristics, and outcomes (Patton, 2012). Evaluation is used in many fields, for example, in project management, education, marketing. In a health setting, it helps to assess the health status of the population and provides evidence-based data for making informed decisions to improve health (United Republic of Tanzania [URT], 2015). Even though the health system needs data for overall management, each individual health facility also needs reliable data for its own operation. Evaluation has increasingly become a critical component in increasing accountability for results, developing, promoting, and improving public health organizations (PHOs) in Tanzania (<https://www.who.int/about/what-we-do/evaluation>). PHOs have been on the front line in providing curative and preventive health care, in both urban and rural areas where many poor people live (Boex et al., 2015). These organizations (public hospitals, dispensaries, and health centers) are widespread and funded by the government.

Archibald (2019) and Chen (2015) contend that if evaluation is correctly implemented in organizations, it provides evidence-based quality data for improving social conditions, alleviating human distress, and reducing social problems and suffering. Through the Ministry of Health, Community Development, Gender and Children (MOHCDGEC) and in partnerships with external non-governmental organizations (NGOs), the Tanzanian government collects PHO performance and accountability data to identify areas for improvement and overall management purposes. Parallel to that, each

health facility also needs reliable and relevant data for its operation. There are, however, concerns regarding the potential for an overreliance on NGOs for the evaluation of these health organizations and a lack of evaluation capacity beyond the Ministry of Health's capacity within local PHOs, where community level needs must be identified and addressed. Monitoring and Evaluation (M&E)¹ and the Demographic Health Information System (DHIS) have historically supported the ministry in obtaining health organization data to assess organizational performance and identify needs for program development and improvement. There is a need to broaden the evaluation capacity of professionals in these PHOs at community level to address local needs and priorities for health services more directly.

The availability of data helps the Ministry of Health to respond to the existing health situation and to demands for services and to avoid future negative health impacts in a community. The current COVID-19 pandemic is a good example. Understanding the public health implications of crises such as COVID-19, Ebola, and Malaria requires, in addition to information collected through M&E, additional evaluation methods to better understand the challenges and experiences of PHOs at the state, province, and community levels (the United Republic of Tanzania, 2015, 2016, 2018). Advanced evaluation capacity requires proper training of the health professionals and data collectors in the health facilities. Still, such training has always been inadequate, leading to delayed

¹ Monitoring & Evaluation (M&E) is a synergistic practice. Monitoring involves tracking of program information per indicators but by itself does not generate sufficient input to conduct a vigorous evaluation, whereas evaluation can provide deep information about the impact of a program.

reports, an underreporting of cases, and the misrepresentation of cases in Tanzania (the United Republic of Tanzania, 2015).

The demand and need for evaluation in Tanzania have increased since 1990 and more rapidly in 2000 due to the presence of different political, social, and economic internal and external influences. These influences can be from the Ministry of Health, donors, and the UN, which need evidence-based results of the activities that are implemented at these organizations for accountability purposes. In 2000, the United Nations Millennium Declaration mandated all member countries to combat poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women. Leaders perceived evaluation to be important since it provides local PHOs with the data they need to be able to answer questions about the quality of the programs that they are providing to their citizens and whether these programs are meeting the Millennium Declaration goals.

In 2015, world leaders, through the UN summit, adopted the Sustainable Development Goals (SDGs) which included, among other things, the assurance of good healthy lives and promotion of well-being for all at all ages. The SDGs' health and well-being goal required evidence-based data to document the achievement of its outcome. The government of Tanzania, through the ministry, developed the Tanzanian National Health Strategy to implement the health and well-being goal of the SDGs. This plan emphasizes the importance of M&E in fulfilling this goal (The United Republic of Tanzania, 2007). Given the need for evidence-based data to meet the SDG health goal, the Ministry of Health adopted the Health Sector Strategic Plan IV (HSSP IV) as its implementing arm. In stressing its commitment to M&E, the ministry's overall strategic

plan articulates the commitment of “developing a culture of monitoring and evaluation that ensures decision-makers at all levels use quality data for planning and management of health sector activities” (the United Republic of Tanzania, 2015, p. 8). The Ministry of Health mandates that all stakeholders, partners, NGOs, and government agencies who deal with health implement these strategies in their workplace. Thus, the Ministry’s plan makes evaluation unavoidable.

Evaluation in Tanzania has thus gained increased recognition as a means to monitor and evaluate the implementation of the programs and services of local and international health organizations (Mwaijande, 2018; Tanzania Evaluation Association, 2015; the United Republic of Tanzania, 2015, 2018). Evaluation provides data that supports the country’s SDG goals of ensuring healthy lives and promoting the well-being of all citizens. It also provides important information about social issues and the limitations of the available policies, resources, strategies, and guidelines to promote transparency and accountability for the resources spent (Mark et al., 2000; Stufflebeam & Shinkfield, 2007).

The Ministry of Health’s desire to develop evaluation capacity building (ECB) in PHOs in Tanzania has become more urgent because evaluation knowledge and skills among health professionals are insufficient. This knowledge gap has led to the increased need within the Ministry to engage Tanzanian health professionals such as nurses, doctors, midwives, managers and evaluators at all levels in planning, designing, and implementing a comprehensive evaluation of public health policies and programs (the United Republic of Tanzania, 2015). Even though there has been a growing demand for ECB in the organizations for more than two decades, the term ECB has been described in

different ways (see chapter 2) by scholars (Labin et al., 2012; Preskill & Boyle, 2008). Despite the variation, most scholars commonly agreed that ECB is as an intentional process of continuous learning to fortify individuals' and organizations' skills and knowledge to evaluate their organizational performance to the fullest. This capability is central to the PHOs in Tanzania (Labin et al., 2012). Evaluation capacity entails developing professionals' knowledge and skills in identifying evaluation problems, asking questions that matter, planning and identifying data collection methods, data analysis and interpretation, and report writing. ECB also involves strengthening health professionals' knowledge of the design and implementation of performance-monitoring plans and using theory of change and logic models to better evaluate program performance and outcome. ECB is essential for PHOs due to its ability to reinforce the evaluation capacities of health professionals within organizations through planning, training, technical assistance, consultation, peer groups, workshops and other strategies for self-evaluation (King, 2002; Labin et al., 2012; Preskill & Boyle, 2008; Taylor-Powell & Boyd, 2008). ECB remains important because the Ministry of Health is calling for an opportunity to build a stronger evaluation capacity for all program staff who provide care to patients. ECB also was perceived to be important since it provides local PHOs with the capacity to answer questions they have about the quality of programs that they are providing to citizens.

Furthermore, the focus has been on building capacity for health care professionals so that they have the ability to conduct and use evaluation results to solve organizational problems and meet organizational objectives (Tanzania Evaluation Association, 2015; the United Republic of Tanzania, 2017). This is fundamental because the ministry must have

data to do its work, and the data has to come from the health facilities that implement ECB. So good evaluation needs to be done at every facility for the Ministry to manage the whole system well. In addition, the Ministry focus is not only to provide capacity but also to promote the evaluative culture within an organization by ensuring staff understand the role of evaluation in their work. When evaluation practices are woven into the organizational operations, mission, and job descriptions, quality data is consistently collected, analyzed, and used for decision making. This happens best when each health professional incorporates evaluation culture in their practices. Nevertheless, many organizations struggle to sustain an evaluation culture in their organizations. Evaluative culture is described as organizational culture that consistently and continuously processes seeking information on its performance to better manage and deliver programmes and services to the intended users (Mayne, 2008, p. 1).

Despite the growing need for evaluation in Tanzania, there has been a lack of evaluation capacity in PHOs for reasons that include underreporting of processes and outcomes, and inadequate training. The lack of evaluation capacity among Tanzanian health professionals limits their ability to conduct and sustain evaluation and creates a greater reliance on external NGOs (Kimaro & Fourie, 2017; Mwaijande, 2018). These limitations make ECB imperative in PHOs, to deal with various challenges and improve organizational performance (Carman & Fredericks, 2010; King & Volkov, 2005; Labin et al., 2012; Preskill & Boyle, 2008; Tarsilla, 2014).

ECB is important in the ministry, especially after 2015 UN summit order, because there is often insufficient funding (Kimaro & Fourie, 2017; the United Republic of Tanzania, 2015), and the inadequacy of internal and external evaluators poses

significant challenges for organizations trying to implement evaluation activities (Chaplowe & Cousins, 2016; Kimaro & Fourie, 2017; Magembe & Rafael, 2011; McDonald et al., 2003a; Volkov & King, 2007). Tanzania requires several enabling factors to improve and sustain evaluation capacity in PHOs. There must be adequate resources for evaluation and external support (technical tools), supportive leadership and management, and the presence of a conducive environment that supports evaluation. These factors create an environment that helps to build individual skills and knowledge and a comprehensive organizational framework that structures evaluation practice and use of findings. ECB might transform the structures, systems, norms, processes, and culture of an organization, hence improving organizational performance and the sustainability of evaluation practices (Labin et al., 2012; Preskill & Boyle, 2008; Taylor-Powell & Boyd, 2008). For example, when leaders acknowledge the critical role of evaluation, they would ensure evaluation is streamlined into the organization's mission and vision. In addition, staff would start practicing evaluation, shifting organizational systems, culture, and norms to value and integrate the performance of evaluation.

Although studies (Rosenstein, 2015; Tanzania Evaluation Association, 2015) show the need for ECB among PHOs to build an evaluative culture, little has been done to reinforce and promote an evaluative culture. However, before implementing ECB, or selecting a design that best fits the demand in these PHOs in Tanzania, it is necessary to assess the existing evaluation capacity and strategies for building it. The word "culture" in this paper is defined as total ways of life which can be learned by a group of people or changed in either direction (positive or negative) according to social, economic, and political circumstances/ideologies. This dissertation underscores the significance of

promoting ECB among PHOs in Tanzania for a sustainable evaluative culture. It explores the current challenges and barriers that limit the development of evaluation capacity in PHOs in Tanzania and the most useful strategies that can be adopted by the public health professionals in PHOs that might contribute to building an evaluative culture.

Background on Evaluation and ECB in Africa

The increase in demand for evaluation and ECB in Africa is primarily influenced by the call from the United Nations (2015) mandating each member country to support the 17 SDG initiatives. The SDGs stress the need for high-quality data to guide national and local decisions concerning resource allocation, design and improvement of programs and services, and education of professionals and the public to alleviate and prevent health risks and eradicate diseases. The third of the 17 SDGs specifically focuses on health and aims to “ensure healthy lives and promote well-being for all ages.”² The SDGs require systematic data collection to assess the effectiveness and efficiency of the efforts to improve the well-being of the citizens in all countries. However, the 17 SDGs cannot merely be evaluated using a conventional accountability approach that only generates statistics. It should also create a system that nurtures a culture of evaluation (El-Saddik et al., 2016). This means that PHOs should be able to continuously evaluate programs as a whole, produce results, learn from the results, and use results for program improvement and decision-making.

Several international and national conferences³ in African countries have promoted the need for quality health data. At the international level, the United Nations

² <https://sustainabledevelopment.un.org/?menu=1300>.

³ These conferences include Global Evaluation Association 2016-2020, African Evaluation Association vision 2018-2021 (AfrEA), Tanzania Evaluation Association (TanEA) and International Organization Cooperation of Evaluation (IOCE) (2015)

General Assembly declared the year 2015 as “International Evaluation Year.”⁴ In doing so, the assembly expressed the need for all partners in their respective countries to design evaluation strategies that help improve data quality to support the SDGs.

Likewise, these international efforts have raised local concerns about the need for the African governments to strengthen and build individual capacity in professional monitoring and evaluation units. Nurturing an enabling environment (systems and structures), addressing the barriers for sustainable evaluation, and creating and maintaining an appropriate regulatory framework for M&E became central to these initiatives.

Apart from the demand for evaluation from the UN and SDGs, the rise of evaluation interest and need in African countries, e.g., Tanzania, is also a result of the rapidly increasing presence of internationally funded projects by organizations including the World Bank, the Center for Disease Control (CDC), and the World Health Organization (WHO). In addition, there is an internal desire to monitor and evaluate the governments’/organizations’ activities and use data to make informed decisions. The following section provides a history of evaluation and ECB in PHOs in Tanzania.

The History of Evaluation Capacity Building in Tanzanian PHOs

Even though there is a clear justification of implementing ECB in an organization and significant evidence for its benefits, the path towards implementing it is not always clear in many PHOs in Tanzania. Many organizations are characterized by a weak or non-existent evaluative culture and capacity, limiting an organization's capacity to

⁴ Assembly Resolution “Capacity building for the evaluation of development activities at the country-level” number A/RES/69/237. See UN resolution at <http://www.unevaluation.org/mediacenter/newscenter/newsdetail/105>.

conduct and sustain evaluation practices. Many PHOs also struggle to build an evaluative culture and maintain evaluation capacity over time. As a result, ECB's sustainable uptake in daily programming and activities is inadequate in many organizations (Mwaijande, 2018; Rosenstein, 2015; Tanzania Evaluation Association, 2015). The presence of international NGOs working in the African health sector is one of the primary factors in this inadequacy.

International organizations and foundations that work in African hospitals and other health sector institutions have played a significant role in facilitating M&E in the Tanzanian Ministry of Health. These agencies include the United States Agency for International Development (USAID), the Global Fund (Switzerland), and the KfW Development Bank (Germany). For many years now, these organizations have funded projects in several areas of public health in Tanzania (e.g., maternal and child health, malaria, and HIV/AIDS). As part of the funders' requirements, all funded projects require evaluation activities for collecting information to monitor the implementation of their programs. M&E for these projects is largely focused on specific performance measures of accountability, with results commonly reported back to donors and not necessarily to local programs. Evaluators perform M&E to gauge funders' programs' success and realize their funders' objectives, not to assist local efforts in their health programs.

These international funders have offered short-term evaluation training to all the actors involved in their program implementation (Tarsilla, 2014; Wao et al., 2017). Although these short-term training were aimed at building knowledge and skills on how to monitor the implementation of their activities (with the help of an expatriate) to meet the donor reporting requirements, they came with a ready-made M&E program. This

ready-made program did not include indigenous people in developing the program, nor did they have a long-term ECB impact that would create an evaluative culture in the PHOs they work with (Chilisa, 2015; Tarsilla, 2012, 2014). These short-term training did not emphasize using evidence-based results to inform decisions, nor did they assess the incentives for conducting and using evaluation results beyond the funders' requirements. As a result, Tanzanian PHO professionals were not empowered to undertake evaluations of the country's health policies and programs. Because these short-term training were designed and offered by foreigners, they ignored the role of indigenous knowledge (i.e., local knowledge) in understanding the context within which program activities are being implemented. Examination of the organizational processes that could hinder or facilitate evaluation activities, such as reporting lines and communication structure, was also neglected. Thus, it created a weak evaluative culture in many PHOs (Cloete, 2016; Tarsilla, 2014). These prior evaluation practices raise the fundamental question of what are current evaluation practices in PHOs in Tanzania and how effective are they?

In summary, the reliance on externally funded evaluations has not supported the capacity of Tanzanian professionals in PHOs to engage in and sustain a culture of evaluation critically needed to manage and improve policies and programs. As Wao et al. (2017) and Wing (2004) put it, the short-term training offered by the NGOs is insufficient to develop the level of capacity needed for the country's long-term evaluation needs. The focus on funder requirements for evaluation creates an obscured picture, which sees evaluation as necessary only for externally funded programs and projects, not for locally funded ones. These limitations make ECB a crucial means for promoting efficiency and

effectiveness in PHOs in Tanzania and creating a sustainable evaluative culture (the United Republic of Tanzania, 2007).

In 2013, the Regional Center for Learning on Evaluation Research (CLEAR) conducted a study in Anglophone Sub-Saharan Africa that showed the high demand for evaluation in Tanzanian PHOs. This is due to the increased need to promote accountability and an evidence-based decision-making process to serve the community. However, these organizations face limited human resources concerning their capacity to conduct M&E to the fullest and lack funds to hire external evaluators to conduct an evaluation. The CLEAR (2013) study recommended that the government should create an environment conducive for evaluation and provide evaluation training to government staff on the importance of developing evaluative culture and creating a support structure for it. These efforts should include setting up regulatory frameworks and establishing evaluation capacity-building standards.

In response to these recommendations and the United Nation General Assembly (2015), SDGs (2017), IOCE (2015), and Global Evaluation 2016-2021 demands for evaluation, many local and international agencies decided to assist and support the pertinent government organizations in ensuring that the supply of M&E continues. The Tanzanian government received support from international agencies such as MEASURE Evaluation⁵, Tanzania Evaluation Association (TanEA), Tanzania Monitoring and

⁵ MEASURE Evaluation is funded by USAID and has a goal to strengthen health information systems (HIS) in low-resource settings. It enables countries to improve lives by strengthening their capacity to generate and use high-quality health information to make evidence-informed, strategic decision at local, sub regional and national level.

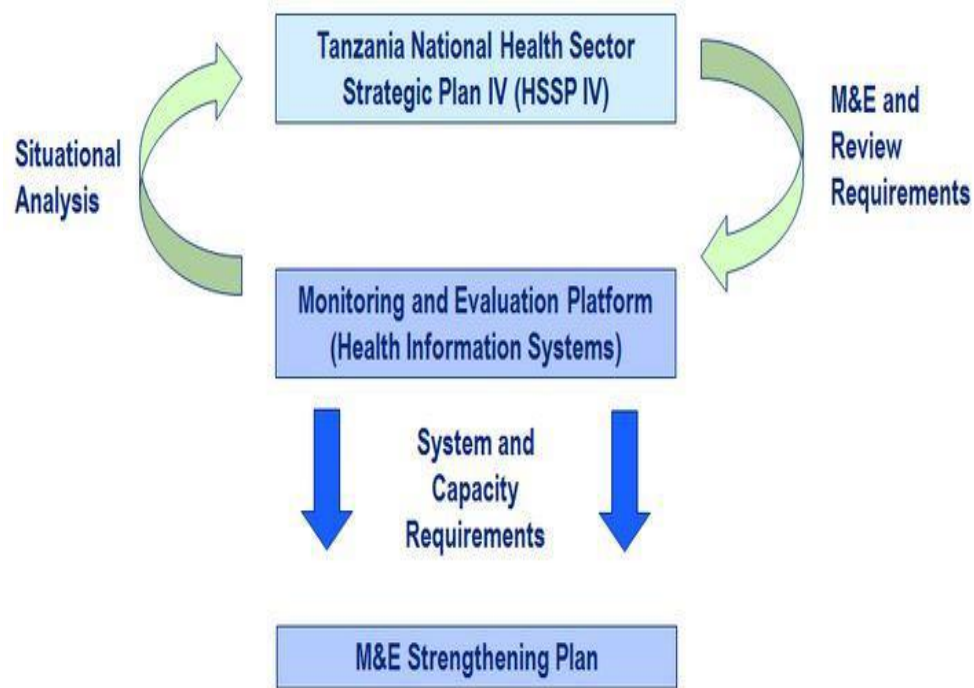
Evaluation Technical Working Groups (TMETWG), and National Evaluation Platform of Johns Hopkins University Institute of International Programs (IIP). The Tanzanian government also received support from local universities such as Mzumbe University, Muhimbili Health and Allied Science (MUHAS), Sokoine University of Agriculture (SUA), and the Institute of Rural Development Planning (IRDP). These local and international organizations and academic institutions help to analyze and lead hands-on capacity workshops and training to build an evaluative culture in all Tanzanian PHOs. Even though these institutions play a significant role in providing M&E training, some universities and programs are underfunded, thus limiting the capacity to deliver proper training to address the unmet needs for M&E in the country, especially in PHOs (CLEAR, 2013).

In September 2017, the government of Tanzania launched the Tanzania Health Data Collaborative (HDC) between the MoHCDGEC, the President's Office Regional Administration and Local Government (PORALG), and Health Sector Stakeholders and Global Partners (HSSGP) (<https://www.healthdatacollaborative.org/where-we-work/tanzania/>). Furthermore, the Tanzania government implemented a second Five-Year Development Plan 2016-2021 (FYIDP II), which consisted of the program interventions in the SDG implementation plan for Tanzania. This plan similarly required the evaluation of the program interventions. In addition, the rising demand for evaluation in Tanzania increased with the inception of The Tanzania Development Vision 2025. This vision was adopted by the Tanzanian government to monitor and evaluate the government's National Poverty Eradication strategies (NPES) 1997-2000 and later to evaluate health projects concerning malaria and HIV/AIDS (the United Republic of Tanzania, n.d.).

Additionally, in early '20s, the government of Tanzania established and developed several units to produce a new long-term strategic plan for M&E in the health sectors, e.g., in hospitals, dispensaries, and health center facilities. These units, which included the Health Information System (HIS), M&E units and structures at the regional level, and Tanzania Monitoring and Evaluation Technical Working Groups (TMETWG), work together to strengthen M&E SI IV. The TMETWG aims to facilitate health quality data to ensure accountability and utilization of results to inform the decision-making process to support HSSP IV of 2015-2020, as shown in Figure 1.1. This figure shows a “Tanzanian platform for health sector information and accountability that provides the situational analysis that might inform the development of a national health strategy and is responsive to monitoring, evaluation and review requirements derived from the national health strategy” (the United Republic of Tanzania, 2015, p. 7). M&E SI III (2009-2015) had made significant progress for measuring all other health objectives and targets to meet the HSSP III (2009-2015) objectives. Following the success of the M&E SI III, the Ministry of Health developed the M&E strategic initiative IV and V (2015-2020) and (2020-2025) with the same mission, i.e., to strengthen M&E in Tanzania (the United Republic of Tanzania, 2015, 2020).

Figure 1: 1

Tanzanian Platform for Health Sector Information and Accountability



Note. From The United Republic of Tanzania. (2015). Five-year (2015-2020) monitoring and evaluation strengthening strategy: Working document for input from stakeholders a Tanzanian platform for health information and accountability. https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/Country_documents/

In addition, the government included the M&E plan and performance-monitoring plan (PMP) in every guideline and strategy that they have developed. The Ministry of Health mandates all health partners, and collaborators to make sure they follow the guidelines/strategic plans in all the activities, to produce high-quality data in the health sector (the United Republic of Tanzania, 2007, 2015, 2016, 2017, 2020).

The Center for Disease Control (CDC) has been working in Tanzania for many years, especially at the hospital facilities, to promote health and well-being through supporting

interventions that prevent and control diseases and their effects. The CDC developed a program evaluation framework to guide public health professionals while conducting program evaluations. This framework aims to increase the quality of health data, accountability, and transparency of interventions at the public health facilities. CDC centered its framework on the core evaluation standards (utility, feasibility, propriety, and accuracy) (<https://www.cdc.gov/eval/framework/index.htm>). The framework also describes some of the critical elements that need to be considered to ensure program teams operate in a suitable way to maintain evaluation standards. These elements include proper identification and engagement of stakeholders in the evaluation process, description of the programs, focus on evaluation design (identify research questions and methodology), gathering of credible evidence, justification of conclusions, and sharing of the lessons learned (Milstein & Wetterhall, 1999). The CDC encourages program managers, M&E units, data analysts, and health management information system (HMIS) units to adopt this evaluation framework to evaluate the performance of their programs.

Despite these efforts, the capacity of these M&E units to conduct an evaluation sustainably is still limited (Tanzania Evaluation Association, 2015; the United Republic of Tanzania, 2015). How then can ECB promote an evaluation culture in health organizations in Tanzania? Kimaro and Fouire (2017) contend that the evaluative capacity of public health workers is fundamental for M&E to function. Thus, despite the increased demand and supply of M&E in Tanzania by different actors and the associated challenges, evaluation capacity building remains necessary in PHOs. In this dissertation, I contend that for an effective and sustainable evaluative culture in Tanzanian PHOs, the Ministry of Health needs to strengthen ECB at all levels.

Statement of the Problem

Over the years, the Tanzanian government has collaborated with external development agencies (NGOs) in conducting PHO evaluations. Since the issuance of the HSSP IV, efforts have been undertaken by the Tanzanian government and the external development agencies to build a sustainable level of professional evaluation capacity within the country. However, these efforts have not been successful. Studies conducted by different scholars find that the requirements of high-quality data, accountability, evidence-based results, and sustainable evaluative culture in Tanzania have yet to be met (Kimaro & Fourie, 2017; Mwaijande, 2018; Rosenstein, 2015; the United Republic of Tanzania, 2020; United Nations Development Programme - Evaluation - ADR Tanzania, 2015). This failure is due, in part, to the lack of a clear plan on how to develop evaluation capacity with public sector programs, the limited availability of professional development programs, and a limited number of skilled evaluators, both internal and external, to support evaluation capacity-building efforts. In addition, there is a lack of motivation to evaluate local public health programs other than donor-sponsored and funded programs. This has also made it difficult in building Tanzanian evaluation capacity.

Concerns have emerged among Tanzanian national and local government sector programs that the evaluation models, methods, and practices are not very relevant to the Tanzanian context, as most current models and approaches in use are western ideas (Chilisa, 2015; Cloete, 2016; Tanzania Evaluation Association, 2015; Tarsilla, 2014). The western approach to evaluation means that most models and practices that are used are imported from western countries and lack a Tanzanian or African context. It should be clear that there is a difference between African and western ideology in terms of how

to handle or manage organizational issues, such as ways of learning, conflict management, and communication styles. In western ideology and practice, there is a relatively open communication between organizational staff and supervisors and a welcoming of stakeholder participation. This is different from Tanzanian ideology in Tanzanian organizations, conflict management and communication systems are more hierarchical and authoritarian. Those in positions of authority are not typically challenged by subordinates. Gender norms in regions such as Geita can also dictate that women should not speak or challenge men, especially those in positions of authority when they are in a meeting or training situation. Understanding these ideologies, social, traditional, and political norms is important as they affect how learning is delivered and received.

These more authoritarian ideologies and practice are parallel to what Freire (2018) calls the “banking system of learning.” In this view, the teacher or trainer deposits in the minds of the learners (evaluation learners for this case), who are considered to be empty or ignorant, some information or knowledge, much like we deposit money in a bank account. This makes the recipients of this knowledge passive objects to be acted upon by the teacher (Freire, 2018). These authoritarian norms need to both be acknowledged and worked with for effective evaluation capacity building. Evaluators conducting trainings should acknowledge that ECB learners have some knowledge from their surroundings and earlier experiences, and at the same time understand the culture, traditions, and social and political environments of local communities to create a successful learning process.

Thus, the western NGO-based approaches alluded to earlier, and top-down passive learning pedagogies for engaging staff and management, or men and women, during the learning process need to be revised and replaced with a better approach. It is crucial to promote capacity building within organizations whereby people will create and develop their own evaluation methods and approaches relevant to Tanzania's social, cultural, and political context. Freire (2018) suggests that candid learning can only be achieved through lived experiences, critical reflection, and praxis. The use of Eurocentric models and their limitations undermine efforts to sustain evaluation and reach the SDGs (Abrahams et al., 2017; Carman & Fredericks, 2010; Porter & Goldman, 2013).

Several studies have been conducted to assess the importance and challenges of monitoring and evaluation (M&E) in improving program performance and reporting, especially in the area of poverty eradication. Many studies have focused on the challenges facing the promotion of ECB in organizations as well. These challenges include conflicts of interests (Bamberger, 1991), a lack of funding (Backer et al., 2010; Hilton & Libretto, 2017), staff turnover (Simister & Smith, 2010), scarcity of evaluation experts (Backer et al., 2010; Carman & Fredericks, 2010; Owens, 2014), the lack of a clear definition of roles (Welsh & Morariu, 2011), and the absence of demand and organizational readiness (Backer et al., 2010; King, 2005; King & Volkov, 2005; Preskill & Boyle, 2008; Welsh & Morariu, 2011). However, few studies have been conducted to explore how evaluation capacity building can be promoted in PHOs and contribute to the promotion of an evaluative culture in PHOs. This gap raises a fundamental question: how can ECB be promoted in PHOs in Tanzania to develop an evaluative culture?

Purpose of the Study

The purpose of this study is threefold. First, it intends to explore current evaluation practices and efforts to engage in ECB in PHOs in Tanzania. Second, it seeks to explore the current challenges and barriers that impede evaluation capacity development and strategies to overcome these challenges in PHOs in Tanzania. Third, my research explores the most useful and culturally relevant strategies and approaches that professionals can adopt to develop evaluation capacity and an evaluative culture specific to PHOs in Tanzania.

Research Questions

This research study attempts to answer the following research questions:

1. What are the current evaluation practices and efforts to engage in ECB in PHOs in Tanzania?
2. What are the current challenges and barriers that impede evaluation capacity development and strategies to overcome these challenges in PHOs in Tanzania?
3. What are the strategies and approaches for building evaluation capacity and promoting the evaluative culture of PHOs in Tanzania?

Importance of ECB in PHO Programs in Tanzania

This section discusses the importance of building capacity in PHOs, particularly in Tanzania's hospitals, dispensaries, and health centers. The increase of social problems and the complex nature of public health interventions has led to increased demand for evaluators to conduct holistic evaluations. The presence of many social problems has led to the massive growth of scholars, evaluators, practitioners, and organizations who

develop models, health information systems, frameworks, and approaches on how to collect health quality data to improve organizational performance.

PHOs in Tanzania, particularly government hospitals, dispensaries, and health centers, developed Health Information System (HMIS) registers to document information about patient visits to their health facilities. Data analysis or M&E unit aggregate summaries are reported to districts using monthly summary forms that are entered into the Demographic Health Information Systems (DHIS) by districts. In addition, administrative data uses separate processes and systems to track information from the laboratory, human resources (HR), and drugs, etc., which relevant sections/departments manage. Policymakers and health managers use both administrative data and HMIS health information to understand the current health status of the population to make informed health decisions (the United Republic of Tanzania, 2015). Thus, the health ministry uses data from DHIS to produce reports that can be shared with partners or other stakeholders, locally and internationally. It is therefore important to develop an evaluative culture in these PHOs for the following reasons:

First, PHOs' evaluation helps monitor the efficiency and effectiveness of programs, policies, and strategies. It provides data about births, deaths, causes of death, migration of the population over time, and essential information about the burden of disease (the United Republic of Tanzania, 2015, 2020). The evaluation provides indicators on whether the project is progressing and recommends how to improve the program as well.

Second, an evaluative culture ensures the presence of quality health data that helps the government through its Ministry of Health to make evidence-based choices

about allocating resources in activities such as responding to disease outbreaks and monitoring health insurance claims. In addition, quality health data helps resolve supply chain challenges for vaccines, medicine, and equipment; track patients over time and at different points of care; and determine which health facilities are performing well and which ones need improvement (URT, 2018). For example, evaluation provides data on whether the mortality rate among women and children is decreasing or increasing at the hospital level and which group/region is mostly affected by malaria. This data helps the Ministry of Health to refine/improve its strategies to improve human health.

Third, strengthening health systems' performance in PHOs helps to ensure that clients can hold health care providers accountable for the quality of services they offer to patients. Data help to assess whether management has enough tools to track and support the improvement of health workers and hospital facility performance.

Despite the useful role of these organizations in delivering quality health care services to the population, the absence or inadequacy of quality health data for to the ministry undermines the proper distribution and provision of quality health care in the country (URT, 2018; URT, 2017). Generally, PHOs are characterized by a limited budget to fund different activities in these facilities. There are few human resources, inadequate medical supplies, insufficient funds for the supervision of data collection and reporting, and limited capacity to implement different activities in rural and urban areas (Boex et al., 2015; Government of Tanzania, 2017). Therefore, ECB remains vital in addressing these challenges and in providing support for the ministry to obtain quality health data that will enable it to make informed decisions and solve public health problems.

Significance of the Study

This study attempts to identify the challenges public health professionals encounter in their organizations and identify the most useful strategies that health professionals can adopt in an effort to build an evaluative culture in PHOs in Tanzania. It is therefore significant in the following ways:

First, it is intended to increase knowledge and understanding among PHOs on how ECB can equip them with technical skills to conduct an evaluation. This knowledge may enhance the ability to design a study, ask questions that matter, collect, analyze, interpret findings, and use results for the decision-making process and program improvement.

Second, it is intended to help change attitudes and perceptions about the value and role of evaluation and the utilization of results. This change may improve the availability of useful information, which contributes to program success for external use (i.e., donor reporting) and improved program performance.

To conclude, ECB improves health professionals' skills to evaluate and provide in-depth information that might support system change in PHOs. It can contribute to building a strong culture of valuing evaluation, utilizing results, and practicing evaluation. Through ECB, organizations can develop their evaluation capacity and establish evidence-based results, which can then be used to improve organizations' efforts to deal with the various problems.

Definitions of Terms

Donor Organization: These organizations are funded by donors and not by the government, i.e., donor led organizations.

Monitoring: Systematic and continuous process of collecting specific information about the ongoing project. Monitoring information is necessary but not sufficient input to conduct a rigorous evaluation.

Evaluation: Systematic and objective assessment of an ongoing or completed project, program, or policy.

Monitoring and Evaluation (M&E): Is a synergistic practice. Monitoring involves tracking of program information per indicators but by itself does not generate sufficient input to conduct a vigorous evaluation, whereas evaluation can provide deep information about the impact of a program.

Public health organizations (PHOs): Health facilities that the government funds. They include public hospitals, dispensaries, and health centers. Health center refers to health facilities that provide both in-patient and out-patient care 24 hours a day. Health centers are found at the ward level, and the health center manager in charge is answerable to the ward leaders. Dispensaries refer to the health facilities that exclusively provide out-patient care and will treat any condition that requires in-patient care by giving a referral to the nearest health center. Health centers and dispensaries in Tanzania are the front-line in providing primary curative and preventive health services for most of the population, particularly in rural areas despite its clear distinctions in roles as described.

Organization: Any type of organization, particularly in the review of literature.

Frequently, the term will refer to PHOs, i.e., public hospitals, dispensaries, and health centers.

Capacity: The ability of people, groups, and organizations to solve organizational problems and meet organizational objectives or to perform better (Chaplowe & Cousins, 2016).

Evaluation capacity: The capacity of an organization to conduct evaluation and use its results to improve programs (Bourgeois et al., 2018; Chaplowe & Cousins, 2016).

Process Use: “Individuals’ change in thinking, attitude and behavior and program or organizational change in procedures and cultures that occur among those involved in the evaluation as a result of the learning that occurs during the evaluation process” (Patton, 2008, p. 155).

Evaluation process: The situation whereby evaluation participants are engaged in the evaluation process or activities from the beginning to the end, i.e., problem identification, planning, data collection and analysis, and dissemination of findings.

Evaluation Capacity Building (ECB) process: Strategies implemented to improve a PHO’s evaluation capacity.

Primary intended users (PIU): Individuals within the organization who can make decisions about whether to terminate or to continue with the program and who have a stake in the organization e.g., directors or board members.

Users of results: Individuals within the organizations who use data to improve the programs, e.g., implementers, managers, and targeted groups.

Sustainability: “Sustaining a relationship and commitment among the organizational stakeholders or staff members; sustaining knowledge, capacity, and values generated from the capacity building training; and sustaining funding, staff, programs, and policy changes at the organizational level” (Israel et al., 2006, p. 1024). This refers to the ability

of a program or an organization to exist and continue to implement program activities upon the termination of the initial support for which the program is offered (Schroeter, 2015).

Sustainable evaluation practices: Desired outcome of the ECB process. Sustainability occurs when PHOs have a desire to integrate evaluation practices into their routine.

Evaluative culture: Situation whereby the organization has a consistent culture of seeking information from its performance and learning from results to better manage and deliver services (Mayne, 2008).

Overview of the Dissertation

Chapter Two in this dissertation reviews ECB literature as discussed by other evaluation scholars. It discusses evaluation models, approaches, ECB strategies and theories that Tanzanian PHOs can utilize to sustain evaluation practices and processes. This study explored some of the ECB strategies and approaches during the in-depth interview with managers.

Evaluation is a growing field; many countries, including Tanzania, have started to invest in ECB processes to strengthen the knowledge and skills of their health professionals to evaluate to the fullest. However, despite the increased demand for ECB and the different efforts that the ministry undertakes, many PHOs still struggle to build a strong evaluative culture. There is also no literature that explored the role of ECB in Tanzania in developing and sustaining evaluative culture in these organizations. This study provides evidence-based data and contributes to the literature on ways in which PHOs in Tanzania can build and sustain evaluation practices over time. It also provides the most preferred ECB strategies to build ECB in PHOs in Tanzania.

Chapter Three presents the research design and method used to gather and analyze data. A social constructivism research design guided this study. A qualitative method, specifically in-depth interviews, was used to collect information from the participants. The choice of method was informed by research questions that intend to understand the experiences and perspectives of the Tanzanian health professionals about the evaluation and ECB practices in the PHOs. Managers and administrators who oversee evaluation activities in these organizations were asked to participate in the interview for one hour. The interview guide comprises 22 questions covering the following topics: (a) manager evaluation backgrounds and knowledge, (b) knowledge and practice of ECB, (c) ECB curriculum development and involvement of PHOs in the process, (d) sustainability of evaluation and ECB being practiced, and (e) challenges and barriers to the development of ECB and ways to overcome them. This chapter also describes the research site, study population, sampling and recruitment strategies, data collection process, and analysis plan, as well as highlighting the research positionality and ethical considerations for the study.

Chapter Four provides the results of the research. This chapter discusses the emerging broader themes and subthemes developed during data analysis. The chapter also provides the summary for each broader theme at the end of the discussion. Chapter Five discusses the results outlined in Chapter Four. This chapter discusses the eight overarching themes, followed by study implications to the MoHCDGEC, PHOs, and emerging evaluators. Finally, the chapter highlights the study's limitations and implications for further studies.

Chapter 2: Literature Review

This chapter reviews the literature on evaluation capacity building (ECB) and its implications for increasing organizational performance, sustaining evaluation being practiced and promoting evaluative culture within public health organizations (PHOs) in Tanzania. This chapter aims to understand how a strong evaluative culture and sustainable evaluation are built and the theories, models, and approaches that guide evaluation. I focus on how theorists in the evaluation field conceptualize these practices and the factors that impede/facilitate sustainability and a strong evaluative culture in PHOs.

The first part of this section provides an overview of ECB and evaluative culture and the importance of ECB in PHOs in Tanzania. The second part describes models, approaches, and strategies to facilitate ECB that are applicable to the Tanzanian context (Taylor-Powell & Boyd, 2008), followed by a discussion of the models. The third part of this chapter provides a discussion of theories that guide ECB, followed by a general discussion of ECB and factors that facilitate the sustainability of evaluation practices and evaluative culture. Finally, a conceptual framework that summarizes what evaluators should do and how change can occur in organizations is presented.

Overview of Monitoring, Evaluation, ECB, and Evaluative Culture

In the evaluation field, ECB emerged in the 1970s when participatory, collaborative, and stakeholder evaluation became commonplace (Boyle, 2005; Patton, 2008). During this era, there was a need to increase the program staff's engagement (learn by doing) in all evaluation processes to understand the role and importance of evaluation. Building evaluation capacity was also the primary area of interest among evaluators and

organizations to strengthen staff knowledge to perform evaluations (Fetterman, 1994; King, 2007a; Preskill & Boyle, 2008). Thus, institutionalizing evaluation capacity in organizations became imperative. Many organizations desire to ensure that their programs succeed and acquire relevant evidence-based data for decision-making (King, 2007b), especially in industrialized countries. Nearly 50 years later, the demand for ECB to sustain an evaluation culture increased after the release of *New Direction for Evaluation* (2002), a book focusing specifically on the role of the evaluator in increasing organizational performance and sustainability. The following section provides a brief definition of ECB and evaluative culture, followed by ECB models and approaches.

Monitoring and Evaluation Definitions and Differences

Monitoring is a systematic and continuous process of data collection on specified indicators that provides management and stakeholders with indicators of the extent to which program objectives have been achieved (Chaplowe & Cousins, 2016).

Evaluation, by contrast, is a systematic and objective assessment of an ongoing or completed project, program, or policy. It involves collecting and analyzing information about a program's activities (Patton, 1978). It can also include assessment of the design, implementation, and results of a project, program, or policy. The aim is to determine not just the achievement of objectives, but also the relevance, efficiency, effectiveness, impact, and sustainability of a project, program, or policy. An evaluation should provide information that is credible and useful, to enable the incorporation of lessons learned into the decision-making process for both recipients and funders (Chaplowe & Cousins, 2016).

As discussed, in Chapter 1, M&E in Tanzania and other parts of African has been a dominant evaluation practice introduced by donors/funders and NGOs to ensure project accountability and assess outcomes. For many years, M&E has been used in Tanzanian PHOs. Thus, M&E is part of Tanzania organizational culture. ECB is a fundamental strategy that might contribute to strengthening the skills and knowledge that health staff and management lack by expanding M&E into the menu of organizational activities. These skills would help M&E practitioner evaluate program activities for program improvement and aid decision making and judgment. However, before introducing ECB, it is crucial to explore and learn from these PHOs that implement M&E activities and identify the challenges and strategies that are utilized to improve their program performance.

Evaluation Capacity Building

The term ECB is defined broadly, based on the aims and context in which the ECB is applied. While Stockdill et al. (2002) refer to ECB as an activity at the organizational level, Preskill and Boyle (2008) and King and Volkov (2005) define it as building capacity at the individual and organizational levels. Baizerman (2002) defines ECB as “the intentional work to continuously create and sustain overall organizational processes that make the quality evaluation, and it uses a routine” (p. 109). Stockdill et al. (2002) affirm this definition. Using an organizational learning perspective, Preskill and Boyle (2008) define ECB as a process of building capacity which involves the design and implementation of teaching and learning strategies to help individuals, groups, and organizations learn about what constitutes an effective, useful, and professional program evaluation. It also helps individuals, groups, and organizations by supplying knowledge

on how to conduct this kind of evaluation. To Preskill and Boyle (2008) the main goals of ECB are: (a) to sustain evaluation practices whereby the organization professionals would continuously ask questions that matter (for example, what is the problem at hand, how can I/we solve it, what resources are available to address the problem, what is our priority), collect, analyze, and interpret data, and use evaluation findings for decision-making and action; (b) at the individual level, to change professionals' attitudes, knowledge, and skills/behavior; (c) at the organization level to change policies, administration process, leadership, organizational structure, and culture; and (d) at the program level, to improve program performance, results, and services. For evaluation practice to be sustained in PHOs, health professionals must be provided with leadership support, incentives, resources, and opportunities to transfer their learning about evaluation to their everyday work. Sustainable evaluation practice also requires the development of systems, processes, policies, and plans that help embed evaluation work into how the organization accomplishes its mission and strategic goals.

King and Volkov (2005) defined ECB as a continuous process of learning to strengthen and sustain effective program evaluation practices by increasing an organization's capacity to: (a) design, implement, and manage effective evaluation projects; (b) access, build, and use evaluative knowledge and skills; (c) cultivate a spirit of continuous organizational learning, improvement, and accountability; and (d) create awareness and support for program evaluation and self-evaluation as a performance improvement strategy in the internal and external environments in which they function.

Preskill and Boyle's (2008) and King and Volkov's (2005) definitions focus on building capacity at both the individual and organizational levels. They all outline

elements that lay a ground framework for ECB and ways to sustain evaluation processes and practices over time.

Labin et al. (2012) conducted a meta-synthesis of the evaluation capacity building literature, and they constructed a working definition of ECB from the ECB literature. For them, ECB is “an intentional process to increase individual motivation, knowledge, and skills and to enhance a group or organization’s ability to conduct or use evaluation” (p. 308). Likewise, ECB is an internal capacity to guide health professionals to conduct their program evaluation (Cousins et al., 2006; Labin et al., 2012). This definition focuses on building the capacity of individuals at the organizational level, but it does not mention sustainability issues.

Although each definition differs in its focus and target, there are some commonalities in these definitions. They all view ECB as an intentional process of learning to strengthen individuals’ and organizations’ skills and knowledge to practice their evaluation (self-evaluation) to the fullest, which is central to the PHOs in Tanzania. Furthermore, these definitions are directly related to promoting evaluation practices and contextual factors that may facilitate a sustainable evaluative culture. These definitions emphasize the importance of context, arguing that ECB is context dependent.

These definitions are vital as they emphasize the need for evaluators to consider stakeholder involvement, professional development, organizational assessment, organizational learning, and organizational change, which are fundamental for this study. In addition, these definitions show the need for the evaluators to not only promote and strengthen the evaluation capacity of individuals in these PHOs but also identify ways to sustain these practices over time and promote the use of the findings.

Evaluative Culture

Mayne (2010, 2008) defines evaluative culture as a situation whereby the organization has a consistent culture of seeking information from its performance and learning from results to better manage and deliver services to underserved communities. Likewise, Owen (2003, p. 43) defines evaluative culture as a “commitment to roles for evaluation in decision-making within an organization.” In some literature, evaluative culture is viewed as a results culture, or a culture of assessing performance (Mayne, 2008, 2010). Evaluative culture in PHOs in Tanzania occurs when organizations deliberately seek information to improve organizational performance from various sources, such as M&E reports, Tanzania health information systems (THIS), and research reports. However, it is unclear how often the organizations need this information. Without an evaluative culture in these organizations, building capacity and sustaining capacity would be hard (Mayne, 2010; Owen, 2003).

According to Mayne (2010) there are strong and weak evaluative cultures. A strong evaluative culture in a PHO occurs when organizations engage in self-reflection or self-examination and participate in evidence-based learning and experimentation to identify areas for improvement, as shown in Figure 2.1 (Mayne, 2008; Stewart et al., 2017; Torres & Preskill, 2001). A weak evaluative culture occurs in an organization when staff (a) gather information but limit its use mainly to external reporting; (b) acknowledge the need to learn but do not provide a time or structured occasions to do so; (c) foster change only with great effort; (d) claim that the organization is evidence-seeking, but discourage challenging the status quo; (e) talk about the importance of achieving results, but discourage risk-taking and mistakes, and/or; (f) talk about the

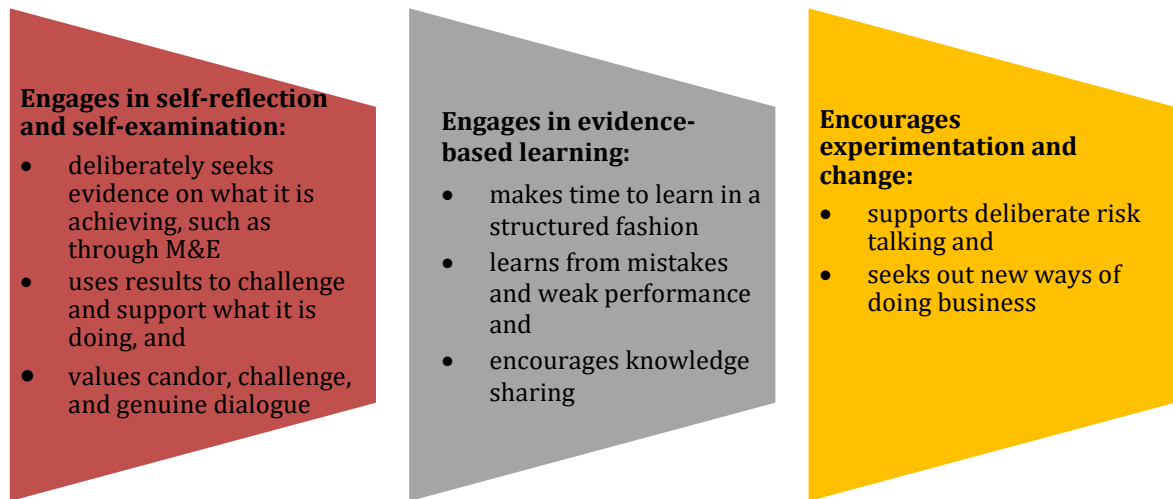
importance of achieving outcomes, but value following rules and processes and delivering outputs (Mayne, 2010).

Several studies (Backer et al., 2010; Clinton, 2014; Mayne, 2010; Preskill & Boyle, 2008; Stewart et al., 2017; Tarsilla, 2014; Volkov & King, 2007) indicate that a lack of evaluative culture weakens the results' utilization and value and affects the findings' transparency. It also reduces morale for staff conducting evaluation activities and increases staff turnover due to tension and fear affecting program performance.

Thus, PHOs that are characterized by a strong evaluative culture should engage in self-reflection and self-examination (self-evaluation), learn from results, and encourage experimentation and change. Several key characteristics contribute to fostering evaluative culture. These include the presence of good leadership, provision of training to the management, and the provision of opportunities and incentives to health professionals to undertake self-evaluation. Although Mayne's framework is useful in providing and understanding the characteristics that guide evaluators in examining organizations with or without a strong evaluative culture, more research on evaluation is needed to test this framework.

Figure 2: 1

Characteristics of an Organization with a Strong Evaluative Culture



Note: This figure shows the characteristics of an organization with a strong evaluative culture. Copyright by J. Mayne, 2008

Models Facilitating ECB in PHOs in Tanzania

There are several models and approaches used empirically to promote ECB efforts and initiatives at the organizational level. This section attempts to show how these models can be used to provide an understanding of the organizational need, process, prerequisites, and strategies for building ECB. ECB may be guided by these models and approaches in order to improve PHOs in Tanzania. For ECB to be useful and sustainable in an organization, it must be flexible and tailored to a range of needs, cultures, and philosophies of that organization. To capture these dynamics, ECB requires a wide variety of models and frameworks to accommodate the context within which the organization operates (Owens, 2014; Preskill & Boyle, 2008; Preskill & Russ-Eft, 2016).

In this paper, I will use the term “model” to refer to ECB frameworks, models, and approaches.

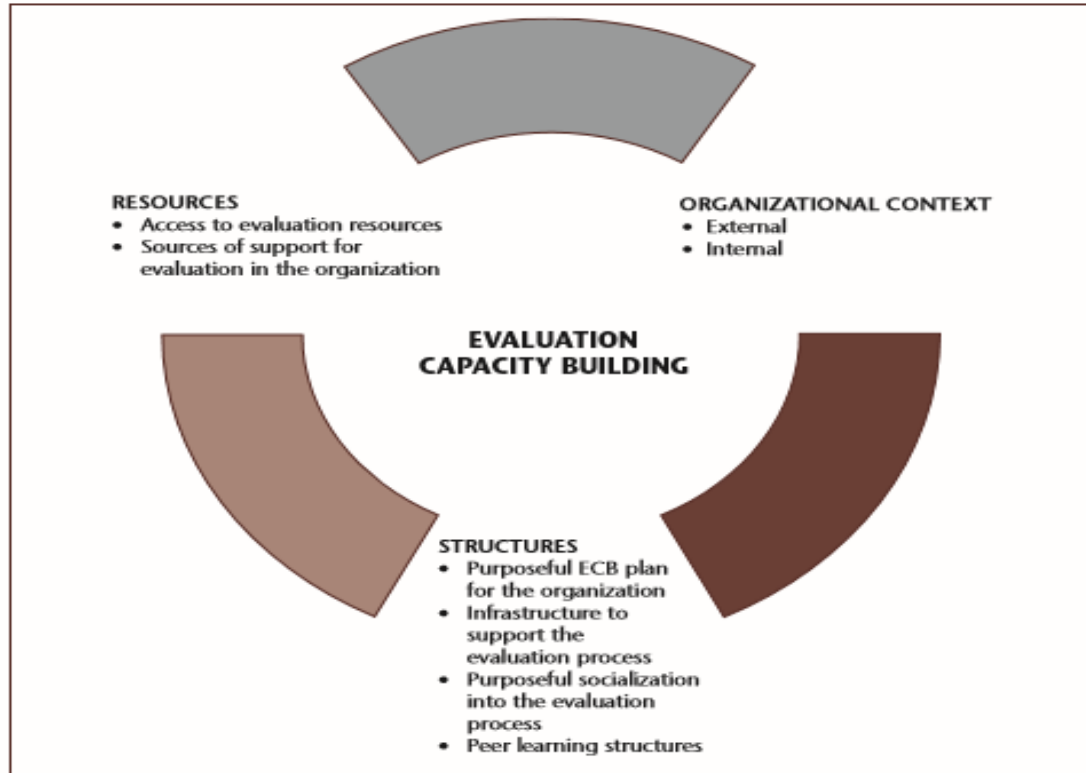
This section describes the four models of capacity building (CB) namely: (a) King and Volkov’s (2005) grounded model for ECB; (b) three-frameworks by Taylor-Powell and Boyd (2008); (c) the multidisciplinary model by Preskill and Boyle (2008); and (d) the model of Labin et al., 2012. In the discussion of these models, I also highlight similarities and differences in CB. I pay particular attention to the three-framework model by Taylor-Powel and Boyd (2008) as I find it to be more relevant in promoting ECB in PHOs in Tanzania. This model considers the cultural and the political (resource allocation) environment of an organization’s operations. Informing the model are the adult learning theory, organizational learning theory, and organizational change theory, which are also discussed in the following sections.

King and Volkov (2005): A Grounded Framework for ECB

The grounded framework was established based on experiences and results from the work which they did in three different organizations: a science museum, a school district, and a community center. King and Volkov (2005) state that the framework can guide any organization that is interested in instituting the ECB process. This framework is applicable to organizations with limited funds. King and Volkov contend that there are three major components that are necessary in an organization to support ECB processes. These are organizational context, structure, and resources. Some details about these components are presented in Figure 2.2.

Figure 2: 2

Elements of a Grounded Framework for Evaluation Capacity Building



Note: This figure shows the elements of a grounded framework for evaluation capacity building in the organization. Copyright by J. King and B. Volkov, 2005

In this framework people learn evaluation by doing it, in the process promote self-direction, and increase motivation to engage in evaluation activities. Thus, the presence of the three components in an organization stimulates and sustains evaluative culture overtime. Although the King and Volkov model seeks to promote and sustain evaluation culture, they are more focused on structures than on individuals in promoting organizational change, unlike the Taylor-Powel and Boyd (2008) framework.

Three Frameworks by Taylor-Powell and Boyd (2008)

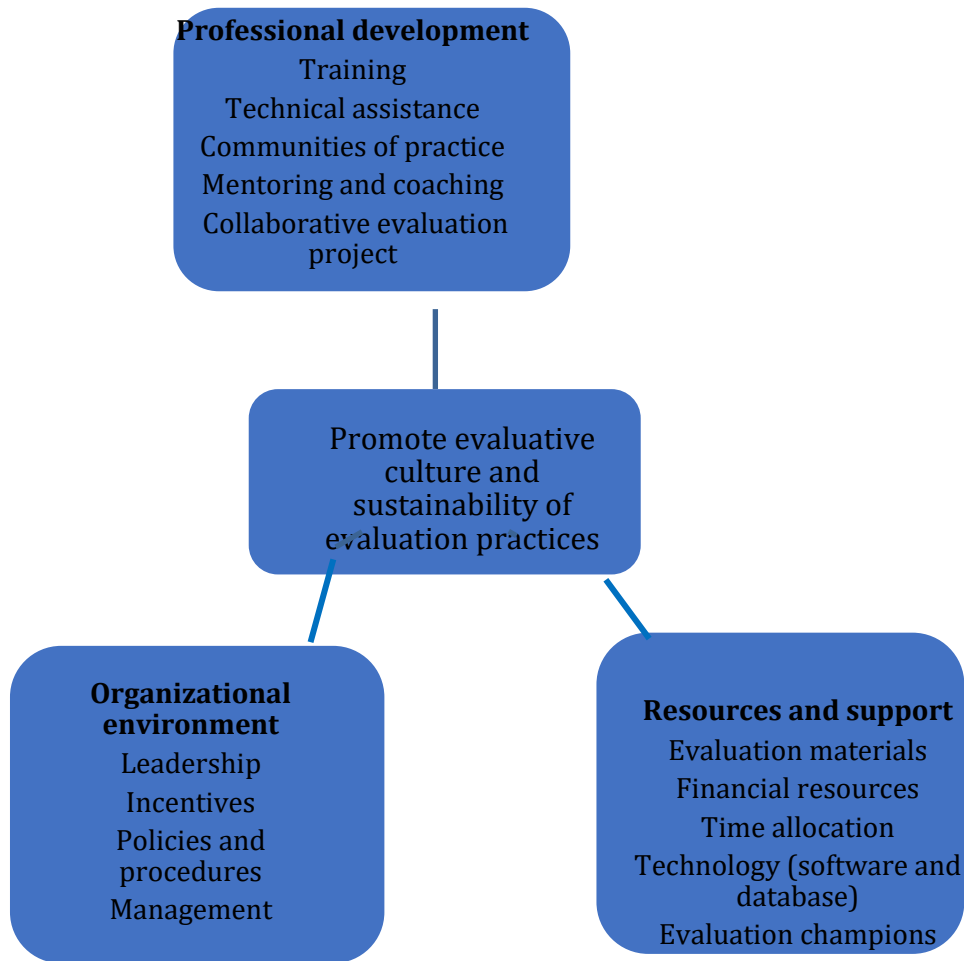
Taylor-Powell and Boyle (2008) developed their framework by drawing from the work of King and Volkov (2005) and applying it to a complex extension organization. Taylor and Boyd (2008) identify three components of ECB, namely professional development, resources and support, and organizational environment. To them, capacity building needs to occur at both the individual and organizational levels.

This model suggests that *professional development strategies*, such as training and coaching, which focus on strengthening knowledge and skills, are essential in the organization (Figure 2.3). The individual skills, knowledge, attitudes, and behaviors developed during professional development help improve a team's ability to conduct and use evaluation results. Moreover, the knowledge gained can be diffused into other projects. The presence of a *supportive organizational environment*, such as incentives, visionary leaders, and management that supports learning and open communication, helps to stimulate creativity, innovative ideas, and work ethic. Finally, the *presence of resources* (time and human resources) and support from the management is crucial in promoting and sustaining evaluation practices. The above elements are fundamental in promoting and sustaining an evaluative culture and evaluative thinking in an organization. Figure 2.3 provides a summary of the elements of ECB, as discussed by Taylor-Powell and Boyd (2008). Both scholars believe that the outcome of ECB should include higher quality in practice of evaluation, the use of results to inform decision-making, and evaluative thinking as a routine process. The Taylor and Boyd model/framework is useful as it generally provides guides for research and practice.

However, it does not have direct implications for practice or produces testable hypotheses (Owen, 2014).

Figure 2: 3

Summary of the Three Frameworks by E. Taylor-Powell and H. Boyd, 2008.



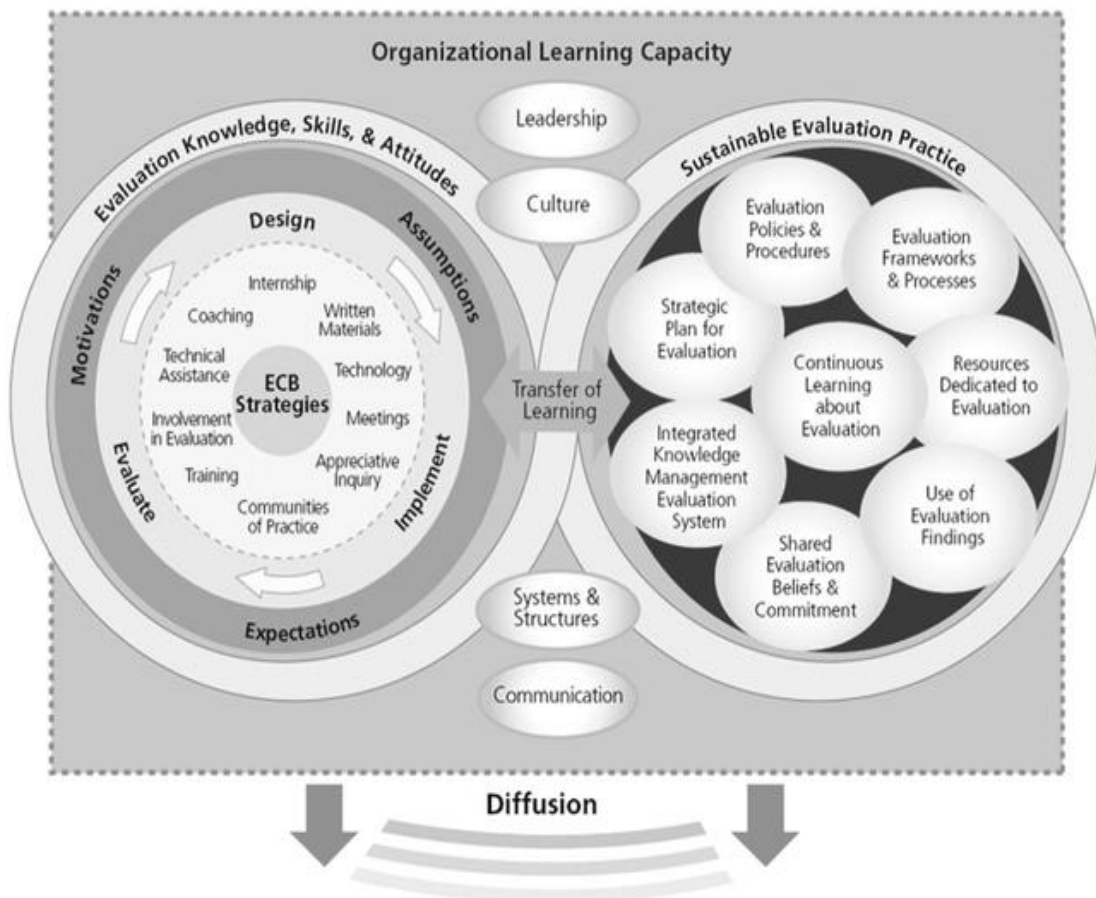
The Multidisciplinary Model by Preskill and Boyle (2008)

The ECB model developed by Preskill and Boyle (2008) is more comprehensive than the models outlined above because Preskill and Boyle’s model integrates three different aspects of capacity building to enhance organizational learning and organizational change to maximize ECB effectiveness. These aspects include: (a) motivation, assumptions, and expectations; (b) sustainable evaluation practices; and (c)

diffusion. These three components are linked together to bring about change and to ensure that ECB within the organization is sustainable, as shown in Figure 2.4.

Figure 2: 4

Multidisciplinary ECB Model by Preskill & Boyle, 2008



The first components of the model are *motivation, assumptions, and expectations*.

This model assumes that one of the roles of ECB is to strengthen the evaluation knowledge, skills, and attitudes of staff members toward evaluation practices within an organization. In this model, ECB takes different forms, such as internships, written materials, and training to build such capacity.

The second component is the need for *sustainable evaluation practices*. To ensure sustainable evaluation practices in an organization, there must be effective evaluation policies and procedures, an evaluation framework, and resources dedicated to evaluation. In addition, the use of evaluation findings, an integrated knowledge management system (e.g., one that allows people to learn from peers), a strategic plan for evaluation, and continuous learning about evaluation are crucial. Of course, achieving all these conditions in one organization can be challenging; however, the mentioned requirements guide organizations that want to see effective, sustainable evaluation by promoting individual, group, and organizational learning in their organizations (Preskill & Boyle, 2008).

Likewise, transferring knowledge, skills, and attitudes within an organization is fundamental to sustaining the ECB and evaluative thinking process. In addition to the factors affecting ECB alluded to earlier, ECB is also affected by other broad components, which interact with personal and organizational factors. These broad factors include: (a) leadership (a leader who values learning and evaluation), (b) culture (in the organization that requests evaluation and capacity building), (c) systems and structures (availability of systems and structures that support health program staff to engaging in evaluation practices), and (d) communication (channels available to facilitate the dissemination of findings and evaluation practices, provide and accept feedback).

The last component of the model is *diffusion*. The assumption here is that ECB users and beneficiaries who are engaged in evaluation activities will share their new knowledge, skills, attitudes, and experience both within and across organizations. In

addition, these beneficiaries become an inspiration to others by sharing their evaluative thinking and practices (Preskill & Boyle, 2008).

While Preskill and Boyle's model seems useful in understanding how organizations learn and change over time (Hilton & Libretto, 2017), it still assumes that there is linearity between individual capacity building and organizational change (Labin et al., 2012). Furthermore, this model also ignores the organization's external context, which King and Volkov (2005) described as an essential component during the ECB process. Thus, the absence of this component in the model might affect the transferability of Preskill and Boyle's model to different countries or societies, especially African countries such as Tanzania.

The Labin et al. (2012) model resulted from a systematic review of the ECB literature. This model was created to include all existing literature on ECB that has been empirically tested. The model has several components: need, activity, and results or outcome of ECB. *Need* is described as "why" the organization conducts ECB activities; *activities* are described as "what" and "how" ECB activities could be carried out to achieve the intended outcome. *Results* are described as the outcome of the ECB activities. In the results, evaluators need to examine their effort to make sure the outcome is attained, i.e., strengthening the knowledge of individuals/organizations, promoting the use of findings, and encouraging evaluative thinking. There are some commonalities between the Labin et al. (2012) model and that of Preskill and Boyle (2008). The Labin et al. (2012) model includes some components that are left out by other models or were treated differently, such as in the multidisciplinary model. For example, the multidisciplinary model treats resources and the readiness to learn and adapt to new

practices as separate components that are necessary for organizational learning and change. However, Labin and colleagues treat them as a single component. This falls into the “need” component as described earlier.

Discussion of the ECB Models

Despite the differences in the models (as discussed above), they are all informed or rooted in the Use Theory. Within Use Theory, the models differ in their conceptions of how capacity building should be ensured and structured in an organization to promote process use of evaluation results to inform the decision-making process. Regardless of these differences, they all focus on building the evaluative skills and the capacities of individuals within or across organizations. In addition, they all believe that the promotion of ECB in organizations, including PHOs in Tanzania, requires strong leadership, a supportive organizational structure, and proper communication. These three factors are crucial in promoting sustainable evaluative thinking and practices within the PHO in Tanzania.

Transfer of knowledge into organizational systems and structures is crucial for the effective promotion of ECB in PHOs in Tanzania (Preskill & Boyle, 2008; Taylor-Ritzler et al., 2013). Some scholars such as Taylor-Powell and Boyd (2008), and Preskill and Boyle (2008) use the word “diffusion” to account for how knowledge transfers from one place to the other. Diffusion describes how evaluation knowledge, skills, and values can be spread into other structures and systems of organizations. It helps to promote high-quality, sustainable evaluation practices and the use of evaluation findings and encourages evaluative thinking within an organization or between an organization and its partners. In addition, Preskill and Boyle (2008) and King and Volkov (2005) emphasize

the role of evaluation champions in spreading evaluation into a new organization system. This means that the ECB approaches are useful since they provide evaluation experts with skills and knowledge on how to conduct an evaluation. These experts become ambassadors who can diffuse their evaluation skills to new organizations, collaborators, and new staff or personnel in PHOs in Tanzania (Cousins & Bourgeois, 2014; Owen, 2003).

The model by Taylor-Powell and Boyd (2008) presents a critical contribution to ECB. This model offers a dynamic approach that incorporates various strategies for ECB. The model's dynamism makes it a good fit for the Tanzanian context. The presence of many key players, such as doctors, nurses, and social workers, in PHOs creates a complex structure and system for data collection, reporting, and implementation of evaluation activities. In such a situation, it is necessary to act on a model that addresses the complexity of promoting real change within the organization in its value and evaluation. This model is highly relevant as it focuses on how health professionals in an organization learn and the conditions for organizational change.

This study's main goal is to promote sustainable evaluation activities and evaluative culture in PHOs in Tanzania. The model informing my research highlights the most significant elements that need to be examined before implementing ECB to ensure sustainability. Most developing countries like Tanzania think that evaluation is for external use (to meet donor demands) and not for program improvement (Chilisa, 2015; Cousins & Bourgeois, 2014; McDonald et al., 2003a; Tarsilla, 2014). This perception limits what type of data is collected and analyzed, and thus becomes a barrier for sustainable evaluation practices. The model adopted in my research (fully explained

below) is helpful in examining PHOs in Tanzania understand what policies guide their practice.

Although the models reviewed above provide evaluators with strategies for ECB promotion in PHOs, none of them account for resistance and conflict. Organizations are not without resistance and conflicts of interest. During the evaluation process, resistance may arise, but the models do not provide any guidance on how to resolve conflicts or deal with resistance during ECB. The models assume that participant engagement might be the solution to sustain evaluation practices (King & Volkov, 2005; Lobo et al., 2018; Preskill & Boyle, 2008; Taylor-Powell & Boyd, 2008). However, they fail to consider the possible outcome if the management does not accept opinions from its subordinates, who do not have decision-making powers to allocate resources for evaluation. When health professional managers have skills or are eager to learn and change, but the staff, e.g., M&E or data clerks at the hospital or dispensary or health center level, are not ready to learn, change becomes problematic. Resistance may occur in either direction, as described by the adult learning, organizational learning (OL), and organizational change (OC) theorists. Therefore, to build sustainable evaluation practices and an evaluative culture, it is essential to conduct a thorough assessment, understand organizational and staff culture, and embrace it during the ECB process. There must be open communication about how change should occur to avoid resistance and push-back during the ECB process.

Process Use and ECB

This section describes ways in which process use as a means to ECB can be promoted to foster sustainable evaluation practices in PHOs in Tanzania. It highlights

steps and procedures for evaluators who want to promote process use. This section also explores the ways sustainability and evaluation practices can be undermined if these procedures are not well assessed and followed.

For many years, there has been a debate over the purpose and application of evaluation results. Many scholars claim that using results is imperative for decision-making and program improvement in the organization that is doing the evaluation (Fetterman & Wandersman, 2005; Patton, 2007, 2008, 2012) while others disagree (Scriven, 1967). Scholars such as Scriven (1991) believe that the role of evaluation is to provide useful information for judging the merit and worth of the project and decision-making about the project, but not necessarily for ongoing decision-making in the organization about all of its activities. Moreover, how this more comprehensive use of results could be promoted in organizations remains challenging. Promoting the use of results is crucial for any evaluator to increase organizational performance in PHOs. Scholars such as Preskill and Boyle (2008), Taylor-Powel and Boyd (2008), and Alkin (2012) express different ways in which evaluation information can be used, focusing on strengthening the skills of stakeholders who can use the information. They outline evaluation approaches and models to facilitate process use, an aspect of an evaluative culture, and the use of results in PHOs to improve organizational performance and foster sustainability.

These scholars view evaluation as a process and product. Process use entails learning from the evaluation process itself or making changes based on the evaluation process to influence the use of results (Patton, 2008). Process use requires long-term commitment, intentionality, and the engagement of participants in the evaluation process

(Rohmer-Hirt, 2016). King (2007) shows that there is an intrinsic relationship between ECB and process use. She contends that there cannot be ECB without process use or process use without ECB. Therefore, evaluators need to ensure there is a conducive environment for introducing ECB and process use in PHOs. However, she distinguishes between ECB as process use and as process influence. Whereas the intentional/direct goal of ECB is to promote “process use,” “process influence” is a secondary goal where people learn evaluation unintentionally (e.g., program staff will be engaged in unstructured evaluation work without knowing that they are learning important evaluation skill; thus, evaluation will influence their work even though they are not actually using it). Scholars argue that it is crucial to identify the goal of ECB and find the right approach and strategy that aligns with goals to facilitate process use. ECB goals can differ between organizations depending on organizational needs. For example, organization X might require capacity building based on the theory of change or action theory—creating change or promoting some type of action--while organization Y’s goal is to focus on the importance of evaluation to reduce negative perceptions towards evaluation among staff. These goals should be identified during the needs assessment process to avoid evaluation failure (McDonald et al., 2003a; Patton, 2012; Volkov & King, 2007).

Proponents of ECB and process use are pragmatists because they believe that there are multiple ways in which knowledge can be acquired, and change can occur at any given point in time. Pragmatists believe that human development is socially situated, and that knowledge can be built through interaction with others (Creswell & Creswell, 2018). These assumptions are fundamental for evaluators interested in emphasizing the

establishment of process use and use of results. Thus, before introducing ECB, evaluators are required to understand the context, cultural dynamics, structural systems, organizational readiness, ways of learning, and how knowledge is acquired, constructed, and shared in PHOs in Tanzania (Christie & Alkin, 2013; King, 2007b).

King (2007) views ECB as a platform where learning can occur in organizations for example, PHOs in Tanzania. She sees evaluators as teachers (that is, trained evaluators), the primary intended users as students, and the evaluation process and findings as curriculum. In this context, an evaluator can apply an understanding of the familiar places to plan intentionally for ECB-orientated process use. She suggests that even though evaluators play an instructional role, there is no guarantee for success. Some participants might learn new skills, but others may not. However, the more participants (intended users) engage in the learning process, the more likely they are to start developing an interest, leading to organizational change. Learning by doing, which is the key to process use, has attracted many scholars in the evaluation field (Cousins et al., 2006; Knowles et al., 2005; Taylor-Powell & Boyd, 2008). Scholars argue that when adult participants are engaged in the evaluation process and are given time to reflect, they can understand the value of evaluation. Thus, this engagement process helps to increase morale and intention to learn without thinking about whether the finding would be positive or negative (Cousins et al., 2006; Forss et al., 2002; Knowles et al., 2005).

For these reasons, these scholars contend that an evaluator should perform the following functions during the ECB process: (a) design research and select measurement; (b) facilitate group interaction; and (c) coach others when doing their evaluations without judging the merit and worth of the program, as is the case with valuing theorists like

Scriven (1967). These steps help to illustrate why it is essential for an evaluator to be part of the process, especially during the needs assessment, stakeholder identification, design of the evaluation, and implementation stages of ECB (King, 2007; Patton, 2012; Preskill & Boyle, 2008). The process also is crucial in helping evaluators understand PHO needs, gaps, and priorities, and consequently, they can propose better ways to learn and change their operations to embrace the evaluative culture.

Scholars highlight how organizations such as PHOs in Tanzania can build capacity, strengthen, and sustain learning and growth, develop leaders, and build a team. They also provide a guide on how to raise the voices of powerless and voiceless individuals, motivate an organization to conduct an internal evaluation, and use the results to inform the decision-making process (Cousins et al., 2006; Fetterman & Wandersman, 2005; King, 2007b; Patton, 2008, 2012). Organizational learning and stakeholder self-development are central in sustaining organizational change, especially in PHOs in Tanzania (Christie & Alkin, 2013; Fetterman & Wandersman, 2005; Preskill & Russ-Eft, 2016; Torres & Preskill, 2001).

ECB Processes and Steps

Several scholars have outlined steps and procedures that can be applied to plan and execute ECB process use in PHOs in Tanzania (King, 2007b; Patton, 2008). These scholars believe that each evaluator needs to promote evaluative culture and the utilization of results in their work. For example, King (2007) and Volkov and King (2005) outlined four steps: (a) assessment of the organizational context, philosophy, and political environment to determine whether evaluation capacity building is viable, in addition to assessing who demands and funds the evaluation and the goal of evaluation;

(b) identification of evaluation champions who will support and nurture evaluative thinking in themselves and others; (c) becoming purposeful about the evaluator's role as the facilitator of process use; and (d) working with evaluation champions to construct evaluation processes and structures to support continuing evaluative thinking in the organization. Evaluators need to work together with key stakeholders who are decision-makers.

Similarly, Patton (2008) outlines four types of process use that evaluator need to be aware of during the ECB process: (a) infusing evaluative thinking into the organizational culture; (b) enhancing a shared understanding among staff in the organization; (c) supporting and reinforcing program evaluation and interventions, such as designing and documenting logical models, and a theory of change; and (d) instrumentation effect and reactivity (e.g. the use of proper data collection tools), increasing engagement, self-determination, and ownership (Patton, 2012, 2008). Both Patton (2012, 2008) and Volkov and King (2005) focus on how evaluators can build and sustain evaluation practices in organizations (potentially applicable to PHOs in Tanzania).

ECB Strategies

The models described earlier propose strategies that can guide evaluators in strengthening individual skills and knowledge in PHOs in Tanzania. These strategies overlap between the models. For example, Preskill and Boyle's model highlights nine strategies while Taylor-Powell and Boyd's model outlines five strategies. Taylor-Powell and Boyle's four strategies are included in the Preskill and Boyle model. These strategies

include technical assistance, practice communities, mentoring and coaching, and a collaborative evaluation approach.

ECB scholars contend that ECB takes different forms and that it is crucial to adopt strategies familiar to the health professionals and relevant to their organizational context and politics to accelerate the ECB process. Since this study aims to promote ECB in PHOs in Tanzania, I find strategies such as training, mentoring, and coaching to best fit into the Tanzanian context. Health professionals are used to these strategies in other contexts of their work, and they can be done internally with a limited budget through strategies such as appreciative inquiry or technology that might need more time and financial resources to implement. Likewise, because knowledge is socially constructed and learned through interaction with others, these strategies allow the PHO providers to learn through the whole ECB process. This first exposure to ECB might increase motivation, raise expectations, and change organizational perspectives and assumptions toward the uses of evaluation results and practices. The strategies proposed here will be assessed further during my data analysis. The study will identify which strategies most appeal to and motivate people in Tanzania.

Strengths and Weaknesses of ECB Models

The ECB process has some strengths and weaknesses at the individual and organizational levels. When steps and processes are implemented correctly, ECB in Tanzania could become instrumental in improving the knowledge and skills of individuals, strengthening organizational systems, identifying needs, implementing evaluation activities, owning results, and making decisions based on evaluation findings. During the engagement process, long-term commitments and relationships are formed

over time to increase accessibility and understanding of the culture and the context within which evaluators and participants operate (Chaplowe & Cousins, 2016; Fetterman, 2010; Patton, 2012; Preskill & Russ-Eft, 2016). Promoting ECB as an intentional process increases the likelihood of people using and engaging in evaluation activity.

Despite its strengths, the engagement process requires time, individual commitment, respect for each other during the ECB process, and some costs. Also, participants might be resistant during the process due to demographic and socio-economic characteristics. These characteristics include the position someone holds, age, gender, education level or income, feelings of superiority toward others, or the belief that one's own ideas are more useful than those of other participants. This creates conflicts or demoralizes other participants from engaging in the ECB process. Thus, evaluators need to understand this and find a way to deal with it as they occur during the ECB process.

However, for there to be an effective organizational performance and process use in PHOs in Tanzania, it is vital to understand how the learning and change process takes place. King (2007) and Torres and Preskill (2001) believe that organizational learning is a continuous process of growth and improvement that (a) uses information or feedback about both process and outcome to make change, (b) is integrated with work activities and within the organization's infrastructure, and (c) involves the alignment of values, attitudes, and perceptions among organization members. For organizational change to occur, there must be good infrastructure, visionary leaders, a conducive environment for learning, open communication, and teamwork (King, 2007b; Preskill & Boyle, 2008; Torres & Preskill, 2001). The following section discusses theories showing how organizational learning and change sustain an evaluative culture.

Theorizing Evaluation Capacity Building

This section offers a critical overview of how an organization learns and changes to adopt new technology or refine existing technology/practices to bring about change and sustain change in the organization's structures, systems, culture, mission, and vision. Various theories guide ECB, but for the purpose of this paper, I will focus on three theories, namely Adult Learning theory, Organizational Learning (OL) theory, and Organizational Change (OC) theory, to describe how learning and change occur in PHOs. In this section, I highlight the driving forces, stages, principles, and facilitating factors for change as well as sources of resistance to change. These three theories provide a guide to how evaluation capacity and culture can be built and sustained. The organizational learning and organizational change need to occur simultaneously.

Adult Learning Theory

In 1968, Malcolm Knowles developed an adult learning theory, where he used the concept “andragogy,” the study of how adults learn and “pedagogy” the study of how children learn. He identified some learning styles suitable for adults to show how adult learning differs from that of children. Knowles’s theory is guided by five assumptions that characterize the adult learning process: (a) self-concept, (b) adult learner experience, (c) readiness to learn, (d) orientation to learning, and (e) motivation to learn. He further describes four principles guiding “andragogy”: (a) adults need to be involved in the planning and evaluation of their instruction; (b) adults’ experiences (including mistakes) provide the basis for learning activities; (c) adults are most interested in learning subjects that have immediate relevance to and impact on their job or personal life; and (d) adult learning is problem-centered rather than content-oriented.

Nyerere's (1978) perspectives on adult education in Tanzania shares some similar principles and assumptions with Knowles's. Nyerere states that "adult education should focus more on helping people to help themselves and should be integrated in their life systems and inseparable from it. In his view, there two functions of adult education: (a) inspire both a desire for change and an understanding that change is possible, and (b) help people to make their own decisions and to implement those decisions for themselves (pp. 29–30)."

According to Nyerere (1978), adult education should help learners to be self-determined and expand their own consciousness, and therefore it should empower individuals to have control over themselves, their environment, and society in general. Adult education should be able to develop individuals' own potential and capacity. Like Knowles, Nyerere argued that in adult education is guided by principles and assumptions such as: learners are active participants in a learning process, and adults should engage in the learning process by doing. Every adult also knows something about the subject he is interested in. Learning should involve the equal sharing of tasks, knowledge and the learning process between adult educators and adult learners. Education must equip adults with the ability to translate their decisions into reality (Nyerere, 1978).

Adult Learning theory emphasizes that evaluators must understand the importance of engaging adults in the learning process and ways to do that. This engagement includes giving adults a chance to think about what their problems are and allowing them to find their solution and make decisions. In addition, the theory states that adult learners are task-oriented; therefore, instructions should be based on their experience to avoid memorization. These assumptions and principles of adult learning theory align with ECB

strategies, models, and approaches. ECB encourages individuals within an organization to be self-focused in terms of learning evaluation processes and activities. ECB models as well require an evaluator to engage organizational staff in all ECB processes, such as problem identification, design of the data collection procedure and tools, data collection, analysis, and the presentation of findings.

In addition, ECB provides a hands-on experience as it allows adults to learn through practice and internalize what they have learned into their daily practices. For instance, when organizational staff is engaged in developing logic models/action models and/or organizational change models, they get an opportunity to think critically, find solutions to their problems, and design contextual documents. Through this process, ECB creates a sense of ownership and might simulate evaluators' desire and motivation to practice evaluation activities in their daily practices. During the ECB process, the evaluator plays the role of a facilitator/coach while leaving the staff to lead the evaluation processes, such as discussion and activities. This approach allows the staff (learners) to discover important things and develop their knowledge without depending on other people. This is central to adult learning theory. I contend that ECB remains a crucial component in influencing adult learning, which results in organizational learning and organizational change, thus promoting and sustaining evaluative culture within PHOs in Tanzania.

Although Knowles's theory provides an understanding of how adult learning can occur and its potential assumptions, several scholars have criticized it for being too hypothetical and overlooking some factors hindering adult learning. The andragogy approach considers learning as a neutral and nonpolitical process. It does not consider the

political dynamics that exists in an organization that might affect adult learning. Rachel (2002) argues that Knowles's assumption "orientation to learn" requires evaluators to be facilitators and ignores that not all facilitators have skills and knowledge of implementing an andragogy approach. A facilitator might think they are giving learners more control while not actually doing so, which might affect the practice. In addition, there are many motivations as to why adults want to learn or are not ready to learn which Knowles did not include in his assumptions, such as those rooted in gender, sexual orientation, and other personal identifiers. Sandlin (2005) challenged Knowles's assumptions that adults learn through their experiences. She contends that not all people have significant experiences in their life to enable them to learn and not everyone has the capacity to think about their experiences and learn from them. Therefore, his assumption that adults learn through past experiences needs to be evaluated.

Although Knowles's theory has several critics, it offers the potential to identify ways to engage adults in the learning process to insure organizational change. Also, the critics remind an evaluator not to take things for granted during the ECB process. Instead, they need to thoroughly assess the context, motivations, goals, and political and organizational structure of the organizations.

Organizational Learning Theories (OL)

Several theorists describe how organizational learning occurs in organizations to sustain evaluative culture and evaluation processes. Torres and Preskill (2001) define organizational learning as a continuous process of growth and improvement. Learning can occur when PHOs can use information and feedback about both the evaluation process and outcomes to improve program performance. It can also happen when

learning is integrated into work activities and if there is a presence of infrastructure to support the learning process (e.g., culture, system, structure, leadership, and communication mechanisms).

This theory was developed by Fiol and Lyles (1985) and Levitt and March (1988) to describe how organizations learn and the factors that facilitate the learning process. To them, OL refers to a “change in the organization’s knowledge base that occurs due to past experiences” (Fiol & Lyles, 1985). Odor (2018) see OL as a process through which knowledge can be created, maintained, and transferred. These theorists believe that for organizations to maintain their competitive position and cope with the environmental forces, they must be flexible to learn and to change goals and objectives to match current demands (Odor, 2018). Likewise, in introducing ECB into organizations, such as public health institutions in Tanzania, institutions must be flexible to learn to adopt changes, i.e., implementing evaluation activities.

Levitt and March (1988) state that there are different ways in which organizations can learn. These include learning from direct experience, trial and error experimentation, searching from the pool of alternatives and adopting one, and learning from the experiences of others via ecologies of learning through the collection of sub-units of learning in the environment. Preskill and Boyle (2008) contend that for learning to occur, motivation, assumptions, and expectations towards a specific action must be motivated. According to Saadat and Saadat (2016), “learning may play a key role of organization success.” For them, learning can occur either in a single loop or double loop. In a single loop, an organization corrects its errors by reflecting on the past practices instead of present ones, which did not provide a positive organizational outcome. In a double loop,

errors are corrected by modifying the routines (both past and present practices). In implementing ECB, the evaluator needs to identify the best learning practices with which the organization is comfortable (Preskill & Boyle 2008; Torres & Preskill, 2001).

Through learning, an organization may be able to synchronize itself to the quick evolution, respond to the environment that surrounds it, and survive by optimizing the use of science and technology more dynamically and actively (King, 2005; Levitt & March, 1988; Preskill & Boyle, 2008; Saadat & Saadat, 2016; Volkov & King, 2007).

Saadat and Saadat (2016) state that organizational learning is complicated. It is purposeful, interactive, and dynamic. It is not limited to a definite time and place. Learning can occur within individuals, groups, and organizations. Individual learning involves acquiring new science and information that helps an individual understand, interpret, reason, and adapt to the environment. Learning starts with individuals within the PHOs but may not constitute organizational learning until the information is shared and stored in the organization's memory so that people can have access, and it can be transferred into the organizational goals and missions. Group learning occurs when a group engages in a focus group discussion and participatory learning activities. These types of learning can be adopted or used based on the purpose/focus of study. If the evaluator wants to target individuals or groups of individuals or organizations at large, they can choose approaches or designs which might help to improve learning. The individual learning approach has been used by different scholars, such as Patton (1997, 2012) and Preskill and Boyle (2008). They believe that organizational learning can be

attained by strengthening the skills of individuals, especially the primary intended users⁶ and users of the evaluation process. While Patton and others focus more on individuals, King (2001, 2007) focuses on group learning. I argue that individual learning is useful as individuals can share what they have learned and interpret information together to achieve group goals. Without individual learning, there will be neither organizational learning nor organizational change.

Organizational Change Theory

Organizations are dynamic institutions that emerge, grow, and sometimes die. Change in an organization may be unplanned, planned, and gradual (Burke, 2018; Torres & Preskill, 2001). Change in PHOs results from both external and internal forces, signaling the ability of the organization to adapt. External forces include increased competition and development of new markets (Hempel & Martinsons, 2009), technological change, international economic integration, maturation of markets in developed countries, and globalization (Kotter, 2007). Such driving forces may contribute to the increase of domestic and international competition and speed the production process in an organization. For organizational change to be effective, efficient, and sustainable, multiple changes need to occur simultaneously in mission, structure, strategy, culture, management, knowledge and resource planning, and there must be quality programs within the organization to facilitate the change (Burke, 2018; Torres & Preskill, 2001). Although organizational change occurs at a macro level, Jaffe

⁶ Primary intended users (PIU) are not all those who have a stake in the evaluation nor are they a general audience. PIU can be people with specific position with capacity to effect change such as change policy or procedures.

and colleagues (1994) reiterate the role of agency (individual choices) in bringing about organizational change.

Organizational change theory draws from the work of Lewin⁷ (1945), Burke and Litwin (1992), Jaffe et al. (1994), and Kotter (2007). These theorists offer an understanding of how organizations develop, change, and sustain their productivity. PHOs are not static. They grow, change, and sustain production. I define organizational change as a process of changing structures, strategies, operational methods, technologies, or culture to affect change within the organization. Preskill and Boyle (2008) stated that organizational change occurs when individuals' knowledge and skills are integrated into the organizational mission and vision. It is crucial for evaluators to understand the conditions for organizational change, i.e., why an organization wants to change and how that change can be achieved. These theorists describe different organizational characteristics that contribute to change. Armenakis and Bedeian (1999) conducted a review of different theories and found that characteristics for change can be grouped into four categories: (a) content (deals with causes, constraints, and opportunity for change), (b) contextual (focuses on the forces which are internal and external to the organizational environment), (c) process (implementation period of the change, i.e., skill-building training), and (d) criteria issues (evaluation of the implementation and outcome (Armenakis & Bedeian, 1999; Batras et al., 2016; Myers et al., 2012). Burke and Litwin (1992) group these four characteristics into two categories; (a) *transformation*, where workers' attitudes and organizational values are modified, and (b) *transactional*, which requires modification of work procedures (Hempel & Martinsons, 2009). I argue that

⁷ Lewin is known as the father of organization change theory; his primary interest is conflict resolution through behavioral change.

understanding the context within which organizational change occurs helps an evaluator provide better solutions to social problems during the ECB process.

Organizational changes are not linear but rather complex, and resistance might occur during the process because change must go through multiple stages (Kotter, 2007; Lewin, 1947). There are three types of change. Change can be adaptive, innovative, or radically innovative (introducing a new practice) (Armenakis & Bedeian, 1999). For sustainable change, it is necessary to have supportive leaders, learning habits, social capital, and infrastructure (Burke & Litwin, 1992; Nu'Man et al., 2007; Torres & Preskill, 2001). Likewise, there must be visionary leaders who can explore and exploit new innovative and creative ideas in order for the organization to compete (Burke, 2018) (Burke, 2018). Although organizational change is necessary, the change process might be in danger if the organization adopts a strategy that does not fit its environment.

In organizational change theory, Lewin (1950) developed a three-step process model of organizational change: unfreezing, change or moving, and refreezing. This model is widely used today to assess organizational change (Batras et al., 2016; Hempel & Martinsons, 2009). The model is perceived as an integrated approach to analyzing, understanding, and bringing about change at the individual, group, organizational, and societal levels.

The unfreezing stage includes internal and external forces and processes. Organizations need to prepare for change and how the change will be executed by informing staff about the pros and cons of the whole process. When this is done properly, it helps to minimize resistance to change. The change stage, or “the actual implementation of the change,” includes multiple redesigning of new roles, training,

removing resistors, promoting supporters, creating a supportive culture, technology, and structures (Lewin, 1947) to deal with new changes. The refreezing stage involves the stabilization of change by adopting new roles and responsibilities and institutionalizing norms and learning culture in the organizational systems, which is critical in dealing with ECB. Organization leaders should create a good environment for acceptance and continuity of the new behaviors, provide any required resources to facilitate changes, and provide rewards and appraisals for program staff who perform their job better, hence increasing organizational productivity (Armenakis & Bedeian, 1999; Batras et al., 2016; Lewin, 1947).

In 1995, Kotter expanded Lewin's model and came up with an eight-stage model, namely: (1) the urgency stage; where the organization staff and leaders have realized the importance of change and are motivated to own and embrace it; (2) team-building; (3) align vision, where a vision is created to accommodate emotional investment; (4) communication; (5) progression; (6) short-term wins; (7) perseverance; and (8) incorporation of change (Armenakis et al. 1999; Kotter, 2007).

Crisp et al. (2000) identify four approaches to organizational change. These include the bottom-up organizational approach, the top-down organizational approach, the partnership approach, and the community organizing approach. Crisp and colleagues argue that change in the organization can come from either direction depending on who initiates the process and how the other members can respond to it. A summary of these approaches follows as they apply to ECB.

The bottom-up organizational approach. In this approach, Crisp and colleagues theorize that demand for evaluation and organizational change should start from the

bottom and diffuse to the management. When staff understands the value of evaluation, they can fully engage in, and commit their time to, the evaluation process (i.e., designing, planning, and executing evaluation activities).

The top-down approach. This approach to ECB begins with changing the policies of an organization first, which then subsequently influences the organization's evaluation practices. When the management understands the importance of evaluation, they can find the resources to sustain the evaluation process and activities (Crisp et al., 2000).

The partnership approach. This approach involves strengthening the relationships between organizations so organizations can learn from one another. When one organization observes the effectiveness and success of evaluation practices in another organization, it will be inspired to develop an evaluation practice. Through partnerships, organizations can share and support each other to sustain evaluation practices in their systems.

The community approach. In this approach, individuals within an organization come together to form a new internal group to improve the organization's outcome. The role of the ECB is to transform individuals from passive recipients of services to active participants in community activities, thus helping to sustain evaluation practices.

Although Kotter's and Lewin's model remains useful in understanding how change occurs, the model assumes that organizations such as PHOs operate in a stable and sequential state (unfreeze, change, and refreeze). These theorists ignore the fact that change is a complex process and might fail if not well designed and planned. Likewise, they do not pay attention to power and political issues within the organization that may hinder the process of change. They assume that change could start at the management

level, whereas I argue that true change should come from both ends: bottom-up and top-down. Understanding that change should come from either direction could help the evaluator design ECB strategies targeting both management and staff, i.e., using both bottom-up and top-down approaches.

Facilitating Factors for Organizational Learning and Organizational Change

A close examination of OL and OC theories reveals an intersection where both theories suggest that organizations have no brain but do have a memory. Trained individuals, groups, and society can help to transform the organization's culture, structure, systems, and norms, thus facilitating the change process (King & Volkov, 2005; Kotter, 2007; Saadat & Saadat, 2016; Taylor-Powell & Boyd, 2008; Torres & Preskill, 2001). In this way, the organization can retain memory. When changes in an organization are stored in organizational memories, the organization continues to implement evaluation activities even at times of employee turnover, because such activities get internalized within the organization's systems, vision, and mission. Facilitating factors and strategies for OL and OC overlap in the following ways.

OL and OC require *management infrastructure* to understand the psychology of change of a given organization (Burke & Litwin, 1992) to sustain an evaluative culture in PHOs. These include developing leaders and champions who understand the value of change and creating a changing culture where leaders explicitly talk about the organization's values, behavior, and goals (Burke, 2018; Volkov & King, 2005). In addition, there must be accountability by creating a sense of ownership. Leaders must demonstrate activeness and commitment in their performance and implement activities

they have agreed on. This contributes to increased ownership, responsibility, and pride (Fetterman, 1994; Jaffe et al., 1994; King, 2007b).

It is necessary for change leaders and managers to work together to facilitate the process of change (Kotter, 2007). Change leaders need to be competent, knowledgeable, open to learning new ideas, committed to following ethical standards, and willing to take risks. They should be motivated by truth and not personal interest (Fox & Amichai-Hamburger, 2001; Odor, 2018; Saadat & Saadat, 2016). Labin et al.'s (2012) research found that senior leaders are less targeted during ECB training and evaluation practices than program staff, which limits the effective implementation of evaluation activities in the organization. Leaders have the power and responsibility to support evaluative thinking and practices within the organization. Leaders can understand how evaluation strategies are interconnected or should be connected, and they have the power to allocate resources; they can influence the use of results and promote organizational learning in their organization (Labin et al., 2012; Preskill & Boyle, 2008). Therefore, leaders should be engaged in evaluation training and involved in all ECB activities in all stages.

Leaders who view change as a positive component in the organization regardless of the outcome can create a culture of innovation in the organization, facilitating the introduction of new ideas like ECB. When a culture of innovation is present, new ideas to initiate or improve the product, process, and/or service can arise from inter-unit communication, slack resources, and long-tenured management. These elements' presence proves the organization's readiness to change (Jaffe et al., 1994; Preskill & Boyle, 2008; Volkov, 2008; Weiner, 2009). I argue that in implementing ECB in PHOs in Tanzania, evaluators need to reinforce these innovative ideas during the ECB process.

These can help all health professionals to use their innovative skills to improve program performance and sustain evaluative culture. Table 1.1 provides a summary of the main elements that are emphasized in adult learning, OL, and OC.

Table 1: 1

Summary of the Key Elements of Adult Learning, OL, and OC Theories

Assumptions	Adult learning	Organization al change	Organization al learning
a) Motivation to learn and change	X	X	X
b) For change to occur, there must be internal and external forces, e.g., technology change, international economic integrations, advanced carrier	X	X	X
c) Ways of learning Learning from direct experiences, trial/error experiment	X		X
d) Promote self-determination rather than dependence	X		X
E) Orientation to learning (must have a goal)	X	X	X
f) Lead by doing	X		X
g) Readiness to learn	X	X	X
h) Strategies used should fit the environment	X	X	X
i) Presence of good leadership and open communication	X	X	X
j) Champions		X	X

Note: The table shows a summary of the key elements that Adult Learning, Organizational Learning theories and Organizational change theories have in common.

Synthesizing ECB Theories, Models, and ECB in General

This section summarizes the key factors that might contribute to influencing evaluative culture and ECB sustainability in PHOs in Tanzania. Understanding the factors facilitating ECB and sustainability in these organizations helps evaluators to examine them thoroughly before introducing ECB. In addition, this helps the evaluator to

understand the organizational context and assess the knowledge gap in the organization, thus providing capacity that fits best into that organization. ECB sustainability depends on the extent to which evaluation capacity is grounded in an organization's vision, mission, values, goals, and aspirations. The facilitating factors include organizational, contextual, and individual factors (Kotter, 2007; MCKegg et al., 2016; Patton, 2012; Taylor-Powell & Boyd, 2008). These three factors are fundamental for assessing, promoting, and sustaining ECB, and can be applied in any organizational context. This section will delve deeper into these factors.

Organizational factors are internal structures and systems within PHOs in Tanzania that can either promote or undermine ECB efforts. These include organizational attitude, knowledge, culture, communication and information sharing, behaviors, resources, and infrastructure that support ECB. They also include the presence of committed and visionary leaders, who can oversee the organization's future direction in undertaking evaluation practices over time. To increase EC in an organization, evaluators need to engage all staff and potential change leaders during the ECB process (Bourgeois et al., 2018; Burke & Litwin, 1992; Odor, 2018; Saadat & Saadat, 2016; Taylor-Powell & Boyd, 2008). The presence of all these helps to promote the sustainability of evaluation practices and, thus, the reduction of health problems by improving the performance of PHOs in Tanzania.

Contextual factors in these PHOs include the values and principles governing an organization. Evaluators need to examine present values and principles to see whether an enabling environment exists for ECB to grow, and whether the organizational history supports learning and evaluation practices (Crisp et al., 2000; Nu'Man et al., 2007). It is

also important to examine the purpose for an organization to engage in ECB. An evaluator needs to understand the formal and informal policies and practices within an organization that support transfer of knowledge and incorporates ECB into an organization to increase health data quality and evidence-based decision-making. By doing such an assessment, an evaluator can understand the areas that need to be strengthened during ECB training (King & Volkov, 2005; Patton, 2007, 2012; Taylor-Powell & Boyd, 2008).

The sustainability of ECB requires more than just an understanding of contextual and organizational factors. *Individual factors*, such as public health professionals' readiness to learn and change, skills and knowledge, level of involvement, and the opportunity for professionals to practice their creative and innovative ideas are equally important (Lippitt et al., 1984; Nu'Man et al., 2007). Changes in individuals' attitudes, knowledge, and skills, along with the opportunity to practice their skills, may influence change in the organizational and contextual areas and thereby contribute to improvements in organizational outcomes. These factors create evaluative thinking, trust, respect, support, and ownership of evaluation practices in these PHOs.

The primary goal of this study is to explore the ways to facilitate the development of sustainable evaluation activities and evaluative culture in public health institutions in Tanzania. The models and theories (adult learning, organizational learning, and organizational change) explored earlier highlight the most significant elements that need to be examined before implementing ECB to ensure sustainability. This examination is vital, especially for Tanzanian PHOs, as it helps to underscore the importance of evaluation capacity building (ECB) for both individual professional development and

program improvement (Chaplowe & Cousins, 2016; McDonald et al., 2003a; Tarsilla, 2014).

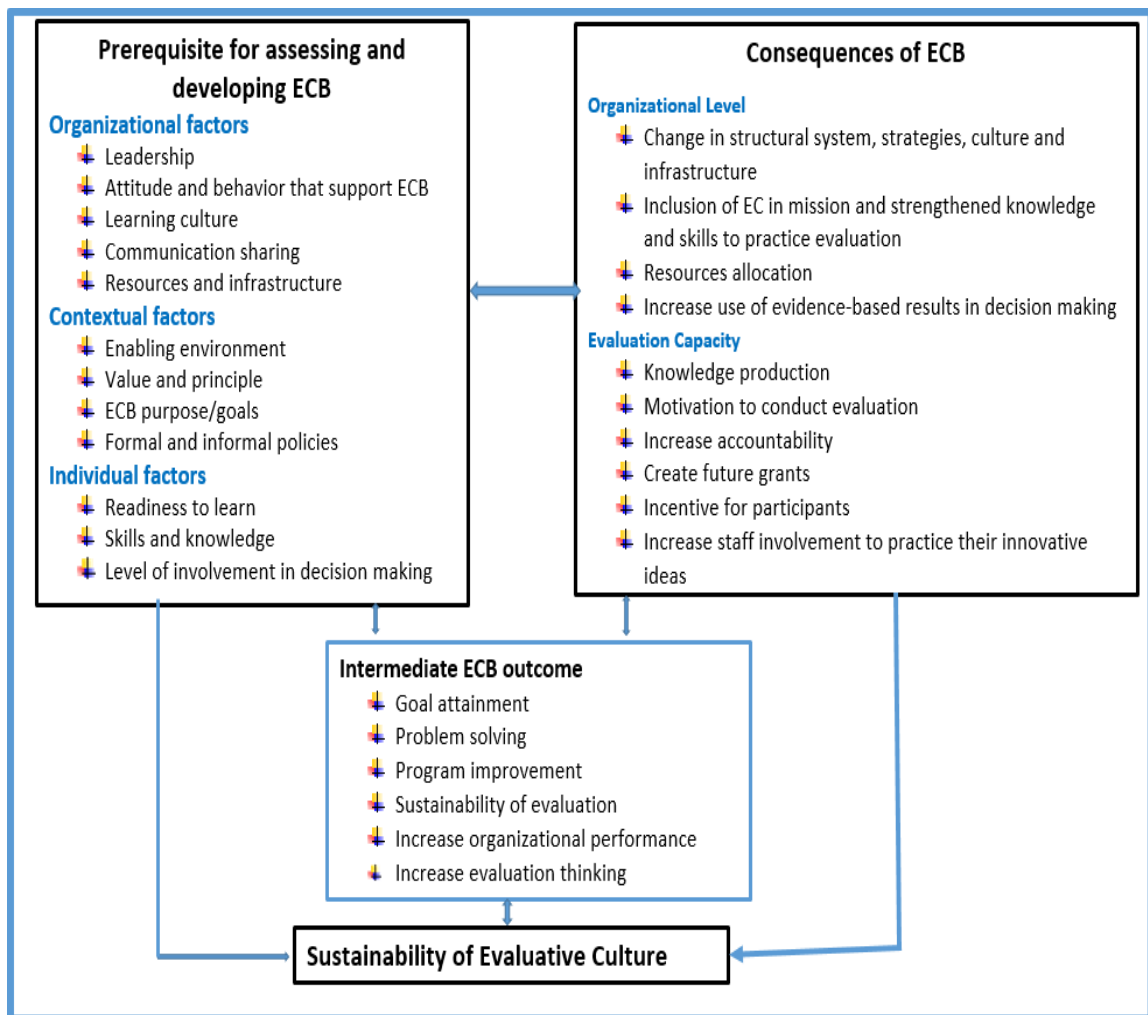
Understanding these factors is necessary because they will provide in-depth information about the organization's context, nature, and attitude towards ECB. Furthermore, it helps to understand PHOs' priorities in order to design or propose ECB that aligns with the organization's needs and budget.

Conceptual framework

The analysis of ECB in general and the different theories that explain it give rise to a conceptual framework (Figure 2.5). ECB is significant in supporting the Ministry of Health professionals by systematically implementing and evaluating public health interventions to improve the health and well-being of Tanzanians. This conceptual framework describes the fundamental elements that are required for the evaluation to produce fruitful results; it consists of prerequisites for assessing and developing ECB that is informed by various theories. Likewise, it describes the consequences of ECB when the evaluator conducts a thorough investigation to determine the organizational readiness to increase accountability and quality health data and improve performance. These elements' incorrect assessment and implementation can be a barrier to ECB. This barrier can lead to the failure of PHOs to achieve their goals, build evaluative capacity among their staff, and fulfill the sustainable development goals (SDGs), i.e., improving health and well-being for all.

Figure 2: 5

Conceptual Framework for Promoting Sustainable Evaluation Culture



Note. The conceptual framework was generated from the literature review I presented in this chapter. It demonstrates what organizations need to do to achieve sustainable evaluative culture.

Conclusion

This chapter has highlighted the role of ECB and why ECB is critical for organizational performance in PHOs in Tanzania. It also has provided an in-depth discussion of the factors that contribute to ECB sustainability that evaluators need to assess before introducing ECB. Studies (Preskill & Boyle, 2008; Taylor-Powell & Boyd,

2008; Taylor-Ritzler et al., 2013) find that when implemented correctly, ECB increases motivation, creativity, and innovation among health professionals in doing evaluation. ECB provides an understanding of what constitutes effective, efficient, useful, and professional evaluation practices. Likewise, creating an evaluative culture in PHOs requires organizational readiness, willingness to learn, and change. It is also essential to develop a culture that values questioning, allows people to practice their innovative and creative ideas, and reinforces evaluative thinking. Furthermore, it is imperative to building a culture that enables people to share experiences, lessons learned, and evidence-based results.

It is important to develop a culture that seeks to enhance understanding of evaluation concepts, roles and responsibilities, and ways to improve organizational performance. I argue that for any organization to have better evaluation results, it needs to invest in its people, have visionary leaders, and allocate resources for capacity building. Selecting a proper model and approach to capacity building is also critical for effective, efficient, and sustainable evaluation practices. Thus, ECB is fundamental in promoting an evaluative culture and improving organizational performance, given the high demand for efficiency, accountability, health quality data, and transparency in PHOs in Tanzania.

Chapter 3: Research Design and Methods

This study is about the promotion of evaluation capacity building in Tanzanian PHOs. Evaluation capacity building is a growing field, particularly in Tanzania, but has been studied less. In recent years, there has been a concern by the Ministry of Health on how the ministry can use ECB to increase knowledge and skills among evaluators at the health facilities. Evaluation experts are necessary to conduct and implement all evaluation activities to improve program performance and increase accountability and transparency in the PHO sector. Despite the desire to increase evaluation expertise, however, there has been a lack of a clear plan to develop evaluation capacity within public health sector programs, limited availability of development programs, and fewer evaluation experts, both internal and external, to support the capacity-building effort. Additionally, there has been a lack of motivation to evaluate local public health programs other than donor-funded programs. There is also a concern that most of the ECB strategies are not relevant to the Tanzania context.

Therefore, there is a need to explore which ECB strategies best fit into the Tanzania context to build solid grounds for evaluation capacity to sustain evaluative culture. However, before recommending which approaches best serve the Ministry of Health organization's needs, it is necessary to explore the current evaluation practices, barriers and challenges to developing ECB, and the ECB strategies currently used by Tanzanian's PHO. A study of this nature requires a proper research design and method first to understand the evaluation practices of PHOs, challenges, and barriers to the development of ECB, and the strategies used to facilitate ECB development.

Organization of the Chapter

This chapter presents the research design and methods that guide my study. First, I present research questions. Second, I show the study's research design and methodology, including the description of the research sites, access to the research site, sampling process and recruitment strategy, and criteria for selecting PHO participants. I also present the data collection plan, process, and analysis methods. Third, I also describe ethical consideration, my positionality as the researcher, and the strategies I used to ensure the validity of the data and study results, followed by a conclusion. I use the word PHOs and public health facilities interchangeably in this chapter. I may refer more to health facilities than hospitals or dispensaries because I interviewed managers who conduct evaluations and manage data from health facilities for reporting and decision-making purposes.

Research Questions

This research study attempts to answer the following research questions:

1. What are the current evaluation practices and efforts to engage in ECB in PHOs in Tanzania?
2. What are the current challenges and barriers that impede evaluation capacity development and strategies to overcome these challenges in PHOs in Tanzania?
3. What are the strategies and approaches for building evaluation capacity and promoting the evaluative culture of PHOs in Tanzania?

Research Design and Methodology

For the purposes of this study, I used a qualitative research method, specifically in-depth interviews to address each research question. This research method is appropriate in this study because it helps researchers to understand how people make sense of their lives, focuses more on process than outcome, and describes how people interpret what they experience (Merriam & Tisdell, 2015). These and methodological properties are fundamental for exploring the evaluation practices, barriers, and challenges of developing ECB, and emphasizing the effective use of evaluation findings, which is the focus of this research (Christie & Alkin, 2013; King & Volkov, 2005).

Based on the study's research questions, a social constructivist paradigm informs the design of this research. The social constructivist paradigm asserts that there are multiple realities and truths that exist among people active in the research process and that researchers should attempt to understand the complex world of lived experience from the point of view of those who live it (Schwandt, 2000). The social construction of concepts, facts, structure, and systems means there will be multiple truths since these things can be experienced differently by different people (Creswell & Creswell, 2018; Merriam & Tisdell, 2015). In this view, human development is socially situated; meanings and knowledge are not innate within each individual but are constructed through interaction with others (Creswell & Creswell, 2018). The researcher's role is to immerse himself or herself in society to understand the meanings that society generates that correspond with their experience (Creswell & Creswell, 2018; Patton, 2015). The present study of ECB in PHOs requires an understanding of public health professionals' experiences, their knowledge of the evaluation process and practices, and the meaning-

making process to improve PHO performance and foster evaluative culture. It is also essential to understand how public health professionals interact with others while acquiring knowledge (e.g., training) and what it means to them before introducing or suggesting a new ECB strategy.

Patton (2015) argues that “qualitative inquiry is especially powerful as a source of *grounded theory*, the theory that is inductively generated from fieldwork, that is, the theory that emerges from the researcher’s observations and interviews out in the real world rather than in the laboratory or the academy” (p. 72). Patton’s view helps illustrate why I selected a research method that would allow me to interact with participants during the data collection process, analysis, and interpretation of data to understand the hidden meaning. Using this lens, I aimed to understand the current evaluation practices, context, cultural dynamics, structural systems, and how evaluation and ECB are practiced. I also intended to understand ways of learning and how knowledge is acquired and constructed in PHOs in Tanzania. Thus, qualitative research was needed for this study to generate and contribute to knowledge.

Advantages and Disadvantages of In-depth Interviews

In-depth interview was used as a data collection method for this study. The method was selected based on the study’s purpose and objectives. This approach allows me to establish the relationship, make participants feel free and more comfortable, and generate more insightful responses, which is the goal. The method provided me with a more credible opportunity to ask follow-up questions, probe for additional information, rephrase the questions, and circle back to key questions later on in the interview to generate a rich understanding of public health professionals’

perspectives, attitudes, perceptions, motivations, etc. Conducting my interviews via Zoom video conferencing call allowed me to see my participants face to face and to monitor changes in tone, body language, and word choice to gain a deeper understanding of their meaning.

Furthermore, because in-depth interviews can be so insightful, I managed to quickly identify valuable findings during and after each interview. Additionally, the method helped to determine whether I have reached saturation level or not.

Despite its usefulness, the method is quite time-consuming, as interviews must be transcribed, translated (from Kiswahili to English), organized, analyzed, and reported. In the situation where the interviewer is not skilled or experienced, then the entire process would be undermined. Despite the challenges, to ensure the transcription and translation does not distort participants' opinions, I and my research assistant who is also multilingual worked together and reviewed each other's work. The purpose of this exercise was to make sure I accurately represented participants' ideas and opinions. Participants typically expect an incentive to participate, and this must be carefully selected to avoid bias. Likewise, the selection of participants must be done carefully to avoid bias, and this can result in a longer vetting process.

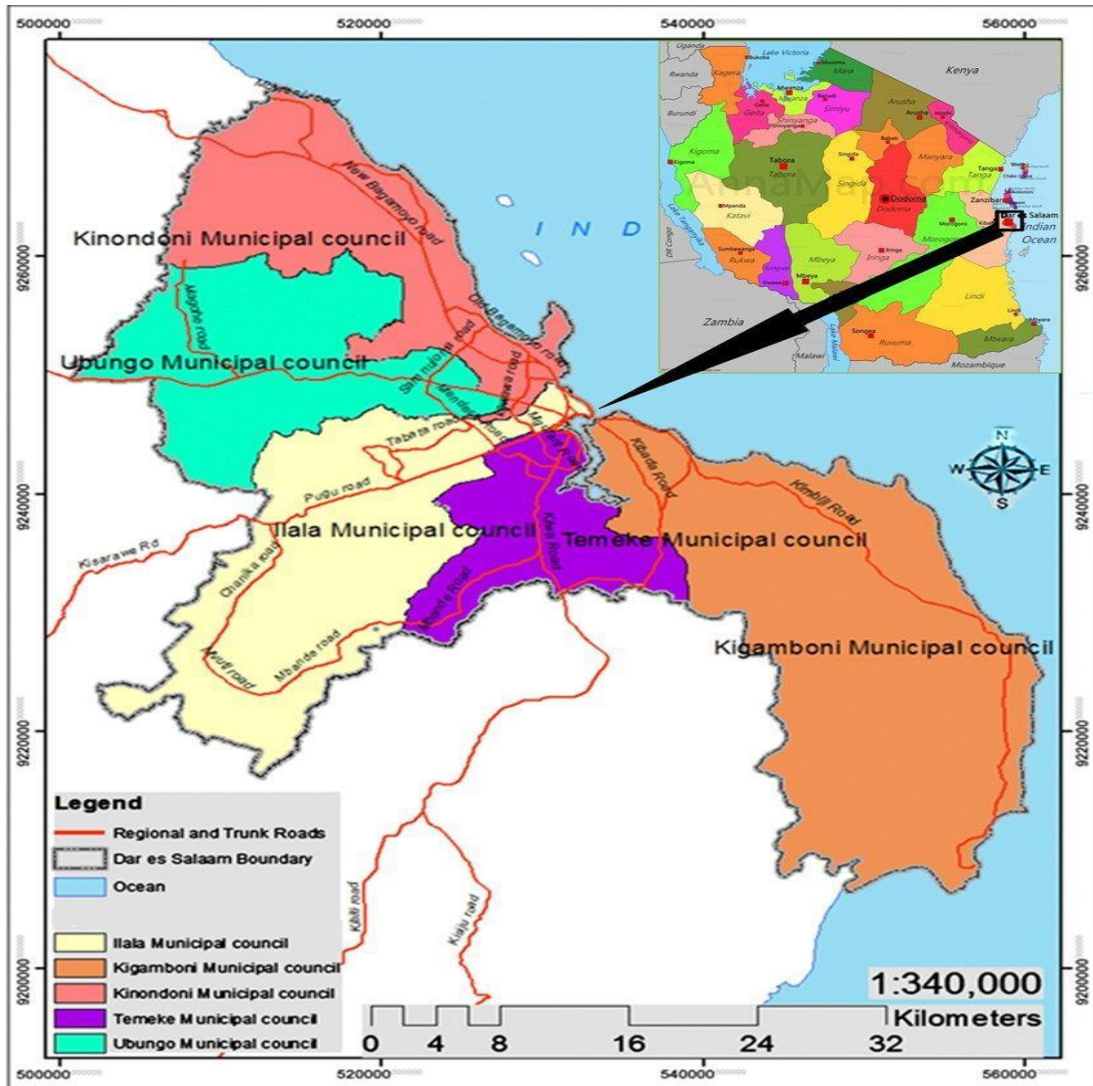
Selection of the Study Sites

The study was conducted in the Dar es Salaam region in Tanzania in July 2021. According to the 2012 population census, Dar es Salaam has a population of 5,275,315 and has the highest number of health facilities. There are 695 health facilities in Dar es Salaam, including public, private, and faith-based health facilities. Dar es Salaam has five districts with municipal councils, namely Kinondoni, Ilala, Temeke, Kigamboni, and

Ubungo. Each district has its administrative unit and is controlled by District Executive Director (DED). Participants for this study were recruited from these five districts (see Figure 3.1).

Figure 3: 1

Map of Dar Es Salaam Region and District Municipal Councils



Note. This figure shows a map of Dar es Salaam region and its five districts, the study area. Google. <https://doi.org/10.1371/journal.pone.0247421.g001>

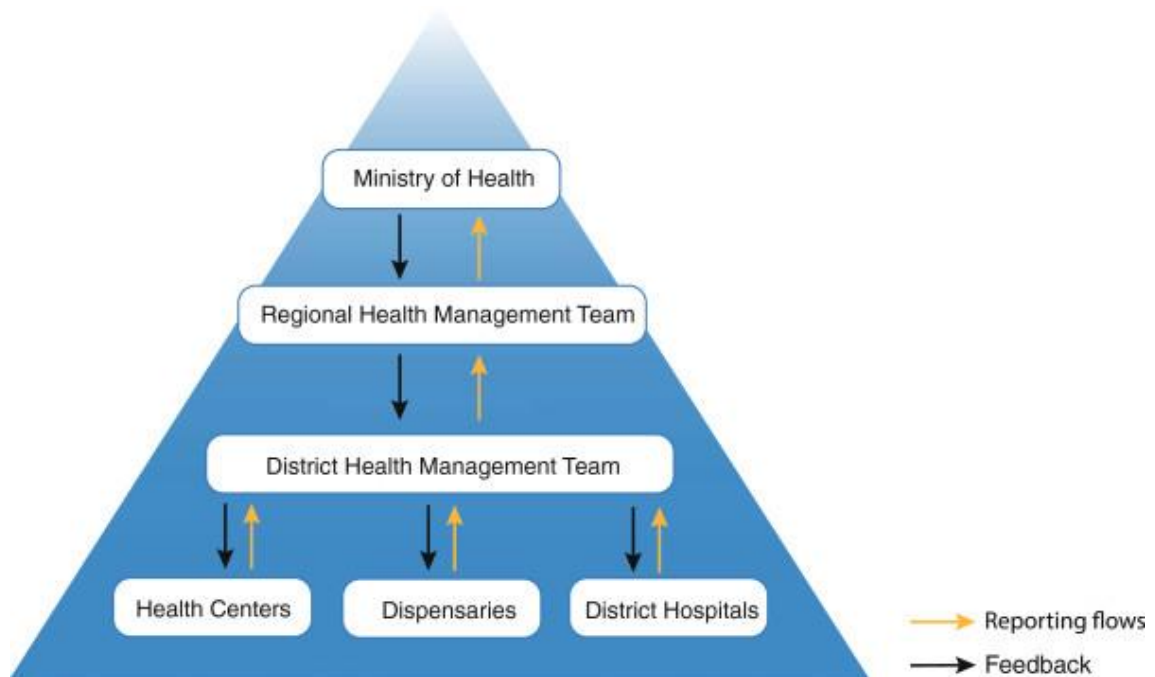
I selected the Dar es Salaam region because Dar es Salaam has the most significant number of health facilities in the country. Facilities are mostly located in

urban areas, and the data collection process is done electronically through the Tanzania Health Management of Information system (THMIS). Since Dar es Salaam is the big city, its health system has had many improvements in terms of a more significant number of health care workers, quality health services, and present resources compared to other regions.

Tanzanian public health facilities operate at several levels: national, regional, district, ward, and village levels (see Figure 3.2). This study focuses on organizations at the national, regional, and district levels only. The primary criteria for selecting the organization levels are the following: '(a) their role in handling data, offering health services, commissioning evaluation studies, and making decisions (such as resource allocation and capacity building training) related to health services; and (b) the fact that they receive funds from the government or donors to organize and conduct capacity-building programs such as ECB, supportive supervision, and data quality assessment (DQA) training to these reporting staff at the health facilities for program improvement.

Figure 3: 2

Health Information System (MTUHA) Reporting Organization Structure in Tanzania



Note. MTUHA “Management of health information system” reporting and Feedback flows. Copyright by Wilms and colleagues, 2014.

https://www.researchgate.net/publication/260398249_An_in-depth_exploratory_assessment_of_the_implementation_of_the_National_Health_Information_System_at_a_district_level_hospital_in_Tanzania.

Access to the Research Site

An administrative process preceded this study for gaining access to the research site, the Dares Salaam regional medical office. First, I acquired the University of Minnesota (UMN) IRB approval in late December 2020. Then, in January 2021, I used the UMN approval to apply for another research permit at the National Institute for Medical Research (NMRI) in Tanzania. After five months of back and forth, in early June 2021, I received another ethical clearance certificate from NMRI, Tanzania. After obtaining the permit, I applied for another permit from the President’s Office, Regional Administrative and Local Government (PO-RALG), which took a month. The PO-RALG

permit allowed me to enter the Dar es Salaam region and district offices. I presented the PORALG permit to the Regional Medical Office (RMO) and the regional research coordinator to allow me to conduct my study in their region and districts and contact my participants via phone and email.

Additionally, I was required to present to these regional managers (RMOs) and the coordinator to introduce my study and its importance to the Ministry of Health. Because I was not in Tanzania, my research assistant Tanzania provided a brief presentation summarizing my study objectives due to the time difference. My assistant handled written information (description of the study) and consented forms that described my study to the management in more detail. After that, the regional research coordinator introduced me to the program staff and asked them to co-operate or provide support once requested to participate in my study. I planned to conduct my study in March; instead, I conducted it in July. Unfortunately, the start of the study was delayed due to the formalities of the NIMR approval process, which took longer than expected. However, after acquiring all my approvals, the research process went smoothly.

Study Participants

Researchers mention that it is crucial to ensure that sampling strategies align with the research questions, funding, and time frame (Creswell & Creswell, 2018; Maxwell, 2013; Patton, 2015). Therefore, I used the purposive sampling procedure to obtain information about current evaluation practices and perspectives from different PHOs. The intent is to identify and select participants for interviews to capture relevant experiences with evaluation practices in PHOs in Tanzania.

I focused on a “management group” of key administrators who oversee the evaluation, research policy, and data use to obtain participants for the interviews. The management group in this study was preferred because of their influential role in making decisions (at all levels) related to how information should be collected, handled, and used in public health facilities. This group has a role in facilitating the provision of good quality, equitable, accessible, affordable, sustainable, and gender-sensitive essential health services. They also ensure that all policies and guidelines are up to date and effectively implemented. The interviews with the management group provided insight into the current evaluation practices, success, obstacles, and challenges that impede ECB's evaluation process and development. The management group was also essential to understand how the systems and structure’s function and can financially and administratively support ECB within PHOs. I did not include the reporting staff from these health facilities because their primary role is to collect and report data to the management level, and there have less power to make decisions based on their data.

I used the following criteria to select participants:

- Administrative position held at the national, regional, and district organizational level
- Experience in conducting and using evaluation results for program improvement
- Role in facilitating evaluation practices and the decision-making process
- Knowledge about the current evaluation practices and ECB processes in Tanzania

The selection of participants in these sites was facilitated by the research assistant, regional medical officers (RMOs), and research coordinators from the Dar es Salaam who are my contact persons.

The research coordinator created a WhatsApp group and included all the potential participants. Using that forum, I introduced myself and clarified all the questions they had for me about the study, results, dissemination, and compensation before they agreed to participate. After that, I started to contact one person at a time to schedule an appointment for an interview. My research assistant helped me acquire all participants' contact information such as names, districts they serve, email addresses, and phone numbers. Then, I shared the consent forms and written information via email with participants with whom I scheduled an interview, so they could familiarize themselves more with the study before the interview date. The emailed documents expressed the study's purpose, objective, and interview time.

Sending these documents in advance was essential, as I needed to make sure my respondents understood the topic of discussion and consented to participate in the study. I also did a follow-up with phone calls to remind them about the interview a day before and one hour before to maximize their participation. Although the WhatsApp group recruitment process was efficient and faster in connecting to my participants, I found it challenging, especially when one person who was not satisfied with the allocated compensation/incentive could persuade others not to participate. In this case, some participants agreed to participate without pay or were ready to receive whatever compensation was planned, but others were reluctant. This situation changed the group conversation and climate. I made a considerable effort to explain to the participants the importance of the study and financial constraints, and finally, they agreed to participate.

Overall, I conducted 13 interviews with reproductive and child health coordinators (RCHCo) and health management information system coordinators (HMISCo) in five

municipal council districts in Dar es Salaam (Table 3.1). In addition to that, I interviewed HMIS representatives from the President’s Office, Regional Administrative and Local government (PO-RALG), and the Ministry of Health. Out of 13 study participants, three were male, and 10 were female.

Table 3: 1

Study Participants

	Number of interviews conducted
National Level	
Representative from PO-RALG Health information management system (HMIS)	1
Representative from MoHCDGEC Health information management system (HMIS)	1
Dar-es-Salaam Districts Municipal Council	
Ilala District Reproductive and Child Health Coordinator (DRCHCo)	0
Ilala District Health Management Information System Coordinator (DHMISCo)	1
Ubungo District Reproductive and Child Health Coordinator (DRCHCo)	1
Ubungo District Health Management Information System Coordinator (DHMISCo)	1
Temeke District Reproductive and Child Health Coordinator (DRCHCo)	1
Temeke District Health Management Information System Coordinator (DHMISCo)	1
Kinondoni District Reproductive and Child Health Coordinator (DRCHCo)	1
Kinondoni District Health Management Information System Coordinator (DHMISCo)	1
Kigamboni District Reproductive and Child Health Coordinator (DRCHCo)	1
Kigamboni District Reproductive and Child Health Coordinator (DRCHCo)	1
Regional Health Management Information system coordinator (RHMISCo) in Dar –es Salaam	2
Total	13

All participants had between four and 10 years of experience in the evaluation field (see Table 3.2); participants’ health care roles included nurses, doctors, medical officers, economists, environmental planners, public health specialists, and epidemiologists. Despite their diverse backgrounds, they all received short-term training

in data collection and managerial issues before and/or after their current positions' appointments. All participants received training for at least three days to one week to supervise HMIS issues. Some had an additional degree or certificate in monitoring and evaluation. In terms of professional development, most of them have attended short training (one week to two weeks) offered by universities within and outside the country (Table 3.2).

Table 3: 2*Description of Participants*

Intervist	Participants roles	Districts	Participants' Educational Backgrounds	Duration of Work	M&E training Prior and after joining the M&E Work
1 - 13	<ul style="list-style-type: none"> National representative (Assistant Director of Ministry of Health-HMIS) Representative from PORALG (HMIS) Health management information system (HMIS) Regional reproductive Child Health Coordinator (RRCHCo) 	Ilala Temeke Kinondoni Ubungo Kigamboni	<ul style="list-style-type: none"> Degree in Environmental Planning Degree in Economics (10yrs in Planning) M&E degree MBA in health care management Degree in Epidemiology and biostatistics MA in Public health Degree in Nursing 	4 years 10 years 21 years 30 years. 5 years 1 month	Received M&E short course Trained at Mzumbe Short-course (one-week training) One week with Ministry of Health Received three days training with Ministry of Health

Data Collection Plan and Procedures

I used a semi-structured interview guide as the primary data collection method in this study. A copy of the interview guide is attached to this paper. This guide allowed me to obtain in-depth personal experiences, knowledge, perceptions, and attitudes of the subjects studied. The key interview questions align with the study research questions and are based on previous ECB theory and method (Porter & Goldman, 2013; Preskill & Boyle, 2008). The questions are designed to draw upon the participant's evaluation experiences, knowledge of current evaluation practices, and role in managing and carrying out evaluation activities. In addition, questions are intended to explore strategies used to build evaluation capacity and understand the broader cultural, political, and

contextual factors that foster or impede ECB development in the organizations (see Appendix 1 for a draft of the interview protocol).

I used Zoom video conference call technology to interview study participants. Optimally, I would have preferred to conduct interviews in Tanzania; however, COVID 19, funding challenges, and U.S. travel restrictions for citizens of Tanzania prohibited this from occurring. As an alternative to traveling, Zoom video conferencing call provides unique features for collecting qualitative data. Additionally, the technology allowed me to communicate with my research participants' face-face in real-time with geographically dispersed individuals by using computers, tablets, or mobile devices (Archibald et al., 2019). I created a Zoom link and sent an invitation to those who agreed to participate in the study, together with consent and written information. The invitation highlighted the meeting time and directions and a guide on how to join the discussion.

I used both Kiswahili and English interchangeably during interviews. Even though I allowed the participant to use any language based on their preference, most preferred speaking Kiswahili versus English during the interview. Therefore, the Kiswahili language mostly guided our interview. All the instruments, such as consent forms, interview guide, and written information, were translated into Kiswahili, and participants were given the documents in both languages. Both interview guides were pilot tested to ensure that their language presented the same meaning to avoid distortion of the study objective. Before commencing interviews, I notified participants about interview procedures and rules that guided our discussion, i.e., their participation was voluntary, that they may discontinue at any time, and there are no right or wrong answers. Even though I gave participants consent forms and wrote information before the

interview through email, I read the consent aloud during the Zoom meeting before the interview to make sure the participants consented to participate. Also, I used a few minutes to address all participants' concerns, worries, fears, and dilemmas before starting an Interview.

I informed participants that their responses would be anonymous, de-identified, confidential, and audio-recorded. I recorded all the interviews in two different devices, i.e., on the researcher's personal desktop and cloud, password-protected, and later transferred to the UMN secure box. Finally, I reminded participants of the importance of selecting a quiet space with a good internet connection to avoid technological breakdown or interruption during the discussion, e.g., noise or call dropout. I interviewed for approximately 50 to 60 minutes. I also took notes during each interview and refined the interview protocol as needed if participants did not clearly understand specific questions.

Data Analysis Plan

Following data collection, the research assistant and I transcribed all the audio-recorded interviews in the Kiswahili language and then translated them into English, ready for analysis. As a native and multilingual researcher, I was responsible for collecting and analyzing data. I used the grounded theory approach to perform my analysis. The use of the grounded theory approach (inductive) was preferred in this study due to its strength to continuously produce bounded narratives of the social world, which further shape and enable action, as well as its iterative nature, which allows me to move back and forth between data collection and analysis (Saldana & Omasta, 2018). I used this approach to make sure I presented the respondents' words and concepts as they appeared in the transcripts (Maxwell, 2013).

I analyzed data in three cycles; the first cycle (open coding) was data familiarization and discovering early ideas and emerging findings. The second cycle (axial coding) involved:

- Developing a codebook and its definitions that apply to the entire data set.
- Breaking down core themes.
- Relating codes (categories and concepts) to each other through a combination of inductive and deductive approaches.

The third cycle (selective coding) focused on the delimiting coding process to themes and categories related to this study's core variables. I was adding codes during the open coding exercise and the first and second coding cycles. I then organized the individual codes into larger themes and subthemes during the second (axial coding) and third (selective coding) coding cycles, further refining the process. During the analysis, I also wrote memos to establish the relationship (connections) between key concepts and categories from the data. The focus here was to analyze the current evaluation status, barriers, and challenges that PHOs encounter during the development of ECB and as well as to identify the best strategy that these organizations can use to promote ECB.

Pilot Test or Think Aloud

A pilot test of the interview protocol is a crucial step in research as it provides an opportunity for the researcher to refine research instruments that address research problems (Dillman et al., 2014). It also helps the researcher to examine the length of the interview guide (i.e., time that will be used to complete the interview), flow and sequence of the questions, language used, clarity of the items, and whether the instrument is asking the intended questions (Dillman et al., 2014; Hassan et al., 2006). Based on the

importance of pilot testing, I conducted a pilot of the semi-structured interview guide with five data managers in Dar es Salaam's NGO to check whether the selected instrument guide was appropriate for the target population. In addition, I piloted the instrument with native Tanzanians to make sure the language was clear, simple, and represented the study's objective. I used the results of this pilot to stimulate results whereby I was able to visualize whether the emerging themes were related to the research problem. I received feedback and recommendations from the pilot participants on improving the instrument. Some of the feedback received during the pilot was that the instrument was too long, and some questions were unclear. These recommendations and feedback helped refine my tools, and in the end, I had a solid instrument. For example, the interview was initially one hour and 30 minutes, but I managed to trim it to one hour to avoid participant fatigue.

Ethical Considerations

This study was conducted under the oversight of the institutional review boards (IRB) at the University of Minnesota and the National Institute of Medical Research (NIMR) in Tanzania. The ethical review process started by obtaining the IRB at the UMN, followed by NIMRI. Throughout the data collection process, I strictly observed research ethics as per the IRB protocol to avoid harming the participants. First and foremost, I asked for the full informed consent of the research participants through emails and verbally before conducting the Zoom interviews. In securing fully informed consent, I also informed and ensured research participants about the confidentiality of the information they would provide and their anonymity. I also notified my participants that

the information they provided would be strictly used for the intended purpose and not otherwise.

Moreover, I also informed my participants that participation in the research process was voluntary. Any respondent was free to withdraw at any time, and there would not be any consequences for their withdrawal. After collecting data, I de-identified all the transcripts before the data analysis phase. When doing the analysis, I used pseudo names to ensure the anonymity of the participants.

Positionality

Personal identity significantly affects the research process and the outcomes of the research. For example, being a young female Tanzanian graduate student at a U.S. university presents me with multiple identities that might affect my data collection and analysis. However, understanding and acknowledging my positionality in advance helped me to navigate smoothly during data collecting and analysis.

My enthusiasm for evaluation and, more specifically, for ECB, stems from the realization that my country's development hinges upon the availability of good evaluators to adapt proven evaluation strategies and tools to match the local context in Tanzania and effectively steer evaluations as a necessary part of the development process. Additionally, my educational background in public health and my previous position as a qualitative research and M&E manager in different international non-governmental organizations have shaped my professional career. It also helped me create a more comprehensive connection and network with various organizations and collaborators, some of whom were my respondents. During that time, I was able to work closely with data analysts and reproductive and child health coordinators, providing data quality training when

necessary. Thus, I understood health facilities' structure, programs, activities, and the challenges they encounter daily through working with this community.

Being aware of my identity and positionality helped me understand the emotions and struggles these PHO staff are going through and create trust among participants. Of course, my involvement in this research on evaluation may create bias, but I tried to remind myself each time to be a listener and not to provoke participants during interviews. In addition, being away from the country for five years, I observed many dramatic changes in the evaluation field within these PHOs and the Ministry of Health. Therefore, I was open to learning from my participants to understand those changes.

My understanding of Tanzanian cultural norms, values, language and behavioral expectations helped me relate to my research participants. My identity also helped me to establish connections and interact with different people in the public health municipal council. On the one hand, being a Tanzanian gave me some credibility as an "insider." However, I also understand that being an "insider" might make it difficult to see certain things because some parts of the social world and practices are so familiar that I might take them for granted. To overcome this, I played the role of a good listener during my data collection process and of a learner during the analysis period. On the other hand, my connection to a U.S. university as a graduate student raised some doubt for some participants who labeled me an outsider, a spy from a foreign country or company, and an outside researcher. To deal with this challenge, I hired a research assistant they know. We worked together to help explain my study's purpose and continuously reminded them that participation in the study is voluntary. However, despite having the research assistant, some participants still considered or labeled me an outsider. I understand that the position

of the researcher influences emerging analysis. Therefore, during analysis and throughout the entire research process, I constantly reflected on my position to best capture the public health facilities' ethno-narratives under study.

Credibility and Validity of the Study

A qualitative study's credibility rests on the researcher's ability to undertake her research more reflexively. As a researcher, I understand that I have multiple identities and carry opinions and ideals. Whether social, cultural, or political, personal biases and inclinations might affect the researcher's credibility. To establish credibility, I limited my biases by being reflective of my positionality and upholding the ethical standards for doing research. I observed all the research procedures and protocols to ensure that I was abiding by the required research standards.

This study's validity rests partly on my professional experience, knowledge, and ability to collect in-depth information from different participants. I examined the extent to which saturation had occurred, where responses became more consistent across respondents (Maxwell, 2013). Therefore, to establish validity, I ensured that the sample size for this study led to saturation. I also took notes following the interviews, which helped me understand the participants' meanings and interpretations of their responses to interview questions. To ensure that my study results were valid, I used a purposive sampling approach to select only those responsible for data management, use of evaluation data, making decisions, and organizing ECB activities at the health organizations I chose. Moreover, to enhance credibility and validity, I ensured that I gave all the participants full informed consent to help them decide on their voluntary participation in the study.

Conclusion

Generally, my study aimed to explore how ECB in PHOs in Tanzania can be promoted to sustain evaluative culture. In addressing this question, I used a qualitative research design, especially interviews, to understand the current evaluation status, barriers, and challenges that hinder ECB development and identify the most effective ECB strategies to be used for ECB development in these PHOs in Tanzania. As I argue in this chapter, the social constructivism paradigm and interview methods were employed to capture the lived experiences of these managers and coordinators who oversee data collection, provide ECB training to staff at the health facilities, write policy, and use data for program improvement. Thus, despite some study challenges and limitations that will be discussed in chapter 5, I managed to acquire credible information that would help the Ministry of Health develop a solid evaluation capacity and sustain evaluation practices and processes in these PHOs in Tanzania.

In the next chapter, I used the data obtained through interviews as discussed in this chapter to show the evaluation status of Tanzanian PHOs, the most promising strategies to be adopted to develop ECB in Tanzanian PHOs, and barriers and challenges to ECB development. Themes and quotes from the managers are presented. Discussion of the findings can be found in Chapter 5.

Chapter 4: Research Findings

This study aimed to explore how ECB can be promoted in Tanzanian public health organizations (PHOs). In researching this, the study intends to (a) understand the current status of evaluation practices of PHOs, (b) current challenges and barriers that hinder the development of ECB in PHOs in Tanzania. As well as (c) to determine the most helpful and culturally relevant strategies that professionals can adopt to develop evaluation capacity and an evaluative culture-specific to PHOs.

This chapter is organized into three sections based on the study's three-research questions:

1. Research Question 1(RQ1): “What are the current evaluation practices and efforts to engage in ECB in PHOs in Tanzania?”
2. Research Question 2 (RQ2): “What are the current challenges and barriers that impede evaluation capacity development and strategies to overcome these challenges in PHOs in Tanzania?”
3. Research Question 3 (RQ3): “What are the strategies and approaches to building evaluation capacity and promoting PHO’s evaluative culture in Tanzania?”

In each research question, themes and subthemes emerged during the analysis and will be discussed under each section and previewed in Table 4.1.

Table 4: 1*Major Themes and Subthemes Emerging from the Data*

Research Questions	Themes and subthemes
RQ1: What are the current evaluation practices and efforts to engage in ECB in PHOs in Tanzania?	<ul style="list-style-type: none"> 1: Perspectives on current evaluation and ECB practices vary <ul style="list-style-type: none"> 1.1. Participants' knowledge and understanding of evaluation 1.2. Mixed perceptions toward evaluation 1.3. Motivations to engage in evaluation 1.4. Evaluations are primarily conducted at PHOs by staff 2. Role of Ministry of Health and PHO leaders in promoting an evaluative culture <ul style="list-style-type: none"> 2.1. Ministry of Health Influences 2.2. Importance of engaging PHO leaders to invest in ECB 3. Evaluation as an emerging practice 4. Supporting and reinforcing data utilization in program planning <ul style="list-style-type: none"> 4.1. Importance of evaluation results in program planning 4.2. Ministry of Health efforts to reinforce data use
RQ2: What are the current challenges and barriers that impede evaluation capacity development and strategies to overcome these challenges in PHOs in Tanzania?	<ul style="list-style-type: none"> 1. Challenges and barriers to ECB development in PHOs. <ul style="list-style-type: none"> 1.1. Lack of evaluation expertise to provide technical support 1.2. Staff shortages and turnover impacts ECB 1.3. Lack of clear roles and responsibilities among non-managerial PHO staff 1.4. Time to undertake ECB is limited 1.5. Lack of staff payment for receiving training is a challenge to ECB 1.6. Current data collection systems are insufficient Strategies to overcome challenges of ECB development <ul style="list-style-type: none"> 2.1. Organizational factors that facilitate ECB 2.2. Individual factors that facilitate ECB
RQ3: What are the strategies and approaches to building evaluation capacity and promoting PHO's evaluative culture in Tanzania?	<ul style="list-style-type: none"> 1. Organizational ECB training varies across PHOs 2. Organizational support for ECB and donor influences <ul style="list-style-type: none"> 2.1. Organizational support for evaluation and ECB from the MOHCDGEC is important 2.2. Influence of donors in evaluation and ECB processes 3. Benefit of involving PHO staff in the ECB processes <ul style="list-style-type: none"> 3.1. Exploring local staff involvement in ECB development processes 3.2. Perceived benefit of involvement 4. Current and most preferred ECB strategies in PHOs 5. Key benefits of ECB in PHOs <ul style="list-style-type: none"> 5.1. Benefits of ECB for PHO staff 5.2. Benefits of ECB for PHOs

RQ1: What are the current evaluation practices and efforts to engage in ECB in PHOs in Tanzania?

One of the research goals for this study was to explore the current evaluation practices of PHOs in Tanzania. This research question generated four major themes: (1) perspectives on current evaluation and ECB practices vary, (2) role of MOHCDGEC and PHO leaders in promoting an evaluative culture, (3) evaluation as an emerging practice, and (4) supporting and reinforcing data utilization in program planning. These themes and associated subthemes are discussed below.

Theme 1: Perspectives on Current Evaluation and ECB Practices Vary

This theme describes the perspectives on evaluation practices in PHOs. It explores participants' perceptions, motivations, and the status of evaluation capacity in their organizations. The results illustrate that a PHO evaluation is influenced by evaluators' knowledge and skills, perceptions, and motivation to perform evaluation work. The absence of all these factors would undermine PHOs' evaluation practices and culture. Four subthemes are associated with Theme 1: 1.1) participants' knowledge and understanding of evaluation, 1.2) mixed perceptions toward evaluation, 1.3) motivations to engage in evaluation, and 1.4) evaluations are primarily conducted at PHOs by staff.

Subtheme 1.1. Participants' Knowledge and Understanding of Evaluation.

Current evaluation practices in PHOs are shaped by evaluators' knowledge and understanding of evaluation. The interviews explored how participants think of evaluation, M&E, and ECB. This was an important first step in developing an understanding of the participants' knowledge and views of evaluation. Findings show that

all participants were able to define M&E in their own words. Some used analogies to denote the importance of evaluation or to describe how it can be detrimental not to use evaluative measures. As one participant commented:

Evaluation is like an eye. When I hear the term evaluation, I know that there are projects or programs, which are going on. It [evaluation] is a results-oriented process that measures results against the target...without evaluation, it is like someone walking while asleep...That is how I understand evaluation; it will tell whether you are running in the right direction or whether you have achieved what you intended to do or not. (Participant 1)

Another participant had this to say when describing monitoring: “Monitoring is the continuous assessment of the program implementation. It can be frequently done depending on how we have been organized. Monitoring can be done quarterly or monthly, depending on an indicator under assessment” (Participant 13).

Other participants struggled to differentiate between evaluation and ECB. Some participants did not understand or define ECB—it was new terminology for them. For example, one of the participants said that “...we do training to staff at health facilities, is this the same as ECB that you are talking about?” (Participant 12). Other participants used the term ECB to refer to the process of imparting knowledge; still others associated it with capacity development or just training. One of the participants had this to say:

Capacity building can be training or learning on the job while conducting an evaluation. One can creatively develop something, or new ideas, sit together with friends, do on-the-job training, and then new ideas can be used to develop or to change some routine works. There is no specified time/duration for capacity

building; it can be organized for one-day, two-day, or three-month training. Then capacity building on evaluation is to sit together with all teams depending on the knowledge level, then evaluate jointly; at the same time, you give capacity to other people of the program available in the system. (Participant 10)

Another participant commented on the definition of ECB by stating:

It is a long process, from what I know, because it first begins with introducing a person to the importance of data to get into the bottom line of understanding before entering into data analysis. To give the ability to understand what is to be collected and what happens if I collect the wrong data. It's not about doing evaluation alone, but evaluation of which data, collected from which environment? Therefore, I could define ECB as a process that begins at the initial stage of data collection and all the way to the real evaluation instead of looking at results at the end. Most people nowadays are trying to do the evaluation, but most do not understand exactly how to do it. (Participant 11)

Some define ECB as the ability to evaluate data or to build capacity in others. The following sentiment is an example “[ECB]...is the ability to evaluate data. Like being trained or building the capacity of others” (Participant 9). Those participants who understood the importance of this were able to define ECB and acknowledge that ECB is a good activity to help evaluators excel in their knowledge on evaluation. One of the participants had this to say: “Through ECB, you can learn many things. I cannot imagine how the evaluation practice could be like in our facilities if we were not providing ECB to our staff. ECB helped us to provide capacity to our staff.” (Participant 5).

Subtheme 1.2. Mixed Perceptions toward Evaluation.

The study findings indicate that the participants' understanding of the benefits of ECB shape how their organizations use and apply evaluation. There is a relationship between participants' perspectives, positions in the organization, and attitudes on evaluation and ECB practices. Participants reported mixed perceptions of ECB and evaluation among staff in their organizations. There are staff who view evaluation as an important aspect of the organization, and some perceive evaluation as less important. For those participants who perceived evaluation as important, they stressed that evaluation helps both managerial and non-managerial staff determine whether a program achieved what it aimed to accomplish. Participants also emphasized that evaluation is central in identifying areas for improvement, which is essential in strengthening program performance. The following statement is an example:

Evaluation is very important. It is done to assess whether something in the program is heading in the right direction or not and help to find strategies to improve the situation. Without evaluation, you can't understand where you are, what you should do, where you should reach. When we talk of performance, there are certain indicators we are running, so we can't tell the performance without evaluation. (Participants 3)

One participant used an example to demonstrate how functional evaluation is in their work:

Let us take the side of reproductive health; for example, we were expecting to receive 1000 women from attending clinics and data show only 200 attended the clinic in a week. By looking into data, this means that there is a delay for maternity women to start clinics. Thus, I will discover that this is a problem and

later plan for the strategies ahead to help. The plan could be either to use meetings, service providers at the community level, advertisement, etc.

Evaluation helps in many issues. (Participants 11)

Most participants noted that evaluation in PHOs is perceived as a tool for criticizing their work or revealing their weaknesses. Many organizations, including PHOs, do not want to be held accountable for their mistakes, so they do not implement evaluation activities. For example, one of the participants had this to say when providing the perceptions of their colleagues on evaluation: “I like to do evaluations, but sometimes staff at the health facility level do not feel comfortable. Sometimes when we address the mistakes in their report together, you can tell that they are not happy to receive comments” (Participant 9).

Another participant commented that,

In many organizations, especially in PHOs, evaluation is a new thing. In most cases, they think that the purpose of the evaluation is to reveal their mistake. Therefore, they view it as a negative thing. In my view, this problem is not only for the staff at the lower level [health facilities] but also for the top-level [managerial level]. Maybe we [managers] need to train more staff on the importance of evaluation; it [ECB training] can help change these negative perceptions (Participant 1).

Participant one also continued saying that.

The managers or staff at the facilities level perceptions will determine their positions and actions. If they perceive evaluation as a negative thing, then they are

less likely to evaluate in a professional manner or willing to learn from it. We see this problem in our facilities. (Participant 1)

Another participant continued to show the negative perception of evaluation at the non-managerial level:

You know the staff [evaluators] at the non-managerial level do not see the importance of collecting data or using data but rather providing services to clients. Therefore, they still need a lot of supervision to evaluate the activities that they have already done. (Participant 6)

Participants with negative perceptions of evaluation see performing evaluation as “a waste of their time” and “not well understood as to its purposes.” They [non-managerial staff] commented that “evaluation is challenging and can lead to potentially negative consequences because if the results are positive, they would be rewarded, but if not, action will be taken” (Participant 6).

Another participant had this to say about the perception of another colleague towards evaluation:

I cannot say that people willingly engage with data, but it is a must-do thing. Most do not view it as a part of work, which is the reality in facilities. Even in offices, people have become aware after several presentations [about the evaluation and its importance]. Sometimes if you’re a data coordinator, you are not recognized for your work. This occurs in facilities where evaluation and data collection are not a priority. (Participant 3)

Even though the results indicate the presence of negative perceptions among some staff, several participants commented that perceptions of evaluation are slowly changing.

In 2010, organizations such as the Ministry of Health and PO-RALG did not engage much in evaluation or use evaluation data when attempting to understand the process and outcomes of services provided by PHOs. More recently, however, there has been an increased demand from PHO management at the ministry to require M&E activities at all levels. In addition, the ministry uses more data than previously to plan and implement policy, as well as to make programming and fiscal decisions, as noted in the statement,

Evaluation perceptions in PHOs is changing very slowly. Within this year alone [2021] there has been a massive change [positive perception, more people are eager to learn and reinforce evaluation] at the Ministry where they demand data for program planning purposes compared to the previous years. (Participant 10)

This finding shows that the perception of the management and staff of evaluation are key drivers for evaluation success. Therefore, the change in organizational perceptions and culture on evaluation might affect staff perceptions within the PHOs.

Subtheme 1.3. Motivations to Engage in Evaluation.

Responses varied when participants were asked to state what motivated them to engage in evaluation. Some participants stated that they were driven to assume the role of an evaluator due to personal interest or the possibility of receiving a promotion. However, most participants reported that they were appointed or promoted by management to perform evaluation tasks. In assuming this role, they had to learn more about evaluation and became motivated in doing so. One participant commented:

I ha[d] never taken any evaluation course before. However, after I was appointed by my supervisor to perform evaluation work at this municipal council, I was

introduced to evaluation by attending different M&E courses and developed my interest in evaluation more. Currently, I am a good evaluation ambassador. I even teach other managers. (Participant 1)

Some participants commented that they were personally interested in learning more about evaluation to improve performance and later decided to apply for a position as an evaluator. Other participants echoed that they developed evaluation interest after seeing the critical role of evaluation in providing program outcomes at their workplace. One of the participants had this to say:

What motivates me is when I see that I am doing very well. In the malaria program, when we were in the beginning, malaria was very high, like 22% for children under-five [years old]. But after three years of the program in the area that we were working, we realized the reduction of malaria prevalence; malaria went very low. We saw that we had succeeded. We saw the change in malaria because we were able to track and evaluate all our activities. Therefore, I was motivated to do the same in other areas. (Participant 10)

Another participant stated that she was motivated to learn more evaluation due to work challenges. The participant was looking for a solution to improve organizational performance and data collection procedures. Participants said they experienced difficulties in monitoring and evaluating what they do due to factors such as inaccurate data and inadequate knowledge and skills on evaluation. One of the participants reported that:

You know I have worked as a registry nurse for a long time, but also, I was eager to learn more about how better we can collect and report our data. Because we

repeatedly received complaints that HMIS data are not accurate, there is more underreporting, misrepresentation of data. By then, I did not have adequate evaluation knowledge, so I decided to go for M&E training to be able to manage well and train others. (Participant 4)

Subtheme 1.4. Evaluations are primarily conducted at PHOs by staff.

This subtheme explores who performs program evaluation in PHOs and how it is done. Participants were asked to describe their daily work routine at PHOs as managers, coordinators, and administrators of M&E in their respective municipal council or at the PO-RALG. As alluded to earlier, the participant's knowledge, motivation, and perceptions on evaluation would determine how managers would perform their routine. The findings indicate that most evaluations and ECB work in PHOs are done internally by staff at the managerial or and direct service level at the health facilities with little reliance on external evaluators. In this research, there were consistent responses across the participants on how evaluations are performed. All participants reported that their routine work includes assessing data quality, aggregating data, and writing and disseminating reports. The following statement elaborates further:

My daily duties include, first, making sure that in each facility center, there is a HMIS focal person for overseeing data collection, spot check, and to look after data entry into registers. Second, make sure that the DHIS2 system works; if not working, I communicate with Ministry of Health staff for maintenance and/or resolving the challenges. Third, prepare daily, monthly, quarterly, and yearly reports for municipal use. (Participant 9)

Across interviews, participants reported that data collection and recording of data processes begin at the health facility. The participants highlighted that staff at each health facility record all patients' information, generate summary reports, and submit them to the municipal district reproductive and child health coordinators (DRCHCo) and District health information system coordinators (DHMISCo) at various times (i.e., daily, weekly, monthly, quarterly, and semiannually). At the municipal level, evaluators use these summaries from the health facilities to generate district reports that they submit to the regional health management information system coordinator (RHMISCo). One of the participants pointed out the following about the data collection and reporting timelines:

We supervise PHO staff at the facilities on a daily basis and monitor the data that they are collecting. Therefore, from the 1st to 15th of the month we usually get very busy, because during this time health [facilities] close their reports and submit them to the council level. After the 15th of a month, we clean the data through analysis to detect errors because you may find some people made mistakes during data entry. Then we compile them and upload the data into a nationwide system called DHIS2. When we [managers] meet with people from the Ministry, you will find they have our data, which implies that they also make follow-ups. (Participant 11)

Participant five continued to explain the procedures they use to perform data quality verification before uploading data to the national database for project improvement. They identify underreported, overreported, or misrepresented data. Once they find discrepancies, they would fix them immediately before the Ministry of Health uses the data.

For example, we use the World Health Organization (WHO) guideline, which shows exactly the flagged data [extreme/unobvious data]. Since all facilities are already in the system, and their averages are indicated, it is easier to identify the facility. Consequently, we call to confirm whether that data belongs to the named facility or identify if a mistake occurred during the data entry process. Then we start making calls from one health facility center to another to examine the error that occurred in the system. The errors that we usually see are when the data is either be over-reported or underreported because the system gives the data for 12 months back. (Participant 5)

Summary: Overall, the findings show that most participants were able to describe M&E using their own phrases or analogies. Participants were more confident in describing M&E than ECB, despite the fact that managers provide training and other forms of capacity building to evaluators. The results also indicate that some participants had insufficient knowledge about ECB and were unable to comment. Most participants acknowledged understanding ECB as essential for evaluators to advance their profession. Participants reported that good organizational performance depends on evaluators' knowledge and skills and their ability to perform evaluation professionally. The results e.g., subtheme 1.2, reveal that that PHO's staff' perceptions of the value and importance of evaluation determine how they would assess public health programs. Although most participants were able to describe the importance of performing evaluations and possible consequences for not conducting them, managers generally perceived evaluations more positively than non-managerial professionals. Several quotations demonstrate that participants who have knowledge of, skills in, and the perception that evaluation is

important and needed for program improvement can stimulate evaluation work with others and promote effective evaluation practices in PHOs.

This finding also indicates that there are several factors that motivate participants to engage and perform evaluation roles. These factors include promotions (job assignment), personal interest, and work challenges (the desire to perform better). Additionally, this theme shows how managers and non-managerial staff perform their daily jobs with less dependence on external evaluators, relying instead on their knowledge, perceptions, and motivations to engage in evaluation work themselves. This practice of managers performing evaluations gives room for PHO managers to take a leadership role in evaluating their program, i.e., both donors and PHO health indicators. Even though PHO staff perform and organize ECB internally, the results highlighted the inadequate knowledge and skills among staff to perform evaluation professionally. The findings also demonstrate that participants perform other tasks that are not related to evaluation. Findings also show that participants who have prior evaluation skills and knowledge, such as those with M&E certificates, are confident and perform better than those who received short-term (three days) training.

Theme 2: Role of Ministry of Health and PHO Leaders in Promoting an Evaluative Culture

This theme shows a growing need for PHO evaluation capacity. It first explores the role of the Ministry in creating the systems and conducive environment for evaluation to grow and sustain evaluation practices. It also highlights the changes in evaluation practices and the capacity building needed to promote an evaluative culture within the PHOs. The theme illustrates the importance of the top managerial leaders investing in the

evaluation for organization's growth and sustaining of evaluation practices. This theme also reports on the participants' views on the importance of engaging key leaders and investing in ECB and evaluation as a strategy to promote a positive evaluative culture in organizations. Two subthemes are included in Theme 2: 2.1. Ministry of Health influences and 2.2. Importance of engaging PHO leaders to invest in ECB.

Subtheme 2.1. Ministry of Health (MOHCDGEC) Influences.

Participants in this study described the substantial changes in the M&E unit that the Ministry of Health established to develop evaluation capacity and promote effective evaluation practices. For example, in 2009, the ministry formalized the M&E institutional structure (e.g., hiring M&E personnel), launched the health management information systems (HMIS), and developed/designed M&E plans and data quality assessment (DQA) guidelines to facilitate evaluation practice and process. Additionally, the ministry expanded M&E Strategic Initiatives phase III (2009-2015) followed by phase IV (2015-2020) later, which continued the previous strategies. Participants argued that to build a strong evaluative culture, the ministry should ensure they have structures and infrastructures to fulfill this mission. This includes hiring M&E personnel and establishing M&E units at the management and health facility level. The findings show that most of the participants interviewed were appointed or promoted between 2014 and 2021 to be evaluation leaders. This process indicates that some efforts have been made to promote evaluation in PHOs. As noted by one participant,

It has been five years since I was appointed to lead this [M&E] unit. My appointment started when the Ministry of Health developed the M&E structures and [HMIS]. To make sure these structures are followed, I build capacity and

supervise other staff on how to use the electronic data management system to report health data at the health facility level. (Participant 10)

Another participant commented:

The main agenda for the ministry nowadays is data quality. Therefore, we try to ensure we have enough human resources at all levels to make sure evaluation[s] progress. We appointed staff here and there... Also, we are now using THMIS [electronic system] to collect data; thus, we need to make sure all the clients at the health facilities are counted and recorded into our system. Since we [ministry representative] cannot go to the field, we must provide training to ensure all the M&E activities are going smooth[ly]. (Participant 2)

Parallel to that, at this time in 2021, the ministry increased the involvement of Tanzanian health professionals at all levels in problem identification and in planning, designing, and implementing a comprehensive evaluation of public health policies and programs for sustaining evaluation practices. The ministry efforts aim to strengthen M&E strategic initiatives, knowledge, and skills and build an evaluation culture in PHOs. Participants reported that the ministry also provides support such as allowing staff to attend different professional development trainings as highlighted by this participant at the managerial level:

We continue to support our staff. They can apply for master's [degrees] or short courses on M&E, the ministry is there and partners as well. However, it's [professional development] not done regularly due to limited resources.

Something, which we can say that evaluation is marketable; data is like the

world's food. We will not hesitate to provide professional development to our staff when funds available. (Participant 2)

Participants acknowledged that a major goal of the ministry is to ensure that PHOs continue to acquire high-quality data to use in planning and program improvement. Therefore, the participants emphasized the need for PHO staff to receive professional development to meet the evaluation demand. As one participant explained:

Sure! Because things [evaluation approaches and strategies] are changing. The knowledge I have today is not the knowledge I will use in the future. There is a change in technology, globalization, and the world is moving faster, and so is the focus. Therefore, evaluators need to receive continuing education to meet the world evaluation demand to maintain high quality health data. (Participant 2)

The following statement shows how meetings and capacity-building activities are scheduled to stimulate PHOs' evaluative culture:

Meetings are done annually; training and short courses are also done annually. But sometimes it may happen twice a year depending on the package one wants to get the training, e.g., currently, it has been announced that every staff member should indicate the area where they want to receive the capacity building.

(Participant 1)

This statement signifies that the Ministry of Health has plans to continue promoting ECB and evaluation practices within PHOs.

Subtheme 2.2: Importance of engaging PHO Leaders to Invest in ECB.

All participants stressed that it is necessary for PHO leaders (managers and representatives from the Ministry of Health) to engage and invest in ECB activities to

build a strong evaluative culture in their organizations. Most participants echoed the need for leaders to understand the importance of evaluation to educate their subordinates as well, as shown in this statement: “So, leaders should understand well why it is important to perform evaluation and transform that knowledge to the bottom levels; otherwise, it will be challenging” (Participant 7). Participants also reported that ECB would have the following influence on PHO leadership:

- ECB would increase leaders’ knowledge and skills to supervise and perform evaluation work.
- Leaders would then push or make evaluation a priority since they understand its importance.
- ECB would provide leaders with clear direction on how to build a strong evaluative culture. This would include redirection of resources for comprehensive evaluation practices.
- Leaders would make sure they equip staff with the necessary skills to perform evaluation work.

One of the participants had this to say when supporting the argument for why it is crucial for leaders to engage in the ECB process by stating that:

It is essential because leaders are the ones to make decisions. Leaders are highly needed in ECB to make the right decisions. Leaders bring the image on how to build an M&E structure. For instance, the status of a certain area, the status of malaria in a given time, and the progress of reducing women’s deaths are in this way. They decide where they should direct more money or resources than other places, where we need more human resources, etc., so in all these things, leaders

are highly needed. So, for this to happen, there is a need for them and their staff to be trained in ECB. (Participant 1)

In showing how investing in ECB can help leaders sustain and promote the evaluation practices, one of the participants commented that,

But let's come to look at leaders whether they understand the issue of evaluation, the importance of M&E, or that evaluation capacity building. If they know it, the institution will be in a good position [performing evaluation]. Still, leaders who lack these skills and knowledge would lead the organization without evaluation and, therefore, lack clear direction/focus. (Participant 13)

Most participants said that leaders might mislead others or ignore evaluation activities when leaders have not been involved with ECB activities or are not trained enough to perform or lead evaluation practices. As a result, these types of leaders would compromise efforts to sustain the evaluation culture of the PHOs. The following sentiment is an example: "Leaders need to know evaluation. Otherwise, it won't be possible to evaluate others while you don't know. So, leaders need to know evaluation to avoid misleading others" (Participant 9).

Another participant had this to say when highlighting the importance of engaging leaders or investing in ECB in the PHOs:

Because as I said before, [evaluation is] a new area and not all are aware of it, even acceptance is not that much too many people. Therefore, therefore, it's an area that needs [ECB] in the entire community, entire employees, so they could understand the importance of evaluation on different interventions they are working on. (Participant 2)

Several participants said that the evaluation field is changing over time as new methods and approaches are developed. Therefore, the PHOs leaders need to invest in ECB to ensure the staff learns new skills to better serve the populations in need. As echoed by one of the participants,

Capacity building issue is a must-do thing because things are changing. Without capacity building in an organization, it is like working behind. We may hire the right candidate with evaluation skills, but because things/field keep changing, we should be trained to change to act according to the demand of the current time. Things may change depending on the way we define data. We analyze the methods and techniques. Therefore, we need organizational leaders who value and are ready to invest in ECB all the time. (Participant 1)

Most participants acknowledge the importance for leaders to invest in performing evaluation professionally and using results to avoid jeopardizing people's health. One of the participants reported that:

We need leaders who see the importance and invest in performing evaluation professionally. This is because due to the nature of Ministry of Health roles [providing quality health care service to citizens], we need to be very careful with what we're doing [evaluating] at the end of the day not to take the country's health of the people in a place where it is not right [In other words, if evaluation is not done right, it may provide wrong results which will be used to make wrong decisions, therefore affecting people's lives]. That's the critical thing about the ministry to have good leaders with evaluation capacity and be the best in doing evaluations compared to another ministry. You can initiate an intervention with

the thoughts that the intervention will bring positive results while the intervention creates a crisis. Thus, why we do monthly and quarterly reporting, midterm review, all of these are kinds of evaluation. (Participant 2)

Summary: This theme highlights the current organizational evaluation culture in PHOs and how it has changed over time. It also demonstrates the plan and efforts available within the Ministry of Health to promote, stimulate, and sustain evaluation practices within PHOs. These plans include ensuring the presence of skilled human resources, the launch of HMIS, formalization of M&E units, development and designing M&E and DQA guidelines to facilitate the evaluation process. The ministry also continues to strengthen the capacity building of staff in all areas, including data quality, data use, and data analysis. In addition to that, the ministry increases the involvement of staff in all evaluation phases, i.e., develop, design, plan and execute evaluation activities and report writing. The finding also indicates the necessity for leaders to engage and invest in ECB activities to build an evaluative culture in these PHOs. Participants went further to describe the importance of leaders to invest in ECB. This importance includes, increasing leaders' knowledge and skills to supervise and perform evaluation, considering evaluation as a priority, and providing a clear direction on how to build a strong evaluative culture. Most participants continue to stress that since the evaluation field is changing over time, leaders investing in ECB remains fundamental to address the new demand and challenges professionally.

Theme 3. Evaluation as an Emerging Practice

This theme highlights the change in PHOs' evaluation culture from 2009 to the present due to an increased demand for evaluation and ECB. Participants were requested

to provide their views on changes they noted in evaluation activities since they started their staff position at their PHO. Participants reported mixed opinions, with many participants agreeing that there has been a considerable positive change, while others stated there has been limited change in how the PHOs manage evaluation activities, including ECB. Several participants commented that the Ministry of Health was characterized by underreporting, over-reporting, or misrepresenting data in previous years and low use of data. However, currently, as of 2021, these problems have started to diminish. For example, one participant stated:

Tanzania has come from far, for example, in 2000, there was no data at all, and then we struggled to get them until 2009 to 2013 we had many data in our data banks [DHIS system]. Again, we came to the realization that having data is not the only solution; we realized that those data have many challenges... from there, we went far to data quality, but again, it was not enough. So, for now, we have expanded to data use. Therefore, in most health facilities, you won't hear much about training for data quality or collection, but data use. Therefore, our training efforts are now directed to data use. Therefore, everything was done in levels up to where we are now. (Participant 1)

Another participant shared the same viewpoint:

The response is high because 20 years back; there was a problem with data. Although we are not at the best place, we are in a good position as a nation because we have a system already, and it is very stable. The system [THMIS and DHIS2] includes data from the past. Every month data is entered into the system. The system has the ability to process data based on the need (that is for any

program, period, and per indicator). Generally, the system helps a lot. (Participant 10)

Several participants reported that there is a tremendous change in data use compared to when they joined PHOs. As noted by one participant:

The evaluation culture of this organization in previous years was very weak but now is moderate. This is because now there is a system available that forces people to engage in evaluation. Nowadays, high-level efforts are directed to data use issues. When talking about data use, it has a direct link to the evaluation. In every corner, most people insist on the use of evaluation. We have been changing because of culture, also sometimes culture changes with how people are organized or organization people have made. The available curriculum provides guidance for most plans to be done according to the status of available data in their health facilities. For instance, if a person wants to address a certain challenge, refer to the data to confirm if it's a real challenge by then that needs to be addressed. This is done in that way so that it should not happen that the data states are different from one's claims on the addressed challenge. All these are means of motivating the culture of using data. (Participant 1)

Participants were asked to provide their opinions on how they viewed changes in evaluation at the levels of the Ministry, districts, and health facilities based on their time spent in organization. Participants noted the variation in evaluation change within their organization. Most participants reported that there had been a relatively higher level of evaluation change at the ministry level compared to that at the health facilities level. The slow evaluation change at the health facilities staff has contributed to low motivations

and negative perceptions towards evaluation. For example, one of the managers commented that,

You know evaluation is a new discipline, it has been there since then [19th century], but it's not as familiar to others as to us. So, I can say there is a slow organizational change. I am saying this because evaluation depends on how someone has been exposed and gets to know its importance. Currently, some people still do not acknowledge the importance of evaluation in their projects. Although more staff recently we have started to recognize the importance of evaluation, now we see the development of systems, many things are done considering data as among the important things to be included in the work accomplished. Therefore, there's varied perception on evaluation; some understand better the value of evaluation, some a little bit, and some not at all. It is not that all project managers or experts in offices understand evaluation fully. Thus, you find many projects that end without results. (Participant 1)

Summary: This theme describes PHO evaluation changes that participant have experienced before, during, and after joining the PHOs. Across participants, there were mixed opinions on the degree of organizational evaluation change that has occurred. Most participants noted considerable evaluation and cultural change, while others reported a slight change compared to joining PHOs in early 2009. Some participants went further by differentiating the evaluation change that has occurred across PHOs at different levels. For example, the majority acknowledged that there are relatively greater changes at the managerial level, more so at the ministry than at the health facility level. Several challenges that the PHOs are still experiencing include underreporting,

misrepresentation of data, and overreporting of data. Additionally, there is low use of data, low motivation, and negative perceptions towards evaluation among evaluators. Despite these challenges, these findings show that the Ministry of Health is motivated and continues to invest in capacity building to ensure staff understands evaluation's role and importance.

Theme 4. Supporting and Reinforcing Data Utilization in program planning

Participants were asked to describe how the Ministry of Health uses evaluation results or data in their daily programming. During the analysis, the question generated two subthemes: 4.1) importance of evaluation results in program planning and 4.2) efforts used by Ministry to reinforce utilization of evaluation results and evaluation processes within PHOs.

Subtheme 4.1. Importance of Evaluation Results in Program Planning.

All participants agreed that it is essential that PHOs and Ministry of Health utilize data for planning purposes, to improve program performance and service delivery. Across participants, there were consistent responses on how PHOs used data. Participants noted that they use data for municipal and regional planning within the healthcare system, budgeting, and decision-making focused on needed program improvements. Data also helps to resolve the issue of vaccines, medical equipment, and medicine needed within the PHOs. For example, one participant stated: "We use data in making different decisions, such as preparing municipal plans that help facility levels in making the right decisions" (Participant 4).

Another participant commented on the uses of evaluation data:

We use data for many purposes. Data helps in setting plans, helps in the ordering of medical tools, helps in doing M&E, in solving challenges, etc. With data available, we will come to understand significant challenges and set the strategies to solve them. Again, data helps in implementing [ministry] and municipal procedures. (Participant 11)

Another participant supported Participant 11's view by commenting that,

Most leaders want to see reality and/or tangible results. Most of them are eager to see results that bring solutions, no more politics. Hence, even when it comes to decisions, they make decisions directly related to specific data. Therefore, most leaders see the benefits of having evaluation data. In short, data is in high demand. (Participant1)

Another participant at the Ministry level reported that:

Data use is very high; you cannot do anything at the ministry level without having data. [The ministry] is the main user of data collected (i.e., in preparing strategies and budgeting, etc.). Before preparing this year's budget at the national level, we must state what happened last year, what the budget was, how much was used, where we used it. If it was allocated for medicine, then what was the coverage...? Therefore, when you start planning, you need to have information. For example, in the cold season, I will request antibiotics knowing that there will be a lot of pneumonia. I learned this through the cross-checking of pneumonia disease trends [previous data]. (Participant 2)

Most participants commented that they heavily rely on data. For instance, managers said they use data to run evaluation meetings and conduct supportive

supervisions, presentations, and DQAs at both the managerial and non-managerial levels. The following sentiment also demonstrates how managers use data in their daily work:

Before, we used to plan without considering data, but nowadays, managers cannot develop a plan without having data. Data is used for preparing meeting agendas and presentations. Everyone needs to know what is available, where we are etc.

Therefore, there are many changes. Every supervisor has DHIS2 password for the system. They use these credentials to see the performance and trend of data in the area they supervised. (Participant 3)

Some of the participants (leaders) at the ministry level commented that data helped them visualize what happened at the facility level without physically visiting the health facilities. Participants also claimed that they use data to improve programs and understand how other regions or councils are performing. Some also noted that data gave them information to make sound decisions. As one participant commented,

At the [ministry] level, we don't provide direct services to the consumers in the health facilities; we only do supervision. For example, we cannot see patients; we rely heavily on the data that is collected and analyzed by our staff. It's different from health centers where they can easily tell how many patients, they served without even feeding the data, but we cannot tell or do anything without data. To us, we really need data and evaluation because they give us the right to talk.

Generally, data is highly needed; the issue of data and evaluation is of high importance. (Participant 1)

The same participants also claimed that they use data to improve programs, decision making, and understand how other regions or councils are performing. "Through

data, we can understand the performance of a given region or a particular center. Also we use data when we are addressing, giving directions and advice to the bottom levels”

(Participant 1).

Despite the fact that some participants stated they use data for different purposes, others noted that the use of data has varied across time and across PHO staff. For example, some participants noted that the use of data in 2019 at all levels was very low compared to 2021. Participants also observed the discrepancies in the data usage between the Ministry and PO-RALG versus the data used by PHOs. Data use in PHOs is extremely low compared to that at the municipal or regional managerial levels. Participants also noted that a lack of staff knowledge to perform analysis and interpret results contributed to the low use of data among staff. One of the participants commented:

In Dar es Salaam, for example, evaluation and data use has increased from 2019 to 2021. There are still a lot of problems in using data. Data is not used according to service provision at the health facility, including the dispensary level. Even though we all need to use data to maintain good service provision and know whether clients have increased, satisfied or not, yet staff at the lower level are missing this link. (Participant 11)

Another participant reported that,

There is low use of data at the facility level [non-managerial]. I know there are some staff who like to use data, or they wish to learn how to integrate data into their work, especially those who work at the health facility, but they do not know

how to analyze what they have collected. But I can really see their desire during supportive supervision. (Participant 6)

Subtheme 4.2. The MOHCDGEC Efforts to Reinforce Data Use.

Despite the challenges, facing PHOs and the low use of data reported by participants, the Ministry of Health is progressing to ensure it obtains quality health data and that data are properly utilized at all levels. For example, most participants mentioned that prioritizing evaluation capacity on data use has been one of the efforts enforced. Additionally, some participants said they are currently implementing different innovative strategies to make staff at the health facilities or managers collect quality health data and utilizes their findings in their work. The innovation strategy includes provision of trophies to the facilities that provide on-time, high quality patient data. In addition, currently, all providers in these PHOs cannot request supplies or drugs without submitting/disseminating patient data.

One of the participants expressed the following about the effectiveness of giving rewards to outstanding evaluators at the health care facilities.

Nowadays, we are trying to be creative on how to motivate our staff to collect and report quality data. For example, in my municipality, I have started to reward those health facilities that perform well. I see now other facilities that I am not supervising want to be rewarded as well. However, in the future, I want to make it formal so that other facilities that do better need to be recognized and certified. This will motivate more people to make sure they report on time and perform evaluations well. (Participant 5)

Additionally, the following example demonstrates the public health organizational change in data use and the effort to reinforce data use.

Let me tell you something: we need to congratulate ourselves now because we have performed several activities in phases to get where we are now. Every year we make progress; as Ministry of Health, we are now investing in data use. We started to provide training to our staff on data utilization for them to use it in their routine job and not just to collect it and send it to us [DHIS2]. (Participant 8)

Summary: This theme shows how the availability of quality health data at the Ministry of Health helps to inform budgeting, service delivery planning, and decision-making. Generally, the use of data responds to existing health situations (e.g., COVID and malaria) and demands to avoid future negative impacts in the community. Participants noted that quality health data helps the ministry resolve the supply chain challenges for vaccines, medicine, and medical equipment and track patients over time.

Despite the reported challenges in data use, the feedback loops between the ministry and the regional HMISCO or RCHCo reveal moderate use of data at the managerial level and low use at the non-managerial level. Currently, it appears that some staff responsible for data collection at PHOs do not know why they are collecting or reporting information. Further, there is confusion as to how data can be used to inform their budget decisions, plan programs and services, and ensure quality care. For example, keeping proper records of how many patients they serve per day would inform them on how many medications or medical supplies they can request—most of these staff lack this connection. Therefore, ECB remains vital among leaders and staff at large on data use, visualization, and how to transform data in a meaningful way for easy utilization.

Additionally, this theme also describes Ministry of Health's and managers' efforts and innovative strategies to reinforce data utilization at all levels, such as giving rewards or certificates to good performers, encouraging friendly competition between health facilities, and prioritizing evaluation capacity on data use.

RQ2: What are the current challenges and barriers that impede evaluation capacity development and strategies to overcome these challenges in public health organizations in Tanzania?

Regarding Research Question Two, participants mentioned challenges facing ECB development, followed by strategies to overcome these challenges and ways to sustain evaluation practices and processes in these PHOs. In this research question, two major themes emerged: 1) challenges and barriers to ECB development in PHOs, and 2) strategies to overcome challenges of ECB development. In the first theme, six significant subthemes were identified during the analysis of the interview data, while theme two comprises two subthemes. The following sections provide a deep discussion of the themes and subthemes followed by a summary.

Theme 1: Challenges and Barriers to ECB Development in PHOs

First, participants were asked questions about barriers and challenges they encounter in their routine work as managers when designing, planning, implementing, and evaluating ECB practices and processes in PHOs. Next, participants mentioned several barriers which are directly linked to how the PHOs allocate funding, prioritize ECB activities, assign jobs/tasks and responsibilities, and staff perceptions and attitudes towards evaluation. In this theme, six subthemes were generated: 1.1) lack of evaluation expertise to provide technical support; 1.2) staff shortages and turnover impact ECB; 1.3)

lack of clear roles and responsibilities among non-managerial PHOs staff; 1.4) time to undertake ECB is limited; 1.5) lack of staff payment for receiving training is a challenge to ECB; and 1.6) current data collection systems are insufficient.

Subtheme 1.1: Lack of Evaluation Expertise to Provide Technical Support.

Participants in this study acknowledged a considerable demand for M&E training by PHO managers and staff. However, few public institutions or universities offer formal coursework or certification options on evaluation. It was reported that short-term evaluation training is being offered at Mzumbe, Sokoine University of Agriculture (SUA), Muhimbili University Health Allied Science (MUHAS), and University of Dar es Salaam (UDSM). In addition, the findings show that there are very few PHO managers who have evaluation certificates from Tanzanian universities or from universities or other training programs outside of Tanzania. Results reveal that even though there is a high demand in Tanzania for M&E knowledge and skills, universities experience low enrollments due to high tuition costs and limited financial support from the government. Limited funds from the government to support professional development, such as paying fees for leaders and evaluation staff to attend these ECB training in these universities, contribute to the increased number of incompetent evaluators. As one of the participants stated,

Yes, we indeed have several universities that offer program evaluation courses, but most institutions provide only short courses, one week or two weeks course. They provide basic knowledge about M&E, which is not enough to be an expert in evaluation. I always go to online evaluation websites to read evaluations on my own. It could be cost-effective if the government could hire evaluation experts to

train us in our job if paying for courses will be expensive. However, the problem is we have very few experts, who are expensive to get. This is really a challenge.

(Participant 2)

Another participant commented:

Another obstacle is a lack of technical support. The experts are not enough to provide ECB training from one health facility to another. It could be different if we had experts who could move around the facilities offering hands-on training instead of taking a few employees to Mzumbe University just for training. We need technical support that will enable us to analyze data and use it as well. Because evaluation involves analysis, techniques to do the analyses requires training, it's not a simple thing. (Participant 1)

The findings show that most of the PHO managers and leaders have different professional backgrounds (e.g., nurses, doctors, and midwives). They prefer to continue with their professions rather than attend evaluation training at their own cost. One of the participants reported that,

The tuition fee in these universities, for example, Mzumbe and UDSM, are very expensive. I wish to develop my career in the evaluation field because I am currently practicing, but I cannot afford it since I have other responsibilities. I wish the government would assist us with financial support to attend this training. Otherwise, I will continue to pursue training related to my nursing degree.

(Participant 7)

Subtheme 1.2: Staff Shortages and Turnover Impacts ECB.

Findings reveal that one of the barriers to implementing ECB is shortage of human resources with skills and knowledge to conduct, collect, record, and report evaluation data to the health facilities' management on time. Because health facilities are characterized by a shortage of staff, few of these facilities can dedicate staff to evaluation, as other primary health care responsibilities for patients must be met first. Participants noted that the shortage of staff in the PHOs contributes to delays in conducting evaluations and reporting data that can be used in program planning and improvement. One of the participants said that,

One of the main challenges facing evaluation practice is a shortage of staff; you may find that there is one evaluation personnel at the health facilities who provides care to patients and performs evaluation work at the same time. These staff cannot fully commit to evaluation due to other responsibilities. For example, maybe you want person X to do a certain evaluation activity, and you find the same person was on the night shift or is off that day. (Participant 11)

Another participant also reported that

To become an expert, you need to be properly trained in that field. Sometimes, there may be opportunities for professional development, but we cannot send an employee there [short or long-course centers] due to a staff shortage. It becomes difficult to release even one staff member to attend school full-time outside the work areas. At the health facility levels,

there are more responsibilities than the number of staff. Therefore, we are always cautious about who will remain in the office. (Participant 2)

The same participant continued by giving an example by describing the public health organizational context.

If one staff member wants to pursue a Masters of M&E online, part-time, or evening program, we can allow that, but it should not interfere with the work schedule. If the training is full-time, we cannot allow that because there are very few employees. Doing so would compromise the quality of services to patients because of shortage of staff... Evening classes are accepted, ...but online classes take a long process before they become accepted in the government's system of career path. (Participant 2)

Likewise, the doctor- and staff-to-patient ratio among these health care providers presents a significant barrier for staff to engage in the evaluation activities. As one of the participants commented:

To be honest sometimes you get to the facility for evaluation training or supportive supervision, but you find a long patient queue that is waiting for staff to provide care. Therefore, you end up postponing the training for that day. This happens repeatedly and is really a challenge because there are many patients at the hospital every day. (Participant 7)

The findings also revealed that staff turnover at the managerial and staff levels affects ECB efforts at the facility level. These findings show that all of Dar es Salaam has three M&E personnel, and there are only two M&E personnel at the district level and one at the regional level. Based on the large number of health facilities these evaluators

supervise, more human resources with evaluation skills are needed. If staff with ECB knowledge and skills leave and go to a different facility, PHOs are likely to remain without evaluation expertise or the capacity to develop needed expertise. The following statement underscores this situation:

One of the main challenges in most organizations is that lack of continuity, for example, an employee could be hired but a few months later, get moved to a different position or quit the job for a better paying job, most likely in the private health facilities. (Participant 1)

With staff turnover, it takes time for a new person to understand the planned evaluation activities. Therefore, it becomes even more challenging if a new person does not have the core knowledge and skills needed for evaluation activities.

Subtheme 1.3: Lack of Clear Roles and Responsibilities among Non-Managerial PHO Staff.

The presence of clear roles and responsibilities among evaluators is crucial. Participants consistently reported that each evaluator needs to understand what, where, when, how, and why they are supposed to perform evaluation and for whose benefit. If there are changes in staff's roles and responsibilities, staff should be informed and be equipped with the necessary knowledge and skills to perform them. Findings indicate that evaluation in these PHOs in Tanzania gained momentum very recently, and the ministry decided to use the current staff to implement evaluation work. The ministry promoted many staff (nurses, midwives), and others were selected to perform the M&E duties. Based on this ground, and because these staff have different careers, the present limited evaluation capacity affects the evaluation process at these organizations.

Findings also show that the evaluators who view their job as facilitating the use of information for organizational change create the groundwork for utilization of evaluation practices compared to the other evaluators who consider their role as that of conducting the study, providing care, or reporting. These conflicting roles and perceptions between evaluation capacity building and evaluation and staff holding multiple roles undermine evaluation practices and sustainability. For example, some evaluators at the health facilities see their role as care taking but not to perform evaluation or ECB activities. It should be clear that the implementation of ECB depends on how individuals within an organization perceive ECB. These individual perceptions might affect the sustainability of the ECB. The following statement testifies to this:

I can say that evaluators' perceptions at the managerial level are positive compared to those at the non-managerial level. We get lots of support from the ministry but less support from the health facilities staff. Most of these staff do not see the importance of evaluation and simply prioritize their own work, such as providing care. That is why they do not find it necessary to report the number of patients they have attended. This challenge was also evident during the ECB meeting where very few staff attended. (Participant 11)

Another participant said:

You know, sometimes evaluators at the facilities forget that they have a role in evaluation activities. Some do not give evaluation a priority... We are trying to remind them about their new role and responsibilities as evaluators. (Participant 10)

Participants reported that there should be adequate evaluation capacity and redefine their roles to avoid confusion or dilemma in implementing evaluation work. However, findings show that many staff at the health facility level do not see evaluation as a priority. Instead, they still sustain their primary role of care provision, perceiving evaluation as less important. This barrier affects not only the ECB process but also the sustainability of evaluation practices.

Subtheme 1.4: Time to undertake ECB is limited.

Another barrier to ECB is limited time. Limited time was observed for both managers and staff at the health facility/organizational level. The findings show that the most used strategies to build capacity are supportive supervisors and hands-on training; however, this takes considerable time away from other assigned duties and responsibilities. Most of these ECB activities are conducted simultaneously during staff working hours. However, due to the large volume of patients and staff shortage, these evaluators need to focus more on attending to patients/providing health care rather than engaging in the evaluation activities. As one of the participants said,

We usually provide training during the provider's working hours, so when we find that the provider is busy with patients, we cannot ask her to stop serving patients to attend training. Nevertheless, we are trying our best to schedule our training on the days the hospital is less busy, but it is unpredictable. (Participant 3)

As described earlier, these findings indicate that each manager or staff at the facility level has their planned yearly ECB training schedule from the ministry/regional/district to the ward level. However, some of these trainings are not

implemented as planned due to limited funding, time, or other reasons, which led to the increased number of staff with insufficient evaluation skills, as one of the participants described; “Sometimes we have all these training schedules per year, but there is always something that holds back our plan. For example, we might have time to do training, but we might have no funds or vice versa” (Participant 8).

Subtheme 1.5: Lack of Staff Payment for Receiving Training is a Challenge to ECB.

Most participants commented that PHO staff were reluctant to participate in evaluation training without receiving funding from the facility or governmental support. Staff trainees choose not to attend training if they were not provided per diems or honorarium.

Participant 12 noted that

When you ask people to attend without per diems or allowance, very few staff would sign up for training. For example, one day, I found an error in the THMIS system for one indicator across the municipal. Unfortunately, at that time, I did not have any funds to run the training. I decided to face the district medical officer (DMO) and explain the data errors that I had observed in the system for him to call a meeting to address the error. However, I found out that among the 30 staff in the offices, only 10 were able to attend. Sometimes you can even get a lower number than that. (Participant 12)

Due to limited evaluation funding at the facility and ministry levels, staff are seldom paid for their involvement in ECB activities. This poses a challenge to the development of ECB among evaluators at all levels. The comment below presents some

concerns that were common across the participants during the interviews. There are many challenges facing PHOs in Tanzania. One of the biggest challenges is that of trainees' enthusiasm to attend ECB training. There has been a tendency for people to attend ECB training knowing they will get per diems.

Another participant reported, "The first barrier is funding because performing capacity building needs funds especially at our management level, e.g., people who go into the field for mentorship need funds" (Participant 11).

Some participants also raised the problem of delaying performing ECB activities due to funding problems. For example, one of the participants stated that:

Some of us understand that the activities we do need to be evaluated. However, we often lack money to do it. Therefore, when we get the money late, evaluation delays also. By the time you plan to start evaluation, it coincides with another planning season. This affects the implementation and achievement of activities that were initially planned. Evaluation helps to identify the areas that need improvement and the setting up of new goals, but because of funding issues, evaluation becomes difficult. (Participant 4)

Another interviewee went further by showing how the government prioritizes their funds:

...Also, funds for running these [ECB] activities are very limited because of large priorities ahead i.e., the government finds it more appropriate to improve the facilities' infrastructure such as patients wards rather than purchase evaluation materials. So, evaluation becomes secondary. Therefore, there's a very high demand for improvement of health services in terms of financial resources, human resources, and knowledge compared to an area of evaluation. I hope you

understand, for example, what will be the priority between buying vaccines and doing an evaluation? To train a doctor or train [name removed] on M&E It is tricky. (Participant 2)

All these examples demonstrate how funds have become a main challenge in the development of ECB in these PHOs in Tanzania.

Subtheme 1. 6: Current Data Collection Systems are Insufficient.

Participants commented that for ECB practices to be effective and efficient, the necessary materials and resources should be available to facilitate the training process. The ministry uses mixed techniques to collect and report data from the health facilities to the district municipalities. Participants commented that there are some facilities that use both paper forms and electronic/online forms to record and report patients' information while other facilities use only paper forms or online forms. Regardless of the modality the facility uses to collect data, the absence of these materials at the workplace hinders the development of ECB processes and evaluation practices.

Participants mentioned several barriers to the development of the ECB process including insufficient materials for ECB and evaluation (i.e., evaluation materials such as patients register books and M&E guidelines). Participants stated that some register books are too long with many indicators that are not clear to evaluators. Some participants went further to argue that these register books have many indicators, some of which are not relevant to the problem that the provider sees at the health facility. Sometimes register books exclude some common diseases in the community, and the evaluators do not know where to report them. As portrayed by one of the participants.

People complain a lot about these register books. You may find that other diseases are not indicated. Therefore, if the doctors checked and saw no such disease, they would write ill-defined symptoms. That means such a disease won't receive any intervention even if it is in the top 10 because there are no symptoms or anything. Therefore, it has a shortcoming. (Participant 5)

Another participant added that the shortage of register books at the health facilities contributes to the barrier to providing ECB to staff.

Yes, there are many challenges. The ministry always insists that every health facility [private and public] should have these register books; some health facilities manage to buy them, some not. Sometimes health facilities might run out of register books and be forced to record the data manually in different books and later enter the data into the system. This is really a challenge. Despite all facilities experiencing a shortage of register books, the situation is even worse in the private health facilities. The private health facilities have their own system of recording and keeping data that differs from ours [that of the ministry]. They believe in their systems. Therefore, usually, we receive less data from them. Thus, we experience this challenge during reporting time or when we provide supportive supervision training. Therefore, the main issue here is based on instruments for data collection. (Participant 13).

Most participants commented that despite the effort done by the ministry on ECB and transforming data from paper-based to electronic to ensure data is available on time, there are several challenges to it. These challenges include inadequate technological devices, for example, computers to facilitate training and data collection processes, and

poor internet connection. In addition, insufficient primary data collection instruments such as register books and shortage of electric power to some health facilities create another barrier to implementing ECB and managing evaluation data. One of the participants also said, “PHOs acknowledge the importance of evaluation, but they have many priorities of which evaluation/ECB is not part of. So, it is not adequately budgeted for” (Participant 1). These challenges raise a question as to whether the ministry is ready for ECB and evaluation. Budgetary issues emerged consistently across the interviews. The following interview extract highlights funding sentiments that were common across the interviews:

[We see] changes every day... That is why we also shifted from paper-based to electronic data systems. This shift has cost implications such as purchasing computers, internet, hiring technicians, etc. We cannot afford all these with a small budget, so limited funds have always been a challenge. (Participant 11)

For example, one of the participants supported the statement and had this to say regarding the problem of insufficient electronic devices (e.g., computers) and lack of electrical power:

The Ministry of Health requires that each health facility must allocate a budget to purchase computers to simplify the data collection process. However, there are inadequate computers in many facilities, and some facilities do not have even one. ...as a manager, I do not have a computer, too, so it is a challenge to do follow-ups and train people. In addition, [in] some hospitals electricity is interrupted and sometimes there is none, and power shortages impede the evaluation and ECB practice (Participant 8).

Another participant described the challenges that health facilities experience:

Public health facilities face many challenges. Apart from financial, managerial and organizational challenges, they struggle a lot with technological challenges as well. We work in the ... digital world where everything moves to computers and internet, but in many parts of the country, power itself is a big problem, let alone electronic devices like computers and laptops. (Participant 11)

Some participants also highlighted the issue of evaluators being loaded with multiple paper reports of data. This is because not all health facilities are integrated with electronic data systems. Some facilities continue to use paper forms/register books, which face a problem of multiple entries. This process increases the workload for evaluators because they have to record patient information into the register book and later move the information into the electronic system. All these processes add more work to evaluation staff at the health facilities. As one of the participants echoed,

Many public health facilities still use paper formats for data collection and reporting. Some facilities use both paper and electronic because most staff don't know how to use a computer. Therefore, to protect data, we ask them to do both even though you may find a single facility with duplicate reports of up to 20 reports. Therefore, it is a challenge. (Participant 7)

Most participants reported that multiple reports required by the ministry slowed down their work. The problem of poor documentation and evaluation materials being not user-friendly and requiring evaluators to perform double entry also was mentioned. This problem increases the workload on evaluation staff at the health facility. As one of the participants reported during the interview,

...so every new program demands a reporting system. For example, before the malaria rapid diagnosis test [MRDT] project was initiated, we had a column already in the outpatient department register to record malaria diagnostic tests. Now, the ministry came up with a different register book to document only MRDT, which led to multiple reports of the same problem. For example, if I go to the laboratory with the direction from a doctor that requests for MRDT and then in laboratory technician will write my record in their MRDT register, then will take my blood and get tested then after results are out will record in their register. Then the lab person will give me the report to take to the doctor and then the doctor will record it, too. All these reports are entered into the DHIS [District Health Information system]. Therefore, these processes create a challenge of double reporting since providers must fill in twice about the same patient's information into a separate registry. (Participants 3)

Other participants raised the issue of transport as a challenge. They reported that managers do not have transport to facilitate the movement of evaluation data and reports from one health facility to another. The health facilities are scattered, and some are located in rural areas where public transport is also a challenge. Therefore, managers spend more time commuting from one facility to another for evaluation activities. For example, one of the participants complained, "Transport is a big challenge in the ministry, especially in some councils [name of municipal council removed] and getting public transport is difficult" (Participant 10).

Another participant supported the argument by saying that,

We spend even two hours commuting from one health facility to another. You know here [Dar- es-salaam] the traffic makes it worse because most of the time we use public transport where the bus has to follow the long route to get to your destination. So, one ends up visiting a maximum of two facilities per day.

However, if we had our own transport, we could visit more facilities. (Participant 5)

Evaluation managers mentioned the lack of infrastructure at the health facilities to facilitate ECB work—from transportation to training materials to space in the facility to conduct training or store documents —. Another participant commented about the infrastructure,

...you know we have a very poor infrastructure to support evaluation work at the health facilities. With the poor infrastructure, you cannot have quality evaluation services. We do not have enough funds to hire staff, facilitate transport, or buy ECB and evaluation materials. That's why we asked each facility to set a budget to purchase their own evaluation materials. (Participant 2)

Participants continued to report that lack of infrastructure, such as specific space/room allocated for evaluation work, hinders the ECB processes. These managers said if each hospital would have at least one room for evaluation staff where they could install computers and other electronic devices, it would help ensure a conducive environment for evaluators to learn or integrate with data at any time. There is no specific place for training or small group discussions with other evaluators during supportive supervision. The following statement exemplifies this concern:

There is no designated room or office for evaluation activities in health facilities, where you can find all evaluation documents (data and guidelines). This makes data handling and management difficult. Even in those facilities where there are computers, the computers are shared by other staff for non-evaluation activities. If an evaluation manager has to use the computers, has to wait for others to finish using them before he/she could use it for ECB related issues. (Participant 4)

Another participant commented that, “I do not see if the management prioritizes allocating evaluation offices in facilities. As we speak, there is no special room for data management at the facility level” (Participant 8).

Summary: This theme presents the barriers to the development and sustainability of evaluation practices in the Tanzanian PHOs. In this theme, participants noted different barriers such as lack of comprehensive evaluation within PHOs that undermine the identification of effective strategies to promote ECB within the PHOs. Findings indicate that self-assessment/evaluation is crucial to examine the support needed by staff and organization at large. Results noted the shortage of evaluation expertise to provide technical support within and outside PHOs. Across participants, they reported lack of funds as the main challenge to the development of the ECB process. Insufficient funding by the ministry and at the health facilities level led to the shortage of staff and inadequate infrastructure and resources for carrying out ECB activities such as shortage of (computers and electric power, lack of transport, inadequate primary data collections instruments (i.e., register books and guidelines, and limited space/rooms. Across participants, there was a consistent response in terms of challenges in data management and data use. For example, findings depict too many government performance indicators

making it challenging to collect and report data and underreporting and misrepresentation of data due to inadequate staff with knowledge and skills to perform evaluation work at the facility level.

In addition, lack of clear roles and responsibilities among staff, limited time to undertake ECB, and evaluation among evaluators both at the managerial and non-managerial level impede the development and sustaining ECB process in these Tanzanian's PHOs.

Theme 2: Strategies to Overcome Challenges of ECB Development

This theme conveys participants' views concerning factors that facilitate ECB and the sustainability of evaluation practices in PHOs in Tanzania. Participants said that ECB sustainability depends on the extent to which evaluation capacity is grounded in organizational vision, mission, values, goals, and aspirations. In this study, participants discussed various facilitating factors that are crucial to overcoming barriers and challenges identified in this study. Thus, this section will delve deeper into two subthemes: 2.1) organizational factors that facilitate ECB; and 2.2) individual factors that facilitate ECB. Participants state that these two facilitating factors are fundamental for assessing, promoting, and sustaining ECB, and can be applied in any organizational context.

Subtheme 2. 1. Organizational Factors that Facilitate ECB.

Participants reported on different organizational factors that are essential in sustaining ECB. These factors include manager and staff attitudes promoting and valuing evaluation to create an evaluative culture within PHO. In addition, there must be good communication, and information sharing between the managers and facility staff, and

available resources to support ECB. Participants further discussed the infrastructure and resources that are essential to promote ECB and evaluation practices in PHOs. They reported that there must be transportation, e.g., cars; data collection instruments, i.e., ministry register books in both electronic and paper form; technology, i.e., computers; office space; and reliable electric power.

One of the participants had this to say:

I think there are many factors that need to be considered to promote ECB in the PHOs. For example, the issue of transport is the most important thing. Based on the geographical nature and diverse population, health facilities are scattered. My district has many health facilities, and some are in urban areas, and most are in rural areas where public transport is also a challenge to get. If we have a car, we can reach many evaluators in all health centers than the current practice.

(Participant 8)

Most participants also stressed the need for PHOs to have good and visionary leaders to reinforce evaluation practices. One of the participants echoed that:

You know everything starts from the leaders. If PHOs do not have a good leadership--I mean, the leader who does not value evaluation--then it is really a challenge for the ECB to be given a priority. Therefore, we need leaders who can push the ECB agenda forward and allocate enough resources. (Participant 11)

Another participant reported this when discussing the importance of having an organizational culture of evaluating programs and self-reflection. "There should be periodic monitoring to know whether the training provided to staff is sufficient. There

should be internal supervision; the staff should be capacitated to do self-evaluation and reflection” (Participant 11).

Subtheme 2.2 Individual Factors that Facilitate ECB.

Overall, participants stated that the sustainability of ECB requires more than just an understanding of organizational factors. Individual factors such as staff readiness for learning and change, staff involvement in the evaluation process, and providing the opportunity for staff to practice conducting evaluations are all important. Additionally, organizations should introduce and formalize the rewards systems to continue honoring health professionals who perform better. For example, one of the participants stressed the importance of providing rewards to the best staff:

... I think that every facility should include a motivation package. Whereby in every big meeting either semi-annual or annual, [they] would announce the best workers. This should not be done by favoring a certain health facility because doing so will discourage others who really deserve the reward based on their hard work. Therefore, my idea is that there should be a panel that nominates and screen nominees. Announcing a person or facility should be based on panel decision; should pass in meetings, should be selected by facility members that we would be happy if this person gets something and not just because [he or she] is an elder, about to retire. So, at least before I retire, I should come out as a good worker.

(Participant 5)

Another person added that for the ECB to be effective, teamwork and collaboration within and outside PHOs should be reinforced. For example, one of the participants commented that:

I might say we have evaluators that I mentor. Therefore, once they discover the challenges, we work together to solve the challenge. We work together because data is not for the coordinator but rather for the district, region etc. because if mistakes happen in any indicators the whole district or region will be discussed. Therefore, if you say there's a challenge in a certain indicator you got support 100%. (Participant 11)

Some participants said there is a need to strengthen the evaluator's knowledge and skills to ensure PHOs have sufficient manpower with skills to perform evaluation. This would enlighten evaluators on the importance of evaluation and change evaluators' perceptions and attitudes towards evaluation.

Summary: This theme described two necessary factors for organizations to reinforce and sustain the ECB process and evaluation practices. One of the factors is organizational factors that include the presence of positive organizational attitude, perception, a culture of conducting evaluation, good communication and feedback loop within PHOs, and availability of funding and human resource. Furthermore, there must be good infrastructures such as transport, guidelines, and other evaluation materials and data collection instruments, register books for IPD, OPD, tall sheet, electric power, computers, and office rooms. The second factor is individual factors; the finding indicates that PHOs must reward good performers as a way of motivating other staff to evaluate. In addition, give managers and non-managerial evaluators opportunities to practice their creativity and innovative ideas to stimulate their evaluative thinking; human resources must have adequate knowledge and skills to evaluate professionally. All these elements

would contribute to promoting evaluation culture, evaluative thinking, and sustaining ECB and evaluation practices in these PHOs in Tanzania.

RQ3: What are the strategies and approaches to building evaluation capacity and promoting public health organizations' evaluative culture in Tanzania?

This research question highlights strategies for developing evaluation capacity and an evaluative culture in PHOs. Understanding the organizational ECB training structures is essential in identifying ECB strategies that can be adopted to strengthen evaluation capacity and sustain evaluation processes and practices in PHOs. Participants also reported that how knowledge is acquired and constructed among PHOs is critical in determining ECB strategies. Four themes emerged from the analysis: (1) organizational ECB training varies across PHOs, (2) organizational resources and support for ECB, (3) ECB strategies currently being used and the most preferred by PHOs, (4) and key benefits of ECB in PHO. Each theme has subthemes, which are discussed under each broader theme. In addition, at the end of each theme there is a summary of the specific theme.

Theme 1. Organizational ECB training Varies Across PHOs

The researcher acknowledged the importance of understanding the current organizational training structure of PHOs that may influence ECB efforts. To understand current approaches used by PHOs, participants were asked to describe how ECB is planned, how often they attend ECB activities, who funds the activities, and whether these trainings are combined with other topics or are specific for ECB. Participants had different opinions about the structure of ECB in the PHOs. Most participants reported that capacity-building needs to be incorporated as part of strategic planning and that staff

evaluation roles and responsibilities need to be clearly stated in PHO position descriptions.

Staff training was also identified as a major ECB strategy; however, organizational and staff training needs vary across PHO agency settings. Most participants reported that these ECB trainings are sometimes mixed with other topics, while others said they are done separately, e.g., managers can discuss cervical cancer, malaria, and evaluation data or reports. Each program (e.g., cervical cancer) develops the M&E plan or DQA to facilitate the data collection process for its project. Participants reported that these capacity-building sessions are mixed because they do not have funds specifically for evaluation activities. Likewise, all supervision and evaluation work is planned and coordinated under specific programs.

Participants had mixed feelings about the approaches that managers use to deliver training. For example, some participants reported that the ECB schedule is planned based on the PHO's staff needs. Some participants also noted that sometimes training that is provided is too general; although findings show that some managers had prior evaluation knowledge and skills before joining the respective organization, while others did not. When these training are generalized among all staff it is very challenging for the juniors in the evaluation field to grasp all the materials due to different educational backgrounds. Usually, these capacity-building activities are conducted during supervision or DQA. During the capacity building, most participants said that the frequently covered topics include data collection strategies and quality assessment/check rather than other topics such as data analysis, data use, and data visualization. The following statement is an example:

We often used to have different guidelines such as M&E or data quality DQA guidelines. We provide training to managers and staff at the health facilities mostly in the areas of data collection and data quality checks. Now days we sometimes offer data analysis and report writing training. Therefore, if a person manages to collect data, uses those data in analysis, and writes a report, we count that as one form of ECB training. In addition, we capacitate people in writing profiles: district and regional health profiles, hospital profiles that are among the components of data use. (Participant 2)

The same participant continued to comment that:

Each entity can examine the level of capacity for its staff and request the ministry for training and we can provide that knowledge/capacity. In addition, in our [ministry's] schedule, we have a training plan which we use to provide training, maybe on data use, training on dashboard development... We started with national level [trainings] to the regional, then at a regional to the district municipal council followed by health facilities. (Participant 2)

Findings show that there is no uniformity on what should be included in the training and when the training should be delivered to staff. Training varies from one to three weeks, three days to five days, monthly, quarterly, or annually depending on the budget and evaluator's needs. One of the participants echoed that:

In-house we prioritize our training to those with no training at all, e.g., newly employed, etc. Therefore, most in-house training is for them, but we also have a monthly role of going to facility centers for mentorship. There we do mentorship,

DQA, spot check, etc. Therefore, every month, we have a schedule of going to facility centers. (Participant 9)

Similarly, another participant had this to say when discussing how training and other support is offered for ECB:

Apart from scheduled work in the year, we plan activities based on the yearly budget. The regional and health facilities centers have their own budget.

Therefore, ECB is scheduled every quarter. We do the ECB and supervision including the planned activities for that quarter at the health facility within the same time. We have planned in a way that we do not need to take these staffs out of their sites. (Participant 7)

Summary: This theme highlights the current ECB training structure of the PHOs in Tanzania. Most participants stressed the need for ECB and evaluation practices to be integrated into the managers' strategic plan, roles, and responsibilities and also in the job descriptions for the new applicants. The finding reveals that ECB trainings are scheduled weekly, monthly, and quarterly, and they are done during supervision visits at the health facilities. These trainings are also customized based on the staff level of knowledge or need. In addition to that, there is no uniformity on how the training should be delivered and when because there are several factors that impede the process. These factors include available funds, evaluator's level of knowledge and skills, organizational needs, supervisors working schedules, and availability of the trainee. Also, ECB training is mixed with other topics, planned, and coordinated under a specific program. Some of the ECB training entails data collection strategies (include regular check,), DQA, data analysis, data use, and data visualization and report writing.

Theme 2. Organizational Support for ECB and Donor Influences

In RQ1, the researcher explored the role of the Ministry of Health and PHO leaders in promoting an evaluation culture within an organization (Theme 2). This theme went further to describe the organizational support available to develop and facilitate ECB processes at Tanzanian PHOs. It also highlighted the types of supporters of the ECB, their level of support, and their influences (negative or positive). In addition, the theme highlighted the involvement of local staff at all levels (managerial and non-managerial) during the development of ECB strategies and evaluation materials. Finally, this theme also discusses how the involvement process affects the evaluation practices and sustainability of evaluation practices in these PHOs. There are two subthemes associated with theme 2: 2.1) organizational support for evaluation and ECB from the Ministry is important, and 2.2) influence of donors in evaluation and ECB processes.

Subtheme 2.1. Organizational Support for Evaluation and ECB from the Ministry is Important.

Participants in this study were asked to state who funds or supports evaluation work and what types of activities are funded. Interviews consistently noted that most of the evaluation work is funded and supported by the national government (e.g., Ministry of Health, Medical Department of Health [MD]) and external NGOs such as Pathfinder, EngenderHealth, United Nations Children's Funds [UNICEF], Clinton Health Access Initiative [CHAI], Maria Stopes, World Health Organization [WHO], etc.).

Participants noted that most of the support they receive from internal and external entities is used to build evaluation capacity (e.g., training, purchasing of evaluation material such as M&E guidelines, data collection instruments such as patient register

books for the two departments (in-patient [IPD] and out-patient [OPD]) and provide other useful resources for performing evaluation work. Sometimes these organizations provide funds to perform data quality assessment (DQA), professional development, especially for new employees, and supportive supervision. One participant described types of support he had received from the ministry:

Yes, the ministry does provide support. I was taken to Mzumbe for three weeks [of] training when I joined, and I received a certificate for M&E. They also share other opportunities when available, so people who wish to receive training could apply. In addition, we receive a lot of in-house training, which is organized by the ministry. (Participant 10)

Participants noted that they receive various support from the Ministry of Health to facilitate the ECB practices. Managers at the PHOs use the ministry's guidelines to build evaluation capacity at either district municipalities or those evaluators at the health facilities. The guidelines are used by PHOs to identify and collect patients' information, but they also provide training needs to the staff associated with these data collection requirements. These guidelines included DQA, M&E strategic initiative plan Phase IV, and M&E plan. The following quote is evidence:

We have different types of M&E guidelines that we normally use...each program...has an M&E plan and DQA. We use these plans to train our evaluators at the health facility level. We train them to collect and report data specifically for family planning to the THMIS. (Participant 1)

Another participant commented:

Yes, we get support from the ministry, such as guidelines. These guidelines from the ministry are given to guide us in implementing the evaluation and the ECB process. Before guidelines, they usually provide us with training on updates. The training is given to get knowledge on what is needed to be done, and we are told if there are any changes in the guidelines, TDHS2, or in the THMIS systems.

(Participant 13)

Participants reveal that even though there are different guidelines, for example M&E plans for each program such as for malaria, family planning, and reproductive health, there are no specific guidelines for ECB. Participants acknowledged the necessity of developing comprehensive ECB guidelines that covers M&E for all programs and research on evaluation components.

Another participant commented that:

We usually adopt the ministry guidelines to train evaluators, but we don't have specific guidelines for just evaluation. However, ...your questions made me think about the importance of developing ECB materials that cover use and other evaluation areas, but not only to focus on data collection and reporting.

(Participant 10)

Even though the Ministry of Health contributes support for evaluation work, findings show that most of the funding and support comes from external NGOs (donors). This raises fundamental questions about the sustainability of evaluation practices in PHOs if these collaborators withdraw. For example, one participant said:

It is true that funding is a challenge. Currently, we are doing all these activities because we have different supporters. One is helping with a training example,

DQA, another donor is giving us some funds to do supportive supervision, etc.

When you combine all these efforts, we find that we are doing better. When you asked me about my opinion about sustainability, I saw that sustainability is hard to achieve. Maybe if the government allocates more funds into evaluation than donors, which will help ensure sustainability. Because today we have donors, tomorrow we don't; who will support us? (Participant 6)

Subtheme 2.2. Influence of Donors in Evaluation and ECB Processes.

Participants acknowledged the support that they are receiving from the donors; however, participants noted that in prior years donors ignored local knowledge in designing and developing ECB materials and guidelines. They dictated what was to be evaluated and what methods and strategies would be used to conduct the evaluation. As a result, Tanzanian PHOs were just implementing what they were told by donors, even if it was irrelevant to them, which created stress and confusion and increased workloads for facility employees. Such practice also contributed to a somewhat negative attitude towards evaluation. This can become a challenge, especially in these PHOs where staff had insufficient knowledge to undertake the evaluation. One participant expressed the following sentiment:

Many donors support evaluation work and public health service delivery, which is a good thing, but the main challenge is that each donor comes with their own indicators and data collection instrument [i.e., In-Patient Department (IPD) and Out-Patient Department (OPD) register books, tall sheets, data quality assessment (DQA)], ignoring the Ministry guidelines and instruments. Therefore, providers

must fill in the same patient's information reports multiple times [to submit to the donor and to the ministry], which increases workload and stress. (Participants 11)

In the present day, some participants stated that donors still have control of how and what needs to be evaluated, while others noted that change was occurring. Across interviews, those participants who opined that there is little influence from donors today commented that the ministry, PO-RALG, and donors created a structure whereby all health indicators and evaluation materials are designed together with locals; local evaluators lead the process. As pointed out by one participant:

As of now, any projects from donors should be reviewed and discussed at the ministry level first. The ministry will assess the project, and if the project does not align with government priorities, then the project would be rejected and returned with suggestions for improvement. Also, the PO-RALG has the mandate to reallocate the project to the region where they see fit. For example, even if the project was planned to be conducted in Dar es Salaam, it can be reallocated in Njombe or Mara. At least nowadays, the ministry has the power to intervene and not accept anything from donors or other implementers. (Participant 13)

The following example shows how participants design and develop evaluation instruments/tools without donors' influence:

For me, yes, I was engaged. Although I like to manipulate and add some of the things in data collection instruments, I have done that. For example, like the [DQA] tool of family planning which we are now using, I am the one who initiated it. However, I connected some parts from the major one [tool] of the ministries [MoH], but I created family planning details myself. Because in the

system, there is only a DQA with 15 indicators. Among 15, we look at only one indicator of injection. Therefore, we wanted to do a [DQA] on other methods apart from the injection. That's why I went to develop the data collection instrument/tool, and then I took it to my fellows, the ministry, and it was accepted. Then we had a donor by then was Pathfinder, and then EngenderHealth pooled in. Therefore, that tool is now being used by the ministry in other regions and donors, but actually, I started it myself. (Participant 10)

Another participant described local engagement in the designing of ECB material as a process of aligning with international organizations or NGOs only if they can do so without losing the local context. When donors want to conduct an evaluation training for their project, the materials must be worked out together between the donor and the local evaluators and will only be put to use if the local evaluators approve it. This participant said:

Sometimes we want uniformity in our evaluation tools that we use to align with the WHO. Therefore, we look at what other big curricula say--for example, what [the] WHO says about data issues, and then we change our strategy to fit the context of our environment, but if it's the same, we keep what we do have. For instance, if you look at the issue of data quality that was basically prepared following the curriculum of [the] WHO, and ways of conducting [DQA], we look at other partners' curriculum as well. But it is done out [side] of the influence of donors. Therefore, when they come, if they need something, we do the same. We must sit and prepare the training package together. So even if you [anyone who comes with a training] come today and want to provide training, we must go

through your training package for approval whether it's okay or needs changes.

We will reach a conclusion but not directly. They [donors] might have influence, but it is on an agreement basis. (Participant 1)

Some participants commented that they could influence change by not implementing donor-supplied M&E materials when the materials do not align with the ministry's guidelines, regardless of donor support or funding. For example, one participant had this to say: "They [donors] can influence the funding of projects, but when these projects are not a priority for PHOs in terms of producing health information funding has been refused. The funding is not our priority, but results are the priority" (Participant 2).

Another participant supported this statement by describing an interaction with a donor that did not want to use the local materials, but eventually did agree to:

Very true. Actually, let me give you an example. [Name removed] and his team from a donor organization came to me saying they want to do DQA. I said, let me see your data collection instruments. After seeing their data collection instrument, I said we could not use your instrument. I wanted them to use my [ministry] instrument, and they asked why. I said I don't understand how your instrument is going to help me. Even if you ask him, he considered me cruel. I said yes, we would not use your instrument; instead, we will use my instrument, which is far better than yours. From there, they decided to leave; it took them a while to come back to me again. However, when they came back for the second time, they used my [Ministry of Health] instrument. Until now, it is the same guideline they are using, which we simplified. If you ask, he will tell you. In several regions now,

they are doing family planning data quality assessment using that data collection instrument. (Participant 10)

Another representative reported on the transformation over time between donors' and locals' engagement in the planning and designing of evaluation materials.

The era of donors coming with ready-made evaluation data collections instruments and designs has passed. If you want to do an evaluation, you should clearly state what you want to achieve. The government put a structure for collaborators to follow. Groundwork of governance of evaluation has already been established, that is, curriculum, data laws, research laws, guidelines, and sharing data and information. Therefore, when they [donors] come, we give the documents to see where they fit in to fulfill their needs. If not, they have to go.

(Participant 2)

Summary: This theme discusses types of supporters and their contributions to PHOs' ECB and evaluation practices. The findings show that there are many different supporters of evaluations, both internal and external, for Tanzania. Participants reported that most of the support they receive includes professional development, funds for supportive supervision, DQA, and funds to purchase evaluation capacity materials and other useful resources to perform the evaluation. This theme also highlighted variations across PHOs on the types of guidelines that were used in training and other ECB efforts. The findings indicated that, to provide ECB training and other evaluation activities, the managers use the ministry guidelines such as DQA, M&E plans, or M&E strategic initiative Plan Phase IV [MESI-IV]. Participants demonstrated that these guidelines are linked to or specific for a program. Therefore, the results show that there is no specific or comprehensive

guideline for ECB from the ministry or donors involved in M&E activities. The findings also show mixed responses about the influence of donors in evaluation and ECB practices. Some participants commented that donors continue to influence ECB and the evaluation process, while other participants acknowledged that there is a positive shift. The donor influence includes control of what needs to be evaluated, which material to use, and additions of indicators to the ministry guidelines. These practices have led to confusion and increased workloads among evaluators and caregivers who collect and report their patients' information.

Despite the presence of donor influences in some areas, the participants indicated that the Ministry of Health and donors are beginning to utilize local knowledge to design evaluation and ECB materials. Findings indicate that some of the managers were able to push back some of the ECB or evaluation materials from donors that do not align with the ministry guidelines and priorities. This theme also shows that there are many partners other than the government who fund ECB and evaluation activities, which poses a question as to whether evaluation efforts would be sustainable if external funders withdrew.

Theme 3. Benefit of Local Staff Involvement in ECB

This theme discusses the intrinsic benefits of involving local staff in ECB processes. This theme is the continuation of the subtheme 2.2. The study went further to identify the involvement process of staff within PHO and its benefit. Participants were requested to comment on their involvement in the ECB development process. Theme 3 has two subthemes under it: 3.1) exploring local staff involvement in ECB development processes and 3.2) perceived benefit of involvement.

Subtheme 3.1: Exploring Local Staff Involvement in ECB Development

Processes.

Several participants reported that they were involved at the initial planning stage of identifying specific ECB strategies, and others reported being involved during the implementation of the strategies. Generally, across the interviews, participants reported that it is necessary to engage all staff in developing ECB plans and action steps. Through their involvement, PHO staff learn basic knowledge and rationale behind each ECB activity implemented. Participants noted two types of involvement during the interviews: (a) it was important to involve PHO staff in ECB processes by managers, and (b) it was important for health facility managers to be involved by donors or ministry officials in the development of ECB materials and implementation of specific training strategies. Participants commented that local implementers (PHO staff) understand better what is or is not functioning in their work environment. They are experts in their area, i.e., health facilities and municipal council. They know whether the resources available could be enough to implement the guidelines or not.

Findings show varying levels of manager involvement in the ECB development process. Most participants reported they were somewhat involved in the ECB process. Those participants who reported that they were fully involved in ECB efforts are from the ministry's top management and representatives from PO-RALG. In addition, participants said that normally the ministry selects a few representatives from PHOs during the development process, as revealed by one of the participants:

We have evaluation guidelines that the ministry develops and makes available...

One of the guidelines I have highly participated in is HMIS. The ministry

organizes it, but they never leave us behind in participating. Therefore, in the end, we manage to ensure that all facilities and supervisors from regional and municipal council levels work according to the guidelines. (Participant 1)

Another participant also supported the claim by commenting:

Yes, I have attended ECB training several times. The ministry selected me when developing the new data collection instruments or improving the existing ones.

They used to take a few representatives, one or two people from a region, and the rest being the people from the ministry and programs. (Participant 3)

Other participants agreed that the ministry engaged them but only partially:

Yes, they have been involving us, although not all the time or in all the processes.

For example, sometimes you may find you're invited to the development process of M&E guidelines or not. Up to now, I have attended some of them including in the development of data collection instruments [DQA] which [we] are using.

(Participant 7)

Subtheme 3.2. Perceived Benefit of Involvement.

Generally, participants who were involved in the process of designing M&E or ECB materials at any point expressed their satisfaction and enjoyment about the process. The participants used different words to express their feelings, such as “good experience,” “very good information,” “learned a lot,” and “very satisfied.” For example, one of the top leaders commented,

Non-managerial level [staff] feel good [providing] their input. They share the challenges of existing ECB tools and guidelines, and then they give advice. We always find varied skills and competencies among staff. Sometimes during the

discussion, they provide different alternatives which the management could not think of. (Participant 2)

Another participant who participated in the development process of ECB guidelines had this to say:

It was totally participatory, and I was satisfied with the process. I felt good because when you engage the users, it is a good thing since they are at the sites; they know if this data collection instrument remains like this; it will be a problem or give good results. Alternatively, sometimes we change it. (Participant 8)

Participants acknowledged that through their participation in the ECB or M&E process, they learned a lot about the ministry evaluation guidelines and performance indicators which are collected using a register book. This included why the specific indicators are used, why it is important to collect accurate data, how to interpret and use the data, and recommend ways to improve data collection instruments and procedures.

One participant commented:

It was a great experience, of course, being part of the process. It helps us to understand evaluation better than those who were left out. For instance, before coming to the final document, we had more than five drafts which we passed through. Therefore, what I learned is that preparing such kinds of documents needs the high engagement of people. Whereby, through them they can drag in some essential ideas which we may have overlooked. Therefore, inclusiveness of all stakeholders, private and government, as well as those who are not directly related, is important. (Participant 1)

Several participants commented that most of the evaluators at the non-managerial level only completed elementary school; therefore, they need simple material that they can understand for maximum impact. Through the involvement process, managers were able to create simple data collection instruments that can be used in the facilities. As narrated by one participant:

The data collection instruments we developed together are actually very relevant and simple because [they were] written in Kiswahili with few scientific terms...

These instruments were changed from English to Kiswahili because most of them [community health staff/evaluators at the facility levels] were not form four leavers [left school after high school] but were primary school leavers [left school after elementary school]... I never sit and develop things that are not useful....

instruments we develop in the area are very easy and can be used with communities. Unlike those brought from the upper level... (Participant 10)

Several reported that they felt less confident in using the guidelines to perform evaluation tasks, were unfamiliar with indicators or felt that the evaluation instruments and procedures were irrelevant to the context. One of the participants noted that:

Some challenges emerged because the evaluation guidelines were not considered relevant to what happens at the health facility level. So, yes, such a challenge can happen because there are people who prepare guidelines have no idea of what is happening on the ground. (Participant 1)

When participants were asked about their opinion concerning the importance of engaging staff/evaluators, one participant reported that:

...at the level of monitoring and evaluation, you're supposed to ask users because...users [staff] are the ones who implement. It should be participatory throughout when preparing data collection instruments for the implementation stage. Thus, we use the participatory method to conduct workshops, meetings, forums, etc. (Participant 2)

Summary: The results depict a wide range of responses in terms of participants' involvement in developing ECB and M&E guidelines. This involvement varied among participants, and it depended on the position or role the managers and non-managerial staff play at their facility. Managers at the ministry level reported that they were highly involved in the all the ECB phases compared to those at the regional, district, or municipal level. The findings also show lower engagement of staff at the non-managerial level. When asked to provide their opinions on how they felt after either being engaged or not engaged, participants' responses were wide-ranging. Those who were either partially or fully engaged felt that their voices were heard and valued, were able to create simple data collection instruments, and trained others. Participants also felt satisfied and happy with the process, increased their knowledge about evaluation, and better understood the indicators compared to those left out of the process.

Theme 4: Current and most Preferred ECB Strategies in PHOs

This theme identifies and discusses participant views on: (a) current strategies that are primarily used in Tanzanian PHOs and (b) the most valued and preferred ECB methods and practices that are being adopted in PHOs.

Participants were requested to state the types of strategies they use to build evaluation capacity for staff at the health facilities. Participants reported a wide range of

strategies are utilized at their workplaces including workshops and seminars, hands-on/in-house training, and mentorships. Even though the participants mentioned several strategies, they said that some are seldom used while others are more frequently utilized. Several participants noted that most of their staff receiving training were mostly older, were not computer illiterate, and had only completed a primary/elementary school education. This added to the complexity of planning and implementing ECB strategies.

Most participants indicated that they combined capacity building with other necessary activities. One participant commented:

We took the health management team of the given facility; then we gathered them together in exceptionally high-volume facilities. Then we tell them to sit down in a team of five, we ask them to log in into the system. They perform different analyses by themselves, and ask them to explain what trend they see? How many clients did they save in the last six months, and how about in the last three months, where are they? After that each team presents, then prepares an action plan and improvement plan. (Participant 13)

The following example illustrates the use of multiple ECB strategies among PHO staff during capacity-building efforts. The use of multiple methods aims to ensure that staff are equipped with necessary evaluation knowledge depending on their current working environment and available budget.

We use mixed strategies in our capacity-building efforts. We use workshops that are regularly conducted at the regional, council, and healthcare center levels. On-the-job training and mentorships are also frequently used strategies. One major focus of the training is on the required data collection for the ministry. The

availability of resources dictates how much staff training can be provided so there is variation across the PHOs. Not only [funding] resources but also manpower; sometimes taking a single or all staff away from their worksite is inconvenient. Therefore, we follow them in their workplace and train them. (Participant 1)

Several participants explained that if enough funds are available, strategies such as seminars and workshops are used since participants might receive in-depth training that also allows them to train others in their worksite. For example, one of the participants had this to say: “Seminars and workshops are good but not easy for all to attend. Fewer people can attend and once they are back, they should do on the job training with other staff who didn’t have a chance to attend” (Participant 11).

Participants stressed the importance of evaluators in selecting an approach/method that best suits the ECB PHO staff and would help them learn. In addition, due to limited funds, some strategies such as long-term classroom training are unfavored. Thus, participants’ most preferred strategies included supportive supervisors, on-the-job training, and hands-on training, and other facilities can adopt those.

Participants also provided reasons for choosing a specific ECB strategy over another. Some noted that methods such as seminars are very long and not practical for adults compared to on-the-job training. Several commented that hands-on experience is better, especially for the older staff. In addition, ECB strategies such as workshops are more costly than supportive supervision. All this shows why evaluators preferred a particular ECB strategy based on the resources available, nature of the work, types of trainees, and context of PHOs. Participants were also concerned about insufficient

evaluation training among the staff as a barrier to performing work. One of the participants commented that:

In my view, evaluation capacity building works best when you visit that person in the workplace. But calling a person to a class, giving them ...per diems, breakfast and booking a hall, preparing lunch, etc. ...normally this I see doesn't work and it costs a lot. But following a person to a working site and then doing hands-on work becomes easier to remember than taking a person away from the working environment. So, it is better to find a convenient time for the trainee; then you can teach them and practice together using the trainee data collection instruments at their workplace. (Participant 5)

Another participant continued to explain why hands-on training is fundamental for adult learners:

I supervise staff [trainees] at the health facilities who are computer illiterate; some of them are elders. So, if you train them in the classroom, they cannot understand. However, when I go to the facility, I sit with her on the chair with the computer. I try to do some, and she does the same. She can ask me a question right away without any problem. By the time I leave the facility, she knows how to enter data. So, we have many staff like this in our facilities. (Participant 7)

Another participant who does not favor the use of seminars for adult learning explained that:

Sometimes seminars, which tend to be long, are not good for adults but good for younger age. Routine supervision activities are good for adults to follow especially when it is conducted in their respective areas.... From there, they can

create a routine to continue with evaluation in seeing the success that happens in the provision of health care. (Participant 10)

Summary. Participants reported various strategies used to build the capacity of other evaluators, including workshops and seminars, mentorships, hands-on experience at the facility, and supportive supervisors who encourage them to develop evaluation skills. Overall, participants viewed that hands-on training and supportive supervision were the most effective and efficient ECB strategies to adopt. Participants provided reasons as to why they are in favor of one strategy over the other. Some of the reasons include limited funds, computer illiteracy among other evaluators, and low levels of education. However, participants communicated that more training or regular training is needed for most staff. Most participants are concerned that insufficient evaluation training is the major challenge that hinders their work.

Theme 5. Key Benefits of ECB in PHOs

This theme highlights the critical benefit for individuals and organizations who engage in ECB processes and activities. These benefits are grouped into two subthemes: 5.1) benefits of ECB for PHO staff, and 5.2) benefit of ECB in PHOs. The following section discusses these two subthemes in-depth and their impact on both organization and individual work.

Subtheme 5.1. Benefits of ECB for PHO staff.

Participants identified several benefits of ECB in the PHOs for staff within the organization. The reported benefits of ECB can be summarized as increased knowledge and confidence to conduct evaluations and increased use of data in program planning and decision-making. One participant commented that:

We have done a lot after we received ECB training. We can now conduct an evaluation on our own. We evaluated a lot of projects. Each year I assess the performance of the health sector. [I] Conduct[ed] a meeting review of a five-year health sector plan; my coworkers evaluated policies. Therefore, there is a lot of change, and evaluation has grown too in our health facilities. If you [interviewer] come, there's an area for you to work in. (Participant 3)

Another participant stated that:

ECB training made our life easier; we experienced lots of stress and tension during DQA and supervision at the managerial evaluators' level and the non-managerial. Every time we visit the facility, we see staff there are not happy with the process, but nowadays, they enjoy the training and evaluation activities...

(Participant 8)

One participant agreed that evaluation capacity had changed the ways managers perform evaluations and use data:

In the beginning, I was really struggling to raise the awareness and capacity building in health centers especially on the data management and data use. But as we speak in most health centers there is improvement in the data management issues, one can get data than in the previous years... Sister [name removed] has brought many changes in different areas such as record keeping compared to other surrounding regions. (Participant 13)

Several participants noted that ECB changed staff perceptions of evaluation from negative to positive and increased their ability to evaluate the program performance. One of the participants had this to say:

There's a significant change because now I can even evaluate myself. When I was a planner, and now in monitoring and evaluation, there's a huge difference.

Positive change, positive thinking. Today if I go back to planning, I will be more competent and beneficial, different from how I was before. For now, I plan, set indicators, can make follow-ups and all these exposures I got in the monitoring and evaluation world. It helps me anticipate risks and challenges I might incur while implementing some projects. ECB has helped us all [evaluators at the managerial and non-managerial levels]. (Participant 2)

Subtheme 5.2. Benefits of ECB for PHOs.

Participants were asked to provide their views on the key benefits of ECB in PHOs. Across participants, there were consistent responses on the benefits. These benefits include increased funding, increased organizational capacity to design and collect data, and increased confidence among staff and PHO leaders to evaluate programs. Additionally, ECB helps PHOs to use data for planning and decision-making. For example, one of the participants had this to say:

Yes, it helps because when we were planning; we only planned at the council level, but now every facility has its plan. Many facilities have faced the challenge of receiving little funding. For example, you may find another facility with the same number of patients receiving more funds while others receive less. When they asked why this is, I told them because you underreported your data. For example, if facility X reported that they served 5000 patients per month and you reported only 500 patients, you cannot get the same funding. At least nowadays, every facility understands. We pull data for each facility at the end of the year,

and everyone sees their data. Therefore, they have already realized those impacts. For [facilities] to get more funds, they must adequately and appropriately report accurate data on time. Otherwise, they will continue to receive little funding from the government. Therefore, this initiative made each facility work hard.

(Participant 5)

Likewise, other participants also demonstrated how ECB helped them to increase transparency and accountability and therefore increase funding in their organization. One of the participants commented that “Yes, we got funds because we show exactly what our facility performed; also, I forgot to tell you that evaluation increases transparency and accountability. Based on transparency, those with interest, if they see how you progress, will fund you” (Participant 2).

Another participant had this to say when he was explaining the benefit of ECB to his organization:

The ECB training helped to improve the Ministry of Health reporting performance by PHO staff. For example, the ministry evaluated the 2007 policy that has been used for more than 10 years... [T]hey did a midterm review [of the five-year health development plan] and came out with challenges, intervention, and proposed new five-year implementation strategies. Based on that evaluation, we have been able to make corrections which has enhanced our reporting performance and use of the evaluation information in planning. (Participant 2)

Summary: This theme demonstrates the key benefits of the ECB process and practices in PHOs as outlined by the participants. Participants mentioned several benefits of ECB to individuals as well as to PHOs that have invested in the ECB process. The

benefit which includes increased funding by the government and other funders, and increased confidence, accountability, transparency, knowledge, skills, and organizational performance. Additionally, ECB increased the use of data for decision-making, planning, and budgeting. Findings demonstrate that some benefits are not tangible but directly impact PHOs; for example, when participants feel happy within their working environment, they release stress and thus their morale rises, staff turnover goes down, etc.

Chapter 5: Discussion and Implications

There has been an increased demand to develop evaluation capacity within public and private organizations at all levels (Carman & Fredericks, 2010; King & Volkov, 2005; Labin et al., 2012; Preskill & Boyle, 2008; Tarsilla, 2014). Evaluation capacity building (ECB) is critical in building good governance, improving transparency, increasing organizational performance, and creating a sustainable evaluative culture within organizations. ECB helps ensure accountability and informed policy-making processes for government agencies through evidence-based results (Bourgeois et al., 2018; McDonald et al., 2003a; Taylor-Powell & Boyd, 2008). For organizations and agencies at the community level, ECB helps staff understand who is being served, their needs for services and support, and the outcomes achieved through agency programs and services.

This study explored the current status of evaluation practices in Tanzanian public health organizations (PHOs) to determine the evaluation capacity building (ECB) strategies needed to further advance evaluation practices and culture within these organizations. The study also aimed to identify current challenges and barriers that impede the development of PHO evaluation capacity and identify strategies to overcome these challenges. Qualitative interviews were conducted with key public health informants focused on exploring three main research questions:

1. What are the current evaluation practices and efforts to engage in ECB in PHOs in Tanzania?

2. What are the current challenges and barriers that impede evaluation capacity development and strategies to overcome these challenges in public health organizations in Tanzania?
3. What are the strategies and approaches to build evaluation capacity and promote the development of an evaluative culture in Tanzanian public health organization?

This chapter discusses study findings and their implications for the Ministry of Health and regional/district office managers, directors of PHOs, and the field of evaluation in Tanzania. Implications for further research are also discussed. The final section of this chapter presents the limitations of the study and the conclusion.

Discussion of Overarching Themes

In chapter 4, numerous themes and subthemes were identified and discussed. A summary of these themes and subthemes are found in Chapter 4. This chapter, Chapter 5, identifies and discusses eight overarching themes that emerged from the interviews in relation to the study's three research questions. The overarching themes include:

- Varied perspectives on current evaluation and ECB practices
- Role of MOHCDGEC and PHO leaders in promoting an evaluative culture
- Influence of donors in evaluation and ECB processes
- Benefit of involving PHO staff in the ECB process
- Benefits of ECB
- Challenges and barriers to ECB development in PHOs
- Strategies to overcome challenges of ECB development
- Current and most preferred ECB strategies in PHOs

Varied Perspectives on Current Evaluation and ECB Practices

Staff knowledge, skills, and perceptions significantly influence an organization's capacity to undertake evaluations. There is a myriad of perceptions among PHOs in Tanzania that shape how evaluation is being conducted in the country. These perceptions affect the level of commitment to improving an organization's evaluation capacity and furthering the development of an evaluative culture in Tanzania. McDonald et al. (2003) and Preskill and Boyle (2008) suggest that evaluators' perception, motivations, and knowledge are vital elements that influence how evaluators perform evaluations in organizations. At the managerial and non-managerial PHO levels, evaluation was broadly perceived as a key component for program improvement by understanding how programs and services affect the individuals they serve.

Participants in this study used different African metaphors that place evaluation at the center of an organization's operations. Participants used phrases such as "*Evaluation is like an eye,*" and "[Working] *without evaluation is like working while sleeping*" to express the relevance of evaluation practices in organizations. Not all study participants and those staff they work with at the health facilities held the same view of evaluation. The study found that staff perceptions of evaluation varied from negative to positive largely stemming from the level of knowledge and understanding staff held regarding the role of evaluation in their organization. A negative perception undermines the development of evaluation in the organization, while a positive one encourages improvements and accountability (Preskill & Boyle, 2008). Positive perception towards evaluation promotes effective leadership and the utilization of evaluation findings in

supporting agency planning and making informed decisions (Crisp et al., 2000; Patton, 2012).

Like other studies and perspectives on building evaluation capacity within organizations, this study acknowledges the importance of exploring current organizational evaluation practices, such as the value and importance agency leadership and staff place on evaluation, and the utilization of evaluation findings in supporting agency planning and decision making. The findings from this study indicate that evaluation capacity building within PHOs is directly influenced by several factors: evaluators' knowledge and skills, an organization's need(s) for conducting ongoing evaluations, and the motivation of both PHO leadership and staff to engage in performing evaluation work. Further, the role of central governing bodies (e.g., the Ministry of Health) was recognized as a key component in building evaluation capacity within PHOs. Policy development and funding to support professional development were identified as most important to advance the evaluation capacity of PHOs.

The results of the study found that managers placed more importance on evaluation and ECB than non-managerial staff. However, all participants expressed a need for increased evaluation capacity in PHOs. Preskill and Boyle (2008) emphasize the importance of considering three elements related to the need for ECB: (a) motivation for ECB; (b) assumptions and expectations about ECB; and (c) identification of goals and objectives for ECB. They suggest that when these elements are not shared among the key people involved in ECB, the success of the effort may be inhibited. They also note that the explication of specific objectives is important for successful ECB efforts' successful design and implementation.

The term ECB was not well understood by most participants in the study. Challenges in understanding and operationalizing ECB is not unique to the study participants. The term ECB has been studied for more than two decades; however, there is still variation in the definition, the use of terminology, and the capacity-building practices that may be used (King & Volkov, 2005; Labin et al., 2012; Preskill & Boyle, 2008; Stockdill et al., 2002).

Currently, capacity-building in PHOs is highly varied and typically lacks a formal plan to guide these efforts. For example, NGO M&E capacity building is project specific. That is, evaluation training is limited to the knowledge and skills needed for a given project. Within the PHOs, there is no comprehensive ECB plan to strengthen staff skills and knowledge in areas such as program design, planning, data collection methods, or analyzing and interpreting results. This lack of training and other ECB strategies creates a knowledge gap that systematically undermines efforts to engage in program evaluations. What is needed are evaluation frameworks based on sound conceptual and theoretical models, and approaches and strategies tailored to specific organizational contexts that guide ECB efforts within PHOs (Preskill & Boyle, 2008; Taylor-Powell & Boyd, 2008; Taylor-Ritzler et al., 2013). These study results imply that ECB training needs to be strengthened to address the current knowledge and skills gap.

Adult learning theory posits that: (a) adults need to be involved in the planning and evaluation of their instruction; (b) experience (including mistakes) provides the basis for the learning activities; and (c) adults are most interested in learning subjects that have immediate relevance and impact to their job or personal life (Kearsley, 2010; Lippitt et al., 1984). Therefore, understanding that PHO managers and their staff need to be

involved in the planning and evaluation of ECB strategies and fully understand the purposes and relevance of evaluation is fundamental to laying the groundwork for ECB and sustaining evaluation practices. Further, being involved also motivates managers to assume a leadership role in guiding ECB activities in PHOs. This study found that the managers were motivated to increase the evaluation capacity of their PHO based on several factors, including personal interests to ensure they were meeting needs of those they serve, job challenges that require staff to have more responsibility for supporting program evaluations, and pressures from regional and district superiors.

Studies and related literature (Chaplowe & Cousins, 2016; Crisp et al., 2000; Preskill & Boyle, 2008) acknowledge that managers with skills, knowledge and positive perceptions of evaluation have higher chances of engaging and embracing evaluation in their current organization. This study also found that in PHOs where evaluations were being routinely conducted, managers held positive perceptions of evaluation and had the skills to encourage and motivate staff members to undertake evaluations.

Lekies and Bennett's (2011) and Vengrin et al.'s (2018) studies found that evaluators' experience in evaluation is fundamental in influencing and shaping the evaluation practices throughout the organization. Vengrin et al. (2018), in their review on the influence of training, commented that managers who have prior evaluation training and experience were more likely to value and establish a formal evaluation of their organizations than those with less training. This study also indicated that perception of importance, training received, educational background, and years of experiences influenced a manager's interest in ECB within PHOs. Study participants noted that short-term training programs (from two days to five days) are insufficient to effectively design

and conduct comprehensive evaluations in their organizations. Participants noted that for training to be effective it needs to be conducted regularly and extended over longer periods of time to ensure managers and staff master necessary evaluation skills. As evidence to this point, most participants raised the concern that insufficient access to, and availability of evaluation training is the major challenge that hinders their work.

The primary role of ECB is to strengthen knowledge and skills among managers and non-managerial staff to carry out evaluation professionally (Preskill & Boyle, 2008; Taylor-Powell & Boyd, 2008). Most of the evaluations in these PHOs are designed and performed internally by staff rather than by external evaluation consultants and contractors. PHO managers play an important role in making data available even limited training levels that support staff in undertaking evaluations of programs and services and using this information to improve programs. These practices by managers help to develop an understanding among staff of the importance of evaluation in planning, managing, and designing programs. Preskill & Boyle (2008) note that evaluation staff who believe that evaluation is a good thing and is used for program improvement could mobilize and stimulate other people to engage in evaluation work that promotes evaluation practices. These findings reinforce that ECB is necessary for PHOs to increase the skills and knowledge of staff to perform evaluations.

Role of MOHCDGEC and PHO Leaders in Promoting an Evaluative Culture

Evaluative culture is bounded by collective values, attitudes, goals, and practices that support or hinder organizational change (Labin et al., 2012). The attitude towards evaluation, leadership, and communication within PHOs significantly impacts the ability and motivation of staff to conduct evaluations and establish within an organization an

evaluative culture (Labin et al., 2012; Preskill & Boyle, 2008). These elements highlight the importance of PHO managers and staff to critically examine organizational and individual behavior and practices in evaluating (Vengrin et al., 2018).

This study confirmed an emerging and positive evaluation culture within PHOs. This was supported by recent developments within the Ministry of Health calling for additional training and related efforts to support local evaluation capacity. In recent years, the growing interest by the Ministry of Health and PHOs to invest in the evaluation and ECB processes has signified a growing acceptance and valuing of evaluation and intent to sustain these efforts long-term. Evaluative culture involves developing and establishing the structures, infrastructures, and support mechanisms to reinforce ECB within and across the PHOs, e.g., the development of an M&E unit, M&E framework per each program, and DQA. In addition, the ministry has issued guidelines and requirements to elevate the importance of evaluation and strengthen local organizational capacity to undertake more and better evaluation.

Organizational learning theorists (Armenakis & Bedeian, 1999; Batras et al., 2016) emphasize the important role of rewards and incentives to staff who perform better to encourage an evaluative culture in organizations. This practice is also observed in this study. Some of the managers in PHOs utilize a reward system such as giving staff certificates, trophies, and other acknowledgements for their evaluation work. Several participants viewed this as an effective means of fostering an evaluative culture. Due to its effectiveness, PHO managers plan to formalize and expand reward systems across PHOs during annual meetings or staff appreciation events. These strategies set conditions

for promoting, stimulating, and sustaining evaluation practices within organizations (Taylor-Powell & Boyd, 2008).

Even though the PHO managers and staff acknowledge the importance of evaluation, this study found variations between managerial and non-managerial levels. At the managerial level, the tendency to support evaluation is higher than among non-managerial staff. In some PHOs this poses limitations in creating a strong evaluative culture. A weak evaluative culture results from several factors, including (a) low internal use of organization data, b) limited time to conduct and perform evaluation capacity building, (c) lack of staff readiness to accept evaluation feedback, (d) limited funds and resources to support career development, and (e) excessive prioritization of service other than evaluation practices (Mayne, 2008, 2010). Organizational culture can determine what priorities are placed on evaluation. Labin et al. (2012) noted that organizational culture can either direct funds away from or towards evaluation. Because of this, study participants noted that there is an ongoing need to demonstrate the value and need for evaluation among managerial and non-managerial staff.

There must also be strong infrastructure, visionary leaders, a conducive environment for learning, open communication, and teamwork to ensure that an organization's evaluative culture evolves and is sustained over time (Armenakis & Bedeian, 1999; Batras et al., 2016; King, 2005; Preskill & Boyle, 2008; Torres & Preskill, 2001). An organization with a robust evaluative culture provides professional support to its staff and allocates funds for performing evaluation tasks (Mayne, 2010). Thus, the PHOs must engage leaders and staff in all evaluation practices and ECB processes, use data at all levels to inform decision making and planning, budgeting, and

improve program performance (King, 2005; Preskill & Boyle, 2008; Taylor-Powell & Boyd, 2008). Mayne (2010) contends that it would be challenging to build capacity and sustain it without an organizational evaluative culture.

Influence of Donors in Evaluation and ECB Process

In many countries in the Global South, the tendency to carry out evaluation depends on whether the program or project is donor- or government-sponsored and funded (Carman & Fredericks, 2010; Chaplowe & Cousins, 2016; Kegeles et al., 2005; McDonald et al., 2003a). As observed in this study, most of the evaluations in Tanzania are done for donor-funded projects rather than government projects. These findings align with the literature (Chilisa, 2015) indicating that participants are more likely to evaluate donor-funded projects because they are required to do so, unlike government projects where evaluators are not strictly required to do so, which leaves most government projects not being evaluated.

The tendency to evaluate donor-funded projects is not unique to Tanzanian PHOs but prevails in many developing countries. This practice is a legacy of how M&E was introduced in the Global South. Literature shows that M&E in Africa was introduced to reinforce accountability and limit funds to the organizations that failed to monitor and report the program activities to donors (AfriEval, 2015; Chaplowe & Cousins, 2016; Chilisa, 2015). Chilisa (2015) states that such practice affected many organizations because evaluators started viewing and conceptualizing evaluation as a donor requirement for fulfilling donors' needs versus being done for the purpose of program improvement. Participants in this study reported that PHOs need to consider the significance of evaluation for both donor-funded projects and government projects.

Patton (2012) and Torres and Preskill (2001) emphasized the role of the government in supporting ECB and sustaining evaluation practices at all levels through resource allocation (financial-allocation of funds, human, technological--electronic data collection systems, and cultural resources, and ECB training), and establishing policy guidelines (Taylor-Powell & Boyle, 2008, King & Volkov, 2005). There has not been a sustainable ECB in African and Tanzania in particular due to the overreliance on donors to support evaluation work (Chilisa, 2015; Tarsilla, 2014; the United Republic of Tanzania, 2015, 2017). Study participants advocated that the Tanzanian government and the Ministry of Health need to dedicate sufficient funds for ECB and M&E activities to establish a sustainable evaluative culture in Tanzanian PHOs.

The Benefit of Involving PHO Staff in the ECB Process

Adult learning theory underscores the need to engage all relevant stakeholders in the learning process to achieve positive outcomes (Lippitt et al., 1984; Nyerere, 1978). Knowles (1968) and Nyerere (1978) argue that adults are most interested in learning things that have immediate relevance and impact on their jobs and personal lives and learn best through their own experiences. As such, to develop a sound ECB process within PHOs it is necessary to understand the involvement and learning process of managers and non-managerial staff in ECB development. Study participants stressed three types of involvement:

- The involvement of PHO staff in ECB processes by managers
- The involvement of health facility managers in the development of ECB materials and implementation of specific training strategies

- Donor and MOHCDGEC engagement and influence on ECB and evaluation processes and activities

Despite evidence showing that direct involvement of staff improves evaluation-learning outcomes (Labin et al., 2012), participants in this study shared that donor often exclude local staff when designing and implementing evaluations in projects. Chilisa (2015) and Tarsilla (2014) commented that donors dictate what organizations need to evaluate in virtually all projects they fund. As a result, organizations become implementers who cannot alter the decisions made by funders regarding evaluation strategies and methods, even when such changes may be culturally relevant and significant.

Furthermore, some donors (NGOs and INGOs) of public health projects come in with evaluation expectations, methods, and procedures that do not comply with ministry regulations. For example, the donor might come with methods and procedures for collecting data for contraceptive methods such as implants, while this type of project is not in the ministry guideline and data collection tools. Sometimes staff are not well trained to handle all these needs. As found in this study, the insufficient involvement of PHOs staff in the ECB process neglects staff's experiences and knowledge in the learning process, contrary to adult learning theory. These practices cause confusion, increase negative perceptions of evaluation, and increase workload among evaluators and health professionals in collecting and reporting information. Tarsilla (2014) and AfrEval (2015) state that these prior practices of not engaging locals and failing to introduce evaluation methods that include African culture limits the acceptability of these evaluations to local PHOs and inhibits the development of sustainable evaluation practices.

In response to the past practices of donors influencing what gets evaluated and excluding local knowledge, in recent years there has been a substantial change wherein the ministry and some managers have begun to disapprove ECB and evaluation materials that have no local context. This change indicates that the ministry and local PHO staff have been asserting more autonomy over what ECB materials they use. Currently, managers show more involvement in the development of ECB materials by the ministry than non-managerial staff at health facilities. Participants who were engaged in the development process also expressed more satisfaction with the process than others. These staff understand their existing skills, funds, technical services, and equipment are needed to facilitate ECB and evaluation practices.

This study supports Patton's (2012), and King's (2007) claims that, by being involved in the process, staff have a chance to learn and become familiarized with the data and information they collect. Participants would also know where, when, why, how, and what data to collect, and to provide good mentorship to the staff at lower levels, thereby sustaining ECB knowledge. As described earlier, by involvement in the ECB process, individuals can transfer the learning to peers and the organizational mission and vision. Without individual learning, there will be neither organizational learning (OL) nor organizational change (OC) (Saadat & Saadat, 2016). Several scholars (Knowles et al., 2005; Nyerere, 1978; Preskill & Boyle, 2008) went further and stated that for true OC and OL to happen, there must be motivations and expectations among staff and leaders to be part of ECB process in specific ways.

To ensure meaningful staff involvement in the ECB process and facilitate individual learning, Patton (2012) emphasizes the need for organizations to assess their

position, needs, capacity, priorities, readiness, communication flow, and commitment to evaluation. This is critical because if staff (beneficiaries and users) are ready to learn and engaged in ECB, evaluation activities and processes can become an inspiration to other staff and the staff learners can diffuse their new knowledge, skills, attitudes, and experiences both within and across organizations (Labin et al., 2012; Odor, 2018; Patton, 2012; Taylor-Ritzler et al., 2013). These processes promote ownership of the evaluation process and findings among local staff, stimulate the desire to do evaluations, and build confidence in conducting evaluations regardless of expected negative or positive findings (King, 2007). Participation in ECB also increases managers' buy-in of evaluation practices and reallocation of resources for evaluation activities. This facilitates the sustainability of the evaluation process and utilization of evaluation results (King, 2007b; Patton, 2012; Taylor-Powell & Boyd, 2008).

Study participants reported that a lack of a standardized national evaluation framework (NEF) providing guidelines and procedures for ECB partners has led to weak local engagement in ECB processes in Tanzanian PHOs. Analogous to the United Republic of Tanzania (2015, 2017) and Tanzanian President's Office (2017), participants showed that the ministry is progressing in developing M&E structures and systems even without an NEF to avoid future evaluation fatigue. Engaging collaborators/supporters and donors in the ministry planning process is also helping to further develop evaluation capacity nationwide. Participants of this study noted that for evaluation to be strong and sustainable in PHOs, the government should take a leadership role in prioritizing and supporting evaluation, developing learning habits, and engaging staff in all evaluation activities. Scholars have also long supported the role of the governments in developing

guidelines to support evaluation efforts within organizations (Burke & Litwin, 1992; Nu'Man et al., 2007; Nyerere, 1978; Vengrin et al., 2018).

Benefits of ECB

The benefits of ECB in organizations have been studied by several scholars (King, 2005; King & Volkov, 2005; Labin et al., 2012; Preskill & Boyle, 2008; Taylor-Powell & Boyd, 2008). This study also acknowledges that ECB training has benefited both individuals and organizations in various ways. At the *individual level*, ECB training positively influences staff commitment and interest in conducting evaluation moving forward. Study findings revealed that PHO staff responsible for evaluating their health facilities felt tensions and stress prior to begin involved in ECB training; after training, however, they were happier and less stressed, and staff turnover decreased.

At the *organizational level*, ECB training has allowed Tanzanian PHOs to build and develop staff capacity and seek to increase funding from the government and other funders. ECB training also has helped PHOs to ensure the year-round availability of data for decision-making processes, build confidence in their staff, create accountability, and improve organizational performance. ECB is also cost-effective since it allows organizations to use their existing staff to maximize quality health care rather than hiring expensive external evaluators (Chaplowe & Cousins, 2016; McDonald et al., 2003). As observed in this study, ECB training allowed PHOs to use local staff to perform evaluations at a lower cost. Even though the findings show that the evaluation is done internally, if the local staff at the health facility level have the proper skills and resources, they can transform organizational performance and create organizational change. This implies that PHOs need to implement ECB correctly to continue benefiting from the ECB

process. The ministry's role is to ensure that staff receives continuous proper training and other support to evaluate to the fullest.

Challenges and Barriers to ECB Development in PHOs

Exploring barriers to ECB development is crucial in identifying obstacles that might impede the development of ECB and finding ways to overcome them for sustainable development. In this study, barriers included a lack of evaluation expertise to provide technical support, shortage of staff and staff turnover, lack of clear roles and responsibilities among non-managerial staff at the health facilities, and inadequate funding to support ECB in PHOs. All these might affect organizational efforts to sustain evaluation practices.

Lack of evaluation expertise to provide technical support.

Backer et al.'s (2010), study revealed that lack of evaluation expertise negatively affects ECB. This scarcity currently affects evaluation activities because the few experts are costly and not always available when needed in Tanzania (the United Republic of Tanzania, 2015, 2017). Having few universities offering formal certification or coursework on evaluation in Tanzania magnifies the problem.

Since most PHO managers have different professional backgrounds (e.g., nurses, doctors, midwives, project planners, and managers), they prefer to continue with their professions rather than attending evaluation training workshops. However, participants in this study stressed that PHO staff must participate in long-term training to carry out evaluation activities professionally. Therefore, there is a need to perform regular capacity building efforts to address the evaluation gap observed among the PHO managers. The government should allocate funds to support professional development and hire

evaluation experts to train staff as a means to increase the number of evaluation experts at these organizations.

Staff shortages and turnover impacts ECB.

Like other scholars such as Norton et al. (2016), Kumar Chaudhary et al. (2020), and Simister and Smith (2010), this study suggests that understaffing and staff turnover in organizations impede the implementation of ECB and its sustainability. The Ministry of Health oversees aspects of PHO staff development in Tanzania. PHOs are characterized by high staff turnover and the reallocation of staff across PHOs within the country. Recruitment of staff with any evaluation knowledge and skills is highly limited. In the current M&E structure at the Ministry of Health, there are only two M&E personnel, one at the district level and the other at the regional level, who are responsible for ECB training. Based on the significantly large number of health facilities they supervise; they cannot effectively build evaluation capacity for all staff.

This study found that when staff with ECB knowledge and skills leave or are reallocated to a different facility, the organization they leave is likely to remain without evaluation experts or personnel. Those staff who move to different facilities find it hard to familiarize themselves with the new organizational culture and evaluation activities, if there are any. It becomes even more challenging if a new person does not have an evaluation interest or the knowledge and skills needed for evaluation activities (Backer et al., 2010; Israel et al., 2006; Kegeles et al., 2005).

Staff shortages lead to delays in reporting, underreporting, or over-reporting of data, making it harder for managers and the ministry to make informed decisions and plan promptly. These weaknesses correspond to the United Republic of Tanzania (2017)

study that shows some problems with data reporting because of a limited staff.

Additionally, imbalances in the doctor-to-patient ratio among these health care providers (Sirili et al., 2019; WHO, 2020) present a considerable barrier for staff to engage fully in the evaluation activities and process, e.g., recording patients in the M&E systems on time or attending related training.

Lack of clear roles and responsibilities among non-managerial PHO staff.

The presence of clear roles and responsibilities within organizations during hiring or restructuring staff helps to eliminate evaluation failure. When the purpose, roles, and responsibilities of evaluation are not well structured and assigned to staff as observed in this study, it leads to conflicting roles. This study finding also shows that the lack of clear separation of power among the PHO staff leads to inaction and lack of accountability regarding ECB. PHO staff focuses more on their traditional roles as health professionals other than evaluation work. This barrier slows down the PHO staff from implementing evaluation activities to the fullest (Welsh & Morariu, 2011).

The restructuring and the establishment of the M&E units by the ministry in most PHOs utilizes the available health care providers (i.e., nurses, midwives, and doctors) to perform evaluation tasks. These staff have different career backgrounds in health care that they prioritize more than evaluation work, affecting the evaluation process at these organizations. During the organizational restructuring, some staff were not clearly informed of their new roles and scope of work leading to failure to take appropriate evaluation actions. Therefore, the study proposes that PHOs stipulate each staff member's roles and responsibilities to help ensure separation of power and avoid non-action regarding evaluation work.

Furthermore, if there are changes in staff roles and responsibilities, staff should be informed and be equipped with the necessary knowledge and skills to perform them. The reorientation to new roles and responsibilities is healthy in reducing or eliminating confusion and dilemmas in implementing evaluation work, as observed in this study. Staff should view performing evaluation and providing care as equally important (King & Volkov, 2005). The clarity in the PHOs staff roles and responsibilities helps PHOs collect information useful for planning and resource allocation at the health facility level.

Inadequate Funding to Support ECB in PHOs.

A lack of funds for evaluation capacity building is a major barrier to ECB and evaluation sustainability in organizations (Chaplowe & Cousins, 2016; Kumar Chaudhary et al., 2020; Norton et al., 2016; Owens, 2014; Taylor-Ritzler et al., 2013; Vengrin et al., 2018). The inability of PHOs to receive needed funds and other support from the government and implementing partners also affects ECB implementation and evaluation practices (Labin et al., 2012; Preskill & Boyle, 2008). In this study, participants experienced a lack of funds for transportation, supportive supervision training, hiring evaluation personnel, and professional development. In addition, the managers had insufficient funds for procuring ECB evaluation and data collection materials like patient register books and computers at the health facility level, undermining the data collection and capacity building process.

Additionally, apart from lack of funding at an organizational level, most participants were reluctant to participate in evaluation training unless they received a per diem or honorarium from the PHO or government hosting the training. Funding was,

however, unavailable from these sources. This limited staff participation in training programs.

Even though PHOs understand the significance of ECB in improving programs and services, inadequate funding has always redirected to service provision other than evaluation work. Unsustainable ECB results occur when an organization is not ready to change and is unwilling or unable to fully support evaluation practices or activities to the degree needed for success (Labin et al., 2012).

Nevertheless, this study resonates with other studies (McClure et al., 2012; Taylor-Ritzler et al., 2013) which state that ECB promotion and sustainability requires funding in addition to organizational readiness and commitment. Once organizational leaders realize the effectiveness and importance of ECB and its activities, they often become ready to learn and implement evaluation practices. Study participants conveyed the importance of the government to allocate funds for evaluation activities and make adequate funding part of a comprehensive plan. Further, evaluation should not be viewed as an optional activity but rather a priority and an essential tool for all organization projects to monitor and measure success.

Strategies to Overcome Challenges of ECB Development

This section discusses the strategies to overcome challenges of ECB, alluded to earlier, the sustainability of evaluation practices, and how these strategies can contribute to promoting ECB in Tanzanian PHOs. These strategies are grouped into three factors: organizational, contextual, and individual factors (Lewin, 1947; MCKegg et al., 2016; Taylor-Powell & Boyd, 2008; Torres & Preskill, 2001). These three strategies are

fundamental for assessing, promoting, and sustaining ECB and can be applied to any organizational context.

However, this study suggests that ECB sustainability depends on how evaluation capacity is integrated within an organization. For these strategies to provide positive outcome, ECB should be centered in the PHO's vision, mission, values, goals, and aspirations. Like Labin et al. (2012), Taylor-Powell and Boyd (2008), and Preskill & Boyle, (2008) studies, organizational factors such as attitude, evaluation culture, communication and information sharing, resources, and infrastructure (building and technology) are highly important in sustaining ECB and evaluation in PHOs.

Additionally, ECB sustainability depends on the leadership style. Committed and visionary leaders can enhance ECB sustainability by incorporating evaluation in organizations' strategic planning (Burke, 2018; Crisp et al., 2000; King, 2005; King & Volkov, 2005; Owens, 2014). This study shows insufficient managerial leadership in these organizations to support and promote ECB processes to the fullest. This leadership gap contributes to the observed barriers to ECB highlighted in chapter four, including insufficient infrastructure, resources to support ECB initiatives such as poor or no technology, and poor transport systems. Additionally, the shortage of rooms/space allocated for ECB training and M&E activities, fewer human and financial resources, and inadequate data collection instruments signify leaders' low commitment to reinforce evaluation. These barriers prevent the PHOs' organizational learning and change from occurring (Batras et al., 2016; Lewin, 1947). This study proposes that for a massive evaluative culture to happen in these organizations, proactive leaders must value evaluation and be ready to transform organizational learning and change to the next level.

These change leaders (i.e., Ministry of Health directors, PORALG, and managers) should find a solution to overcome the problems alluded to earlier, which affect the sustainability of evaluation practices. Addressing these barriers will promote the sustainability of evaluation practices and evaluative culture in Tanzania (Bourgeois et al., 2018; Fetterman, 2010; Odor, 2018).

In assessing PHOs' contextual factors, the Ministry of Health managers needs to examine present organizational values and principles to see whether they create an enabling environment for ECB to grow and whether the organization's history supports learning and evaluation practices (Labin et al., 2012; Nu'Man et al., 2007). Currently, many challenges in PHOs that hinder ECB development signify the need for the Ministry of Health to improve the working environment and infrastructure for evaluation to grow. The ministry must explore the existing structures that constrain the development of ECB culture in Tanzanian PHOs and the opportunities for change in the evaluation culture of the organizations (Armenakis & Bedeian, 1999; Batras et al., 2016; Myers et al., 2012).

Parallel to that, examining the purposes and motives behind the PHOs engaging in ECB is essential. The managers and other evaluators must ask why the organization needs an evaluation. Why now? Who facilitates the ECB process? How is the evaluation used within the organization? How would the organization benefit from the evaluation? For whose interest? Even though this study shows that the PHOs through the Ministry of Health participate in ECB to strengthen program staff evaluation knowledge, a detailed organization setting assessment is needed for a vibrant ECB training. Managers need to understand the formal and informal policies and practices within an organization for knowledge transfer and ECB integration to increase data quality, and evidence-based

decision-making at all levels is crucial. The sustainability of ECB requires more than just an understanding of contextual and organizational factors.

Individual factors such as staff readiness for learning and change, skills and knowledge, staff involvement or engagement into the ECB process, and continuity, as well as the opportunities for staff to practice their creative and innovative ideas are equally important (Knowles et al., 2005; Lippitt et al., 1984; Nu'Man et al., 2007; Nyerere, 1978; Preskill & Russ-Eft, 2016; Torres & Preskill, 2001). This study observed that the PHO staff un readiness for learning, limited resources, limited feedback, and time to perform evaluation activities affect the desire to learn. Prior studies (Lobo et al., 2018; Patton, 2008) show that changes in individuals' attitudes, knowledge, and skills, frequent feedback, and the opportunities to practice their skills may influence change in the organizational practices and contribute to organizational outcomes. Additionally, personal appreciations could be reinforced through rewards systems, incentives, recognition within PHOs, elimination of obstacles, and supportive culture among staff (Batras et al., 2016; Lekies & Bennett, 2011; Patton, 2008). These factors highlighted above foster evaluative thinking, trust, respect, support, and ownership of evaluation practices for sustainable outcomes.

Current and Most Preferred ECB strategies in PHOs

Organizational learning theorists emphasize the importance of exploring different learning strategies as there is no one "correct" approach (Levitt & March, 1988; Saadat & Saadat, 2016). Parallel to other studies (Preskill & Boyle, 2008; Taylor-Powell & Boyd, 2008; Volkov & King, 2007), this study found that PHO staff used different learning strategies, including workshops, seminars, on the job training, and mentoring. Patton

(2012) suggests that for ECB to be useful and sustainable in an organization, it must be flexible and tailored to that organization's range of needs, cultures, and philosophies. To capture these dynamics, PHOs must use a wide variety of approaches to ECB to accommodate the context in which each organization operates (Owens, 2014; Preskill & Boyle, 2008; Preskill & Russ-Eft, 2016).

However, PHOs must respond to managers and non-managerial staff with different professional backgrounds and strategies implementing evaluations in PHOs, increasing the complex nature of performing and sustaining evaluation practices (Kumar Chaudhary et al., 2020; Vengrin et al., 2018). Similar to other studies (Chaplowe & Cousins, 2016; Crisp et al., 2000; Labin et al., 2012), this study acknowledges that promoting ECB in any organizational context is not a linear process; rather, it is dynamic, complex, multidimensional, and contextual. To promote ECB, therefore, organizations must use different strategies with interrelated elements in both the processes and outcomes. This becomes complex because systems within Tanzanian PHOs are dependent on one another: change in one system might induce change in another system, leading to organizational change. For instance, organizational staff who understand the value of evaluation would perform evaluation to the fullest. This practice would increase the availability of quality health data and lead to change in PHOs performance.

This study explored the most widely used ECB strategies adopted across the PHOs. A mix of strategies was found to be used as staff in PHOs held different roles that influenced their level of engagement in supporting evaluations. The findings noted that very few strategies were used by all PHO staff. This depended on staff educational backgrounds, levels of evaluation knowledge, and geographic distance between facilities

in Tanzania. In addition, the availability of funds from the ministry affected the extent to which individual PHO could invest in ECB strategies. Of the strategies used, participants consider on-the-job training and support from their supervisor the most effective and efficient strategies to adopt. A study by Lobo et al. (2018) revealed that strategies such as mentoring, coaching, and technical assistance are effective in building capacity. These strategies allow staff to practice what they have learned. Studies (DeCorby-Watson et al., 2018; Labin et al., 2012; Lobo et al., 2018) show that ECB strategies that are commonly used include training, hands-on training, coaching, peer training, and workshops.

Using in-class training and workshops together with supportive supervision can help staff learn better. This approach to ECB also helps illuminate PHO staff's roles and responsibilities in the process. For instance, Patton's (2012) developmental evaluation approach suggests that the evaluator (i.e., PHO staff) should be part of the process. Evaluators should not only identify the primary intended users but also facilitate identifying research questions, designing an evaluation, selecting proper methods, collecting data, analyzing data, writing a report, and planning for dissemination. The hands-on experience provided during ECB in these PHOs is more crucial than the short-term training offered by international funders to help organizations collect data for reporting purposes (i.e., training that lacks local context) (Tarsilla, 2014). For these reasons, Patton's (2012) and Taylor-Powell & Boyd's (2008) approaches to ECB become relevant in building capacity among primary intended users through the learning process, thus promoting change and building an evaluative culture in Tanzanian PHOs.

Learning by doing, especially during close supervision, on-the-job training, and hands-on training, allows powerless and voiceless individuals to engage fully in the

learning process and internalize what they have learned into their daily practices (Fetterman, 2010; Fetterman & Wandersman, 2005; King, 2007b). Other scholars insist that adult learners are task-oriented; therefore, instructions should be based on their experience to avoid memorization. These suggestions appear to be crucial and fundamental for implementation in PHOs because most evaluators at the health facility level are older adults with fewer computer skills and a low level of education. Overall, experiential and practical learning strategies are essential for the organizational learning and self-development that are necessary for sustaining organizational change (Christie & Alkin, 2013; Preskill & Russ-Eft, 2016; Torres & Preskill, 2001).

The Implications of the Study

This research study has numerous implications. These implications focus on four areas: (a) the national/regional government and MOHCDGEC; (b) for PHOs; (c) for the emerging field of evaluation in Tanzania; and (d) for further studies.

Implications for the National Government and the MOHCDGEC

This study revealed that, when implemented correctly, ECB plays a key role in empowering staff and improving organizational performance. McDonald et al. (2003) compare ECB to teaching someone to fish rather than giving them a fish. ECB empowers and trains employees to conduct evaluations on their own rather than depending on external evaluation experts. It is crucial to give local staff the knowledge and skills to perform evaluations so organizations can more easily acquire new information that is relevant for their practices.

By designing and implementing effective learning strategies, ECB can ensure that PHO staff understand what constitutes effective, useful, and professional evaluation

practices. This study found that culturally relevant strategies such as supportive supervision, on-the-job training, and hands-on practices to be effective and efficient ways to develop ECB in Tanzanian PHOs. Preskill and Boyle (2008) argue that culturally relevant ECB strategies equip organizations with the necessary skills in data collection, analysis, and interpretation to generate information that supports decision-making for improved and sustainable organizational performance. A culturally relevant ECB approach, if correctly implemented, would address the present knowledge gap among PHO staff. Tanzania's national and regional governments should therefore use culturally relevant ECB strategies to strengthen evaluation culture in PHOs.

To achieve desired changes in PHOs and ensure evaluation tasks are performed successfully, the national and regional governments need to invest in ECB to strengthen individuals' skills and enhance organizations' capabilities. ECB must help local staff understand how to effectively manage, undertake, and use evaluation findings and results. Developing an evaluative culture that values challenges and criticism, reinforces evaluative thinking, dialogue, and evidence, and fosters understanding of evaluation concepts, practices, roles, and responsibilities is also imperative in ECB (Labin et al., 2012; Mayne, 2010; Preskill & Boyle, 2008). Creating an evaluation culture improves an organization's ability to use evaluation to learn from its work and improve its performance (Morariu, 2012; Preskill & Boyle, 2008). Therefore, this study recommends the following:

- The MOHCDGEC may need to work with the PO-RALG to develop sustainable evaluation practices. As of now, their limited coordination leads to confusion and fatigue among staff implementing evaluation and ECB practices. The

MOHCDGEC should also take a leadership role and invest in the ECB process instead of depending on external partners (donors). If the ministry takes on a leadership role, it would motivate PHOs to use relevant data and increase accountability and transparency at the lower level.

- The ministry may need to allocate funds for ECB development and ensure the availability of funds even when external donors pull out. Currently, there are limited Ministry of Health funds allocated exclusively for evaluation and ECB (any budget allocation directed towards ECB is for supervision only, not evaluation activities more broadly). Having evaluation basket funds would increase evaluation activities within the Ministry of Health and PHOs, sustain an evaluation culture and practices, and reduce donor influence on evaluations. The challenges presented in chapter four (such as limited funding for procuring data collection instruments, transport, staffing and supporting professional development) can also be reduced when the ministry prioritizes and supports PHOs' evaluation work by partnering with the private sector.
- The government may need to encourage universities in Tanzania to initiate evaluation degree and/or certificate programs to increase the number of evaluation experts in the country. Few universities currently offer short evaluation courses (one- to two-week), which are insufficient to meet the increasing demand for expert evaluators, especially at public health facilities. Further, no universities systematically offer courses on evaluation, let alone a degree.
- The government should continue to provide support for professional development in evaluation, including allowing and funding staff to participate in conferences,

peer-to-peer learning, and university coursework, whether inside or outside of the country.

- The government should hire additional employees to overcome the problem of staff shortages at the health facility level. This includes hiring evaluators who can easily implement organizational evaluation missions to improve program performance. The presence of many evaluators at the health facilities may help to cover the gap due to the reallocation of staff.
- The highest policy and management levels should provide incentives to build and promote sustainable ECB in PHOs. As key stakeholders in decision-making and resource allocation, senior leaders should demonstrate the demand for ECB and invest in the use of evaluation results to improve PHOs' performance and benefit the public good.

Implications for PHOs

This study revealed that most evaluation activities in PHOs are done internally by staff at the managerial and non-managerial levels. However, insufficient evaluation knowledge and skills among PHO staff hinder the development of sustainable ECB practices. Findings show that PHOs have not comprehensively evaluated most programs conducted at health facilities for many years. There is a need to assess program effectiveness to society at large and to examine program impacts. In most cases, evaluations are skipped due to a lack of funding and insufficient staff with evaluation skills. This study has several recommendations for PHOs in Tanzania:

- To increase their collective evaluation expertise, PHOs may need to provide continuous capacity building among staff. Refresher training is also crucial for

leaders to ensure they deliver proper evaluation training to other evaluators at the health facility level. When PHOs have managers with evaluation knowledge and skills, they can utilize that for the organization's benefit and thus sustain organizational evaluation culture.

- PHOs may need to examine data quality more frequently (e.g., monthly or quarterly instead of annually or biennially). This would help with rectifying mistakes as needed since managers and non-managerial staff can more easily recall recent data.
- PHOs may need to create and strengthen M&E infrastructures, such as department offices, data collection tools, books and computers, graphics to display data, and good internet connectivity. PHOs could partner with internet providers who would ensure reliable service. PHOs may need to continue transitioning from paper records to electronic data collection; investing in electronic systems would help PHOs send data to the ministry in a timely manner and avoid data loss due to the misplacement of register books.

Implications for the Field of Evaluation in Tanzania

This section highlighted the key areas where the MOHCDGEC and PHO management and staff should invest in to improve the field of evaluation in these organizations. These areas include (a) The MOHCDGEC and PHOs should promote the importance of evaluation, and PHO staff should engage in self-assessment and evaluation of ECB training; and (b) PHOs should increase staff engagement in the ECB and evaluation process to influence positive attitudes and perceptions towards evaluation. PHOs and the Ministry of Health should promote process use (use evaluation results for

program improvement) versus results-based use (for accountability only) to influence perceptions of evaluation.

The MOHCDGEC and PHOs may need to promote the importance of evaluation.

PHOs and the MOHCDGEC management may need to continue to involve health staff and other emerging evaluation scholars in the ECB process to emphasize the value of evaluations and maximize utilization. The findings of this study are significant as they show the benefit of engaging staff at all levels in the evaluation process, from designing and planning, to collecting and analyzing data, to report writing and dissemination. Promoting an understanding the importance and value of evaluation is crucial for PHO staff and would allow managers to prioritize evaluation work in otherwise uncondusive situations (e.g., attending training even if funding is limited, performing evaluation tasks even if staff have other roles, and being innovative in supporting ECB in their workplaces).

With close supervision, PHOs may need to cultivate an evaluative culture at all levels (i.e., regional, district and ward). To foster an evaluation culture, PHO managers should continue to incentivize and acknowledge staff who perform better in evaluation activities during their supportive supervision or annual meetings. This process should be accompanied by open communication and regular feedback among managers and non-managerial staff at all levels to increase morale and improve learning outcomes.

PHO staff should engage in self-assessment and evaluation to help prioritize areas where they need more capacity, identify challenges in capacity building, and map available resources. This process is important because PHO managers are currently

unsure if the ECB trainings, they offer to staff are sufficient or if there is room for improvement. In addition, frequent self-assessment helps to determine whether the strategies used by evaluators are suitable for learners or there is a need to change approaches. This study contends that self-evaluation and self-reflection are necessary for individuals and organizations. Self-reflection helps people learn from their mistakes, rectify them for the benefit of organizations, and promote an evaluative culture, thus sustaining evaluation practices.

PHOs may need to increase staff engagement in ECB to influence attitudes and perceptions towards evaluation.

PHO staff should be given the autonomy to prioritize their problems and find their own solutions based on the resources available. These are best practices for adult learning, as described by Knowles (1984) and Nyerere (1978). It is a good opportunity for the PHO manager's to facilitate the process and respond to questions as needed (Fetterman, 2001; King, 2007).

PHOs may need to engage in the holistic involvement of all staff to foster positive attitudes and perceptions towards evaluation. Patton (2012) describes the importance of meaningfully engaging stakeholders (i.e., PHO staff and management) in evaluating and reinforcing process use. Stakeholder involvement should start with identifying the problem and continue through designing the evaluation, selecting the methodology, and planning for data collection and analysis (Patton, 2012). Unfortunately, PHOs' current processes for engaging stakeholders are limited and do not reflect Patton's suggestions (2012). However, this study still found that the few staff who were involved in the

evaluation process expressed their satisfaction and felt valued, thus increasing staff morale and motivation to perform the evaluation.

Implications for Further Research

This study explored how ECB can be promoted in Tanzanian PHOs and identified relevant evaluation practices and strategies that PHOs can adapt as part of their ECB development process. The most effective and affordable ECB strategies for adaptation by PHOs appeared to be supportive supervision, on-the-job training, and hands-on practice. However, because this study was done in a single region with relatively more advanced health services and resources, further research is needed to expand our knowledge to other regions and examine the feasibility of implementing these strategies in all health facilities across Tanzania. Additional research should also include non-managerial staff who implement evaluation work to better understand their perspectives of the ECB process, their existing evaluation knowledge and skills, and the challenges they face at the health facility level that might have been overlooked during interviews with managers.

As Tanzanian PHOs have been performing ECB without a comprehensive conceptual framework, this study did not examine their readiness and capacity to promote a more structured ECB process. Since there are different approaches to ECB. This study recommends further research to explore PHOs' readiness for ECB using the models described by Patton (2012), King and Volkov (2005), or Preskill and Boyle (2008). Such research would help test the replicability of these models in an African context and identify underlying factors that could lead to the sustainability of the evaluation process and practices in PHOs.

Limitations of the Study

This study has several limitations. First, this study was limited to one region due to the limited funds. The study was conducted in all five districts in Dar es Salaam, Tanzania. Therefore, the findings may not reflect the practice or experience of other public health organizations in Tanzania. This limitation is especially true for the regions in rural areas where there is an uneven distribution of resources and technological challenges.

Second, this study was conducted in the Kiswahili language. All the materials were first developed in English and later translated to Kiswahili, ready for data collection. The interviews were performed and recorded in Kiswahili and later were transcribed and translated to English before analysis. Even though the researcher was bilingual and tried to make sure the translation did not distort the original meaning, some phrases might be misinterpreted during the analysis. To overcome this limitation, the researcher translated the transcripts verbatim and consulted linguists to properly translate specialized phrases and terms.

The third limitation is the use of technology, especially Zoom video conference calls. During the interviews, I experienced some call dropouts due to poor internet connection and failure to log in. I managed to address some of the challenges, such as the login challenge by developing the standard operating procedures for downloading Zoom and joining the meeting. In addition, it was not that hard for most participants since they have been using Zoom for work meetings. However, challenges such as poor internet connection were beyond my reach. Even though I experienced a call dropout due to a poor internet connection, I conducted interviews via WhatsApp and Smile App. Parallel

to that, I facilitated my participants with a few tokens to access a high-speed internet connection to avoid call dropout.

Fourth, participants expected to receive a certain amount of compensation to engage in my study, which they initially thought was a donor-funded project. Since I did not offer the amount of money they wanted, some participants were reluctant to open up and share their experiences and opinions as they would have if given the amount they wanted. To deal with this challenge, I informed participants that this was not donor-funded research but part of the school requirement for partial fulfillment of my Ph.D. program. Moreover, to reduce informational bias, I continued to emphasize the voluntary nature of the study, spend time building rapport, and use more probes to make sure they opened up. This technique helped me reduce participants' information bias because after building a good rapport, participants were willing to participate and eager to share their opinions and experiences about the study.

Lastly, this study employed a qualitative research method, and a small purposive sample was used. Therefore, the results of this study cannot be generalized beyond the persons interviewed.

Conclusion

Acknowledging the importance of ECB in an organization is not enough; more attention is required to identify and implement effective approaches to build evaluation capacity and foster change. The ECB aims to stimulate a process of change among individuals, groups, and organizations to enable them to attain their development objectives. To foster this process of change, PHOs must have an evaluative culture, supportive leaders, capital, and clear communication. In addition, there need to be

motivated visionary leaders and staff who value ECB and are equipped with the knowledge and skills to undertake evaluation practices that support ECB. In the presence of all these, employees can work freely without fear, become more focused, and feel happier with less emotional stress, thus promoting individuals' health and well-being and improving organizational performance outcomes.

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<https://www.who.int/about/what-we-do/evaluation>

Appendix A: Ethical Clearance certificate for conducting medical research in Tanzania



THE UNITED REPUBLIC OF TANZANIA



National Institute for Medical Research
3 Barack Obama Drive
P.O. Box 9653
11101 Dar es Salaam
Tel: 255 22 2121400
Fax: 255 22 2121360
E-mail: nimrethics@gmail.com

Permanent Secretary (Health)
Ministry of Health, Community
Development, Gender, Elderly & Children
Government City Mtumba, Health Road
P.O. Box 743
40478 Dodoma

NIMR/HQ/R.8a/Vol. IX/3682

26th May 2021

Ever Mkonyi
University of Minnesota College of Education
Department of Organizational Leadership and Policy
C/o Dustan Matungwa
NIMR-Mwanza Centre
P O Box 1462
Mwanza

RE: ETHICAL CLEARANCE CERTIFICATE FOR CONDUCTING MEDICAL RESEARCH IN TANZANIA

This is to certify that the research entitled: **Promoting evaluation capacity building in Tanzanian public health organizations (Mkonyi E. et al)**, whose local investigator is Dustan Matungwa of NIMR-Mwanza Centre, has been granted ethical clearance to be conducted in Tanzania.

The Principal Investigator of the study must ensure that the following conditions are fulfilled:

1. Progress report is submitted to the Ministry of Health, Community Development, Gender, Elderly & Children and the National Institute for Medical Research, Regional and District Medical Officers after every six months.
2. Permission to publish the results is obtained from National Institute for Medical Research.
3. Copies of final publications are made available to the Ministry of Health, Community Development, Gender, Elderly & Children and the National Institute for Medical Research.
4. Any researcher, who contravenes or fails to comply with these conditions, shall be guilty of an offence and shall be liable on conviction to a fine as per NIMR Act No. 23 of 1979, PART III Section 10(2).
5. Sites: Dar es Salaam region.

Approval is valid for one year: 26th May 2021 to 25th May 2022.

Name: Prof. Yunus Daud Mgaya


Signature
CHAIR PERSON
MEDICAL RESEARCH
COORDINATING COMMITTEE

CC: Director, Health Services-TAMISEMI, Dodoma.
RMO of Dar es Salaam region.
DMO/DED of respective districts.

Name: Dr. Aifello Wedson Sichelwe


Signature
CHIEF MEDICAL OFFICER
MINISTRY OF HEALTH, COMMUNITY
DEVELOPMENT, GENDER, ELDERLY &
CHILDREN

Appendix B: Ethical Clearance certificate for Conducting Research UMN

UNIVERSITY OF MINNESOTA

Tate Giles Cooper

Minnesota Research Protection Program
Office of the Vice President for Research

Room 350-2
36-Nomana Alumni Center
200 East Street S.E.
Minneapolis, MN 55455
612-624-5654
irb@umn.edu
<https://research.umn.edu/office/irb>

NOT HUMAN RESEARCH

January 14, 2021

David Johnson

612-624-1062
johns006@umn.edu

Dear David Johnson:

On 1/14/2021, the IRB reviewed the following submission:

Type of Review:	Initial Study
Title of Study:	Promoting Evaluation Capacity Building in Tanzanian Public Health Organizations
Investigator:	David Johnson
IRB ID:	STUDY00011902
Sponsored Funding:	None
Grant ID:	None
Internal UMN Funding:	None
Fund Management Outside University:	None
IND, IDE, or HDE:	None
Documents Reviewed with this Submission:	<ul style="list-style-type: none">• Ever M. v1_Appendix B_Consent form.docx, Category: Consent Form;• David R. Johnson, Category: IRB Protocol;• HRP-503-Human-Research-Determination-Form_v1_01.08.21.docx, Category: IRB Protocol;• Ever, M. Appendix 1_Research Questions.docx, Category: Other;

The IRB determined that the proposed activity is not research involving human subjects as defined by DHHS and FDA regulations. To arrive at this determination, the IRB used "WORKSHEET: Human Research (HRP-310)." If you have any questions about this determination, please review that Worksheet in the [HRPP Toolkit Library](#) and contact the IRB office if needed.

Ongoing IRB review and approval for this activity is not required; however, this determination applies only to the activities described in the IRB submission and does not

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apply should any changes be made. If changes are made and there are questions about whether IRB review is required, please submit a Modification to the IRB for a determination.

Sincerely,

Angela Gerend
IRB Analyst

Appendix C: Consent Form (English Version)

UNIVERSITY OF MINNESOTA

Twin Cities Campus

*Department of Organizational Leadership,
Policy, and Development
College of Education and Human Development*

*206 Burton Hall
178 Pillsbury Drive S.E.
Minneapolis, MN 55455*

*Phone: 612-624-1006
Fax: 612-624-3377
E-mail: olpd@umn.edu
Website: <http://www.cehd.umn.edu/olpd>*

Consent Information Form Promoting Evaluation Capacity Building in Tanzanian Public Health Organizations

You are invited to be in a research study of promoting evaluation capacity building in the public health organization in Tanzania. You were selected as a possible participant because of your current position in the organization, prior experience of conducting and using evaluation results for program improvement, your role in facilitating evaluation practices, the decision-making process, and your knowledge about the current evaluation practices in Tanzania. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by:

**Ever Mkonyi, Ph.D. doctoral candidate Organizational
Leadership, Development, and Policy -
Evaluation Studies University of Minnesota.
USA**

Background Information:

This qualitative research study aims to explore public health organizations' perspectives and experiences in practicing evaluation in Tanzania. The purpose of this study is threefold. First, it intends to explore the current status of evaluation in public health organizations in Tanzania. Second, to explore the current challenges and barriers that hinder the development of evaluation capacity in these organizations. Third, determine the most useful and culturally relevant strategies that professionals can adopt to develop evaluation capacity and an evaluative culture specific to public health organizations in Tanzania. In particular, I would like to hear about your experiences and perspectives towards the current evaluation practices and ECB processes in your organization. For example, how the organization views evaluations, the level at which the organization was able to apply a variety of evaluation strategies during your time in this position, and the benefits and challenges related to increasing evaluation within the public health organizations. Therefore, this interview will provide insight into the current evaluation practices, success, obstacles, and challenges that impede the evaluation process and development of ECB crucial for systemic change and sustainable evaluation practices.

Procedures: If you agree to be in this study, you will be asked to complete an interview with Ever. The interview will take between 60 to 90 minutes and will be audio-recorded. Your interview will be arranged at a time and place convenient to you.

Risks and Benefits of Being in the Study:

The study has two minimal risks; first, you may be asked questions about your experiences as an employee at the organizational level (either region or district) and the ECB process you are not comfortable answering. You do not need to answer any questions you are uncomfortable answering, and you will be able to stop the interview at any time if you wish not to continue.

Second, it may be possible for readers of this study who work in or are familiar with public health facilities to identify you as a participant in this study. Your answers will be confidential, and your name and the specific job will never be used in the final report or any writing or articles associated with the study. There are no direct benefits to you for your participation. However, the information you share will add to our knowledge about how we can develop the Evaluation Capacity Building processes to foster an evaluative culture in these public health organizations.

Confidentiality: The records of this study will be kept private. No published report or article will include information that will make it possible to identify you personally. Research records will be stored securely, and only the researcher will have access to the records. Audio recordings will be saved to a password-protected computer file (accessible only to Ever Mkonyi). After transcriptions, all the records with identifying information will be deleted from the computer.

Voluntary Nature of the Study: Participation in this study is voluntary. If you decide to participate, you are free not to answer any question or withdraw at any time without affecting our relationships.

Contacts and Questions:

The researcher conducting this study is **Ever Mkonyi**. You may ask any questions you have now. If you have problems later, you are encouraged to contact me at 6513521777 or emkonyi@umn.edu.

Feel free to reach out to the following institutions as well if any questions

- **Ever's** advisor at the University of Minnesota is David R Johnson, Ph.D. He may be contacted at johns006@umn.edu
- National Health Research Ethics Review Committee through Tel: +255-22-2121400
/ Fax: +255-22-2121360 or through email: hq@nimr.or.tz | info@nimr.or.tz

You may keep a copy of this Consent Information Form for your records.

Subject's Name
(print):

Subject's Signature: _____

Date:

Investigator's Signature:

Appendix D: Consent Form (Kiswahili Version)

UNIVERSITY OF MINNESOTA

Twin Cities Campus

*Department of Organizational Leadership,
Policy, and Development
College of Education and Human Development*

*206 Burton Hall
178 Pillsbury Drive S.E.
Minneapolis, MN 55455*

*Phone: 612-624-1006
Fax: 612-624-3377
E-mail: olpd@umn.edu
Website: <http://www.cehd.umn.edu/olpd>*

Fomu ya kuomba Idhini

Kukuza Uwezo wa Kufanya Tathmini katika Asasi za Afya za Umma za Tanzania

Unaalikwa kuwa kwenye utafiti wa kukuza uwezesaji wa tathmini katika mashirika ya afya umma afya nchini Tanzania. Umechaguliwa kushiriki katika utafiti huu kutokana na uzoefu wako na nafasi yako ulionayo kwa sasa wa kushughulika na mambo ya tathmini na takwimu katika shirika hili, mchakato wa kufanya maamuzi, na ufahamu wako juu ya kufanyikaji wa tathmini katika Tanzania. Ninaomba usome fomu hii na uulize maswali yoyote ambayo unaweza kuwa nayo kabla ya kukubali kuwa kwenye utafiti.

Utafiti huu utafanywa na:

Ever Mkonyi, anayefanya masomo yake katika ngazi ya shahada ya uzamivu kwenye maswala ya tathmini katika chuo kikuu cha Minnesota nchini Marekani.

Utangulizi: Utafiti huu unalenga/unakusudia kuchunguza mitazamo na uzoefu wa mashirika ya afya ya umma katika kufanya tathmini nchini Tanzania. Madhumuni ya utafiti huu unalenga mambo matatu. Kwanza, unatarajia kuchunguza hali ya sasa ya tathmini katika mashirika ya afya ya umma nchini Tanzania. Pili, kuchunguza changamoto na vizuizi vya sasa ambavyo vinazuia maendeleo ya kujenga uwezo wa kufanya tathmini katika mashirika haya. Tatu, kutambua mikakati muhimu na ya

kitamaduni inayofaa ambayo wataalamu wanaweza kutumia kukuza uwezo wa ufanya tathmini na utamaduni wa tathmini maalum kwa mashirika ya afya ya umma nchini Tanzania. Kwenye utafiti huu, ningependa kusikia juu ya uzoefu na mitazamo yako juu ya ufanyikaji wa tathmini na michakato ya kujengeana uwezo wa kufanya tathmini (ECB) katika shirika lako. Kwa mfano, jinsi shirika linavyoangalia mchakato wa kufanyikaji wa tathmini, kiwango ambacho shirika liliweza kutumia mikakati ya tathmini hasa kwa kipindi hichi katika nafasi ulonayo, faida na changamoto zinazohusiana na kuongezeka kwa tathmini ndani ya mashirika ya afya ya umma. Kwa hivyo, mahojiano haya yatatoa ufahamu juu ya mazoea ya sasa ya ufanyikaji wa tathmini, mafanikio, vizuizi, na changamoto ambazo zinazuia mchakato wa kufanya tathmini na maendeleo ya kujengeana uwezo wa kutathmini (ECB) muhimu kwa mabadiliko ya kimfumo.

Utaratibu: Ikiwa unakubali kuwa katika utafiti huu, utaombwa kukamilisha mahojiano na **Ever**. Mahojiano yatachukua kati ya dakika 60 hadi 90 na yatarekodiwa kwa kinasa sauti. Mahojiano yako yatapangwa kwa wakati na mahali panapofaa kwako.

Hatari na Faida za Kuwa katika Utafiti: Utafiti una hatari mbili ndogo; Kwanza, unaweza kuulizwa maswali juu ya uzoefu wako kama mfanyakazi katika ngazi ya shirika (mkoa au wilaya) na mchakato wa kujenga uwezo wa utathmini (ECB) ambayo unaweza usiwe huru kuyajibu. Huna haja ya kujibu maswali yoyote ambayo haujisikii kuyajibu, na utaweza kusimamisha mahojiano wakati wowote ikiwa umeamua kutoendelea. Pili, inawezekana kwa wasomaji wa utafiti huu ambao wanafanya kazi ndani ya mashirika haya afya ya umma kukutambulisha kama mshiriki katika utafiti huu. Pamoja na hayo majibu yako yatakuwa ya siri, na jina lako na kazi maalum haitatumika katika ripoti ya mwisho au uandishi wowote au nakala zinazohusiana na utafiti. Hakuna faida za moja kwa moja kwako kwa ushiriki wako. Walakini, taarifa utakazotupa zitaongeza maarifa yetu juu ya jinsi tunaweza kukuza michakato ya kujenga uwezo wa kukuza utamaduni wa tathmini katika mashirika haya ya afya ya umma.

Usiri: Rekodi za utafiti huu zitahifadhiwa. Hakuna ripoti au nakala yoyote itakayochapishwa ambayo itatumia jina au kitu chochote ambacho kinaweza kukutambulisha wewe binafsi. Rekodi za utafiti zitahifadhiwa salama, na mtafiti tu ndiye atakayeweza kupata rekodi. Rekodi za sauti zitahifadhiwa kwenye faili ya kompyuta iliyolindwa na nywila (inayopatikana tu kwa Ever Mkonyi). Baada ya uchambuzi mafaili yote yenye majina yatafutwa kwenye computer.

Hali ya Hiari ya Utafiti: Ushiriki katika utafiti huu ni wa hiari. Ukiamua kushiriki, uko huru kutojibu swali lolote au kujiondoa wakati wowote bila kuathiri uhusiano wetu.

Mawasiliano na Maswali: Mimi Ever Mkonyi ndiye nitakayefanya utafiti huu. Unaweza kuuliza maswali yoyote unayo sasa. Ikiwa una shida baadaye, unaweza kuwasiliana na mimi kupita namba ya simu +1 6513521777 au barua pepe emkonyi@umn.edu.

Kwa maswali zaidi unaweza kuwasiliana na wafuatao

- Mshauri wa Ever katika Chuo Kikuu cha Minnesota ni David R Johnson, Ph.D. Unaweza kuwasiliana na John kupitia hii email: johns006@umn.edu
- Kamati ya kitaifa ya kuratibu maadali ya utafiti (National Health Research Ethics

Review Committee) kupitia namba zifuatazo Tel: +255-22-2121400 / Fax: +255-22-2121360 or barua pepe: hq@nimr.or.tz | info@nimr.or.tz
Unaweza kuweka nakala ya fomu hii ya idhini kwa rekodi zako.

Jina la Mshiriki

(sahihi):

Subject's Signature:

Sahihi ya Msimamizi:

Appendix E: Written Information Sheet (English version)

UNIVERSITY OF MINNESOTA

Twin Cities Campus

*Department of Organizational Leadership,
Policy, and Development
College of Education and Human Development*

*206 Burton Hall
178 Pillsbury Drive S.E.
Minneapolis, MN 55455*

Phone: 612-624-1006

Fax: 612-624-3377

E-mail: olpd@umn.edu

Website: <http://www.cehd.umn.edu/o>

Written Information Sheet

Thank you for taking the time to look at this information sheet, which I have sent to you because I would like to invite you to participate in my study. My Name is Ever Mkonyi, a Ph.D. student at the University of Minnesota; I am writing to request your participation in the coming study. I am expecting to conduct this study between April to July, 2021. I aim to explore ways in which evaluation capacity building can be promoted in Tanzanian public health organizations. In a few days, you will receive a request to participate in an interview. The discussion will base on your experiences, opinions, and a general overview of evaluation practices and evaluation capacity building and ways in which evaluation can be strengthened in your district/region's health facilities.

Before you decide, I will explain why I am doing the research and your involvement. If you are interested in finding out more, I will be happy to telephone you to discuss the information sheet and answer any questions that you may have. Please feel free to discuss the study with others if you wish.

The information sheet is divided into two sections:

- Part one tells you about the purpose of the study and explains what you will be asked to do, if you wish to take part
- Part two tells you more detailed information about how the study will be carried out.

PART ONE

What is the purpose of the study?

You are invited to be in a research study of promoting evaluation capacity building in the public health organization in Tanzania. This qualitative research study aims to explore public health organizations' perspectives and experiences in practicing evaluation in Tanzania. The purpose of this study is threefold. First, it intends to explore the current status of evaluation in public health organizations in Tanzania. Second, to explore the current challenges and barriers that hinder the development of evaluation capacity in these organizations. Third, determine the most useful and culturally relevant strategies/methods that professionals can adopt to develop evaluation capacity and an evaluative culture-specific to Tanzania's public health organizations. In particular, I'd like to hear about your experiences and perspectives towards the current evaluation practices and ECB processes in your organization. For example, how the organization views evaluations, the level at which the organization was able to apply a variety of evaluation strategies during your time in this position, and the benefits and challenges related to increasing evaluation within the public health organizations.

Why have I been invited to take part?

You are invited to be in this study because of your current position in the organization, prior experience of conducting and using evaluation results for program improvement, your role in facilitating evaluation practices, the decision-making process, and your knowledge about the current evaluation practices in Tanzania. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

Do I have to take part?

No – taking part in the study is entirely voluntary, and if you do not want to be involved, this will not affect your job in any way. If you are interested in taking part, you will be asked to complete and sign two consent form before participating, a copy of which you will keep. If you wish to withdraw your consent at any point, you are free to do so without giving a reason.

What will happen to me if I take part?

If you agree to be in this study, you will be asked to complete an interview with Ever. The interview will take between 60 to 90 minutes and will be audio-recorded. Your interview will be arranged at a time and place convenient to you.

Expenses and payments

You would be reimbursed for any travel expenses if the interview was not done at your workstation. Travel expenses can be a bus fair, motorcycle. There will be no other payment that will be issued.

What will the interview involve?

During the interview, you will be asked questions related to your experiences, opinions, and a general overview of evaluation practices and evaluation capacity building and ways in which evaluation can be strengthened in your district/region's health facilities.

You will not be expected to answer any questions that you do not wish to.

What are the possible risks of taking part in the study?

The study has two minimal risks; first, you may be asked questions about your experiences as an employee at the organizational level (either region or district) and the ECB process you are not comfortable answering. You do not need to answer any questions you are uncomfortable answering, and you will be able to stop the interview at any time if you wish not to continue. Second, it may be possible for readers of this study who work in or are familiar with public health facilities to identify you as a participant in this study. Your answers will be confidential, and your name and the specific job will never be used in the final report or any writing or articles associated with the study. There are no direct benefits to you for your participation. However, the information you share will add to our knowledge about how we can develop the Evaluation Capacity Building processes to foster an evaluative culture in these public health organizations.

What are the possible benefits of taking part in the study?

Although the study does not intend to provide any specific benefit to you, I hope that you will enjoy the interview and the opportunity to voice your thoughts and opinion about the challenges and different methods/strategies that can be used to promote evaluation practice and capacity for effective program improvement.

What if there is a problem?

If you experience any problems due to taking part in the study, I would be happy to discuss these with you. However, contact details for other people involved in the research are available in Section Two, and they can also help with any problems or complaints.

PART TWO

What will happen if I don't want to carry on with the study?

You are able to withdraw from the study at any point, and you will not be expected to provide a reason. You might be required to notify me to discuss your withdrawing procedures from the study, at which point any data and personal information relating to you will be destroyed. If your data has already been made anonymous and analysed, it may not be possible for this to be withdrawn. However, I will be happy to discuss with you further if there is any problem.

Will my taking part in the study be kept confidential?

Yes. We will follow ethical and legal practice and all information about you will be handled in confidence.

The records of this study will be kept private. No published report or article will include information that will make it possible to identify you personally. Research records will be stored securely, and only the researcher will have access to the records. Audio recordings will be saved to a password-protected computer file (accessible only to Ever Mkonyi). After transcriptions, all the documents with identifying information will be deleted from the computer.

What will happen to the results of the research study?

As the study is part of my doctoral program in Evaluation Studies, it will be submitted to the University for marking. I also hope to publish this study's findings in a relevant journal and perhaps present this at a conference/seminar. A brief report of the findings will be sent to interested participants. Participants will not be identified within any of these publications, but anonymous quotes will be included if you provide your consent for this.

Who has reviewed the study?

All research at the University of Minnesota and in Tanzania are reviewed by institutions called a Research Ethics Committee (REC). This study has been reviewed and approved by the University of Minnesota Research and Ethics Committee. It has also been approved by the National Institute of Medical Research (NIMR) in Tanzania

Contacts and Questions:

The researcher conducting this study is **Ever Mkonyi**. You may ask any questions you have now. If you have problems later, you are encouraged to contact me at 6513521777 or emkonyi@umn.edu.

Feel free to reach out to the following institutions as well if any questions

- **Ever's** advisor at the University of Minnesota is David R Johnson, Ph.D. He may be contacted at johns006@umn.edu
- National Health Research Ethics Review Committee through Tel: +255-222121400
- / Fax: +255-22-2121360 or through email: hq@nimr.or.tz | info@nimr.or.tz You may keep a copy of this Information sheet for your records.

Investigator's name: **Ever Mkonyi**

Signature :

Appendix F: Written Information Sheet (Kiswahili Version)

UNIVERSITY OF MINNESOTA

Twin Cities Campus

*Department of Organizational Leadership,
Policy, and Development*

College of Education and Human Development

*206 Burton Hall
178 Pillsbury Drive S.E.
Minneapolis, MN 55455*

Phone: 612-624-1006

Fax: 612-624-3377

E-mail: olpd@umn.edu

Website: <http://www.cehd.umn.edu/olpd>

Taarifa kwa Mshiriki wa Utafiti

Asante kwa kutumia muda wako kusoma taarifa hii ya kuombwa kushiriki katika utafiti. Jina langu ni Ever Mkonyi na nimwanafunzi wa ninayefanya masomo yangu katika ngazi ya shahada ya uzamivu kwenye maswala ya tathmini katika chuo kikuu

cha Minnesota nchini Marekani. Ninaandika kuomba ushiriki wako katika utafiti ninaotarajia kufanya mwezi ujao (April hadi July, 2021) Utafiti huu unahusu kutafuta njia ambazo ujenzi wa tathmini unaweza kukuzwa katika mashirika ya afya ya umma ya Tanzania. Katika siku chache, utapokea ombi la kushiriki katika mahojiano. Mjadala huyo utalenga zaidi katika kukusanya taarifa juu ya uzoefu wako, maoni na muhtasari wa jumla wa ufanyaji wa tathmini, namna gani watu wanaweza kujengewa uwezo wa kufanya tathmini, na mbinu mbalimbali zitakazoweza kuboresha ufanyaji wa tathmini katika vituo vya afya vilivyo ndani ya wilaya / mkoa wako. Kabla hujaamua kushiriki, ningependa kukupa taarifa zaidi kuhusu lengo/madhumuni ya utafiti huu na namna gani unavyoweza kushiriki. Endapo utapenda kupata taarifa zaidi juu ya utafiti huu, tunaweza kuwasiliana kwa njia ya simu au barua pepe kwa namba zilizoainishwa mwishoni wa barua hii. Tafadhali kuwa huru kujadiliana na wengine kuhusu utafiti huu ukipenda.

Taarifa hii imegawanyika katika sehemu mbili:

- Sehemu ya kwanza inaelezea dhumuni ama lengo la utafiti huu na pia inatoa ufafanuzi wa namna unavyoweza kushiriki endapo utaamua kuwa sehemu ya utafiti huu.
- Sehemu ya pili inatoa taarifa zaidi ya namna ambavyo utafiti huu utafanyika.

SEHEMU YA KWANZA

Nini Lengo/Madhumuni ya Utafiti huu?

Utafiti huu unalenga/unakusudia kuchunguza mitazamo na uzoefu wa mashirika ya afya ya umma katika kufanya tathmini nchini Tanzania. Madhumuni ya utafiti huu unalenga mambo matatu. Kwanza, unatarajia kuchunguza hali ya sasa ya tathmini katika mashirika ya afya ya umma nchini Tanzania. Pili, kuchunguza changamoto na vizuizi vya sasa ambavyo vinazuia maendeleo ya kujenga uwezo wa kufanya tathmini katika mashirika haya. Tatu, kutambua mikakati muhimu na ya kitamaduni inayofaa ambayo wataalamu wanaweza kutumia kukuza uwezo wa ufanya tathmini na utamaduni wa tathmini maalum kwa mashirika ya afya ya umma nchini Tanzania. Kwenye utafiti huu, ningependa kusikia juu ya uzoefu na mitazamo yako juu ya ufanyikaji wa tathmini na michakato ya kujengeana uwezo wa kufanya tathmini (ECB) katika shirika lako. Kwa mfano, jinsi shirika linavyoangalia mchakato wa kufanyikaji wa tathmini, kiwango ambacho shirika liliweza kutumia mikakati ya tathmini hasa kwa kipindi hichi katika nafasi ulonayo, faida na changamoto zinazohusiana na kuongezeka kwa tathmini ndani ya mashirika ya afya ya umma. Kwa hivyo, mahojiano haya yatatoa ufahamu juu ya mazoea ya sasa ya ufanyikaji wa tathmini, mafanikio, vizuizi, na changamoto ambazo zinazuia mchakato wa kufanya tathmini na maendeleo ya kujengeana uwezo wa kutathmini (ECB) muhimu kwa mabadiliko ya kimfumo.

Kwa nini ninaalikwa kushiriki?

Uaalikwa kushiriki katika utafiti huu kutokana na uzoefu wako na nafasi yako ulionayo kwa sasa wa kushughulika na mambo ya tathmini na takwimu katika shirika hili, mchakato wa kufanya maamuzi, na ufahamu wako juu ya kufanyikaji wa

tathmini katika Tanzania. Ninaomba usome fomu hii na uulize maswali yoyote ambayo unaweza kuwa nayo kabla ya kukubali kushiriki kwenye utafiti.

Je ni lazima kushiriki?

Hapana, ushiriki katika utafiti huu ni wa hiari. Ukiamua kushiriki, uko huru kutojibu swali lolote au kujiondoa wakati wowote bila kuathiri uhusiano wetu. Endapo utaamua kushiriki tutakuomba ujaza fomu ya makubaliano kabla ya kuanza mahojiano. Utajaza na kuwea sahihi fomu mbili moja utabaki nayo na nyingine utampa muongoza majadiliano.

Je nini ninapaswa kufanya endapo nikiamua kushiriki?

Ikiwa unakubali kushiriki katika utafiti huu, utaombwa kukamilisha mahojiano na **Ever**.

Mahojiano yatachukua kati ya dakika 60 hadi 90 na yatarekodiwa kwa kinasa sauti. Mahojiano yako yatapangwa kwa wakati na mahali panapofaa kwako.

Grarama na malipo

Utarejeshewa gharama zako utakazo tumia endapo utalazimika kusafiri kutoka katika kituo chako cha kazi kuhudhuria majadiliano. Mfano nauli ya daladala au pikipiki. Hatutakuwa na malipo mengine yoyote.

Majadiliano yatakuwaje au yatalenga nini?

Wakati wa mahojiano utaulizwa maswali yahasuyo uzoefu wako kulingana na nafasi ulionayo kwa sasa wa kushughulikia mambo ya tathmini na takwimu katika shirika hili, mchakato wa kufanya maamuzi, na ufahamu wako juu ya kufanyikaji wa tathmini na kujengeana uwezo wa kutathmini katika mashirika ya umma kwa Tanzania. Na njia mbalimbali zinatakazoweza kuboresha ufanyaji wa tathmini katika wilaya au mkoa wako. Hatalazimishwa kujibu swali ambalo hujisikii kujibu.

Je kunamadhara yoyote endapo nitashiki kwenye utafiti?

Utafiti una hatari mbili ndogo; Kwanza, unaweza kuulizwa maswali juu ya uzoefu wako kama mfanyakazi katika ngazi ya shirika (mkoa au wilaya) na mchakato wa kujenga uwezo wa utathmini (ECB) ambayo unaweza usiwe huru kuyajibu. Huna haja ya kujibu maswali yoyote ambayo haujisikii kuyajibu, na utaweza kusimamisha mahojiano wakati wowote ikiwa umeamua kutoendelea. Pili, inawezekana kwa wasomaji wa utafiti huu ambao wanafanya kazi ndani ya mashirika haya afya ya umma kukutambulisha kama mshiriki katika utafiti huu. Pamoja na hayo majibu yako yatakuwa ya siri, na jina lako na kazi maalum haitatumika katika ripoti ya mwisho au uandishi wowote au nakala zinazohusiana na utafiti. Hakuna faida za moja kwa moja kwako kwa ushiriki wako. Walakini, taarifa utakazotupa zitaongeza maarifa yetu juu ya jinsi tunaweza kukuza michakato ya kujenga uwezo wa kukuza utamaduni wa tathmini katika mashirika haya ya afya ya umma.

Nini faida za kushiriki kwenye utafiti?

Japo kwamba utafiti huu hautakuwa na faida ya moja kwa moja kwako lakini endapo utaamua kushiriki natumaini kuwa utafurahia mahojiano na utapata nafasi ya kutoa maoni yako juu ya changamoto na njia mbili mbali ambazo zinazuia kujengeana uwezo katika taasisi hizi. Pia utashauri mbinu bora za kusaidia kukuza uelewa wa kufanya tathmini ili kuweza kuboresha miradi yetu inayotoa huduma kwa umma/jamii.

Je kama kunatatizo?

Kama ukipata tatizo kwa sababu ya ushiriki wako kwenye utafiti huu, nitafurahi kujadiliana na wewe. Pia kuna namba za mawasiliano mwishoni unaweza kupiga simu na kuwafahamisha. Natumaini pia nao wataweza kukusaidia kutatua tatizo.

Asante kwa kusoma ujumbe huu. Kama unapenda kushiriki basi naomba uendelee na sehemu ya pili.

SEHEMU YA PILI

Je ushiriki wangu unaweza kuwa wa siri?

Ndio. Tunafuata kanuni na sheria za utafiti za kutunza taarifa za mshiriki. Rekodi za utafiti huu zitahifadhiwa. Hakuna ripoti au nakala yoyote itakayochapishwa ambayo itatumia jina au kitu chochote ambacho kinaweza kukutambulisha wewe binafsi. Rekodi za utafiti zitahifadhiwa salama, na mtafiti tu ndiye atakayeweza kupata rekodi. Rekodi za sauti zitahifadhiwa kwenye faili ya kompyuta iliyolindwa na nywila (inayopatikana tu kwa Ever Mkonyi). Baada ya uchambuzi mafaili yote yenye majina yatafutwa kwenye computer.

Ni ni kitatokea endapo nikiamua kutokushiriki hadi mwisho kwenye utafiti huu?

Uaweza kujitoa kwenye ushiriki wakati wowote bila kulazimika kujieleza au kutoa sababu. Utalazimika kunifahamisha juu ya maamuzi yako ya kujitoa na tutajadilina utaratibu wa kujitoa, nitahakikisha naondoa kumbukumbu zako zote kwenye mafaili yangu. Japokuwa kama utaamua kujiondoa kwenye utafiti baada au wakati wa uchambuzi wa taarifa, baada ya kuondoa majina na vitambulisho vyovyote vya mtu binafsi, itakuwa ngumu kukufuta taarifa yako ulokwisha kutoa. Nitapenda pia kujadiliana na wewe kama kuna tatizo lolote litakaloweza kujitokeza.

Nini kitakuwa matokeo ya utafiti huu?

Utafiti huu ni sehemu ya mafunzo yangu ya shahada ya uzamivu katika kufanya tathmini, hivyo basi matokeo haya au repoti hii nitaipoleka kwa washauri /viongozi wangu katika chuo kikuu cha Minnesota. Pia nitapenda kushapisha matokeo haya katika majarida na kuwasilisha kwenye washa/ semina mbalimbali. Endapo utapenda kupata nakala ya matokeo ya utafiti huu unaweza patiwa. Repoti hizi hazitakuwa na majina yoyote yanayoweza kumtabulisha mtu na nukuu zitakazo ambatanishwa kwenye machapisho hayo hayatakuwa na majina.

Je ni nani ameipita au kuidhinisha utafiti huu?

Tafiti zote huwa zinapitiwa na kupewa kibali na taasisi zinazohusika na kusimamia sheria na maadili ya utafiti. Hivyo basi, utafiti huu umeidhinishwa na taasisi iliyopo katika chuo kikuu cha Minnesota (IRB). Pia imethibitishwa na taasisi iliyopo nchini

Tanzania ijulikanayo kama National Institute of Medical Research (NIMR) in Tanzania

Mawasiliano na Maswali:

Mimi Ever Mkonyi ndiye nitakayefanya utafiti huu. Unaweza kuuliza maswali yoyote unayo sasa. Ikiwa una shida baadaye, unaweza kuwasiliana na mimi kupita namba ya simu +1 6513521777 au barua pepe emkonyi@umn.edu.

Kwa maswali zaidi unaweza kuwasiliana na wafuatao

- Mshauri wa Ever katika Chuo Kikuu cha Minnesota ni David R Johnson, Ph.D.

Unaweza kuwasiliana na John kupitia hii email: johns006@umn.edu

- Kamati ya kitaifa ya kuratibu maadali ya utafiti (National Health Research Ethics Review Committee) kupitia namba zifuatazo Tel: +255-22-2121400 / Fax: +25522-2121360 or barua pepe: hq@nimr.or.tz | info@nimr.or.tz

Jina la Mtafiti Mkuu: **Ever Mkonyi**

Sahihi:

Appendix G: Data Collection Tools (English Version)

INTERVIEW GUIDE

a) Introduction and background

1. What is your role/title in the organization?
2. How long have you been working in this organization?
3. Can you walk me through what your day is like in this organization?
4. Did you receive any training/course on evaluation before joining this organization/current role? E.g., M&E
5. What do you understand by the following terms in your own words/phrase
 - a) Evaluation
 - b) Monitoring
6. What is your perception of evaluation?
 - a) (*Probe*) if the evaluation is good/bad, why do you think so?
 - b) (*Probe*) what is the perception of others/co-workers toward evaluation?
7. What motivates you to engage in evaluation activities?
8. What words or phrases would you use to describe the public health organizational evaluation culture/context during your time in the organization?
 - a) (*Probe*) how do the organization/Ministry view evaluation?
 - b) (*Probe*) Do you offer any support to staff for attending professional development
, e.g., attend/participate in evaluation training or workshops? If yes, what kind of support do you offer?
 - b) (*Probe*) how do the organization management use evaluation findings?
9. Have you ever participated in designing evaluation materials that you are using for evaluation activities in your current job—E.g. M&E plan, PMP, data collection tools, etc.
 - a) (*Probe*) At what stage were you involved? E.g., Problem identification, planning, implementation, completion and dissemination, and reporting,
 - b) (*Probe*) What was your experience like? Did you like the process/activity that you engaged in? If no/ yes, please explain

Evaluation capacity building (ECB)

10. What do you understand by the term evaluation capacity building?
11. Why do leaders get involved in ECB?
12. What other related training do they receive?
13. What capacity-building strategies specifically for monitoring and evaluation/evaluation do you undertake in the public health organizations? These can include attending seminars and workshops, having in-house training, and working with the evaluator.

(Probe) Among these ECB activities/strategies, which was most useful for your team? Who funds these activities? Government/donor/both

- Is capacity building part of your strategic planning?
 - Is it integrated into your job description?
 - Do you have time allocated for attending these activities?

- How often do you attend these ECB activities, e.g., training (monthly, quarterly, or annually)/ how many times did you attend these activities?
14. Are these training combined with other subjects, or are they only specific for evaluation?
 - **(Probe)** What role did you play during the ECB process?
 - **(Probe)** Who do you partner with?
 15. What do you think are the reasons for the public health organization to invest in the evaluation capacity building?
 16. How important is ECB to the public health organization leaders?
 17. How have evaluation and evaluation capacity changed at the organizational level for the respondents?
 18. Do you think staff now understand the importance of evaluation than before attending the capacity building training? E.g., asking a question that matters and increasing internal communication of evaluation work
 19. What do you think are the key benefits of ECB for public health organizational leadership?
 20. How has evaluation capacity informed program design and improvement? Can you walk me through how do you use evaluation knowledge?
 21. How does evaluation capacity support key organizational tasks? E.g., increase funding, increasing capacity to design and collect viable data
 22. How do respondents intend to continue their ECB and evaluation work?

 23. In your opinion, what influences the process of ECB?
 - **(Probe)** What are the facilitators?
 - **(Probe)** What are the barriers?

Curriculum development

24. What curriculum do you use for capacity building, e.g., training?
 - i. **(Probe)** Who developed the curriculum? E.g., donor, MoHCDGEC or both
 - ii. **(Probe)** Who was involved in its development?
 - iii. **(Probe)** Who is providing this capacity building, e.g., training? E.g., Donor, MoHSW, regional managers, M&E unit, partnering organizations
 - iv. **(Probe)** What are the strength and weakness/limitation of the current curriculum
25. How, if at all, do or should (two questions actually) evaluations in Tanzania draw on African culture?
26. What do you think it's missing, but you think it could be added?
27. What do you think are the key challenges for leaders to building evaluation capacity in the organization?

28. Can you walk me through what do you do with evaluation data?
29. Is evaluation capacity sustainable within organizations? If yes/no, please explain

30. What is evaluation practice like today in your organization compared to when you joined the organization/this position?

(Probe) What has changed in your evaluation practices as a result of the ECB intervention?

(Probe) How has the organization improved its evaluation/reporting as a result? Personnel and resource changes?

31. What have been the outcomes of evaluation within your organization? How has evaluation been used? Extra Funding? Data-based decision-making? Program changes?

32. I am done with my questions. Do you have any questions for me? Do you want to talk about anything else? Or do you want to add to something we just discussed?

Appendix H: Data Collection Tool (Kiswahili Version)

MUONGOZO WA MAHOJIANO

A. Maswali ya Utangulizi

1. Je nini jukumu lako/unacheo gani katika hili shirika?
2. Umekuwa ukifanya kazi kwa muda gani katika shirika hili?
3. Je unaweza kuniambia ni nini shughuli au majukumu yako ya kila siku?
4. Ulipokea mafunzo / kozi yoyote juu ya tathmini (Evaluation) kabla ya kujiunga na shirika hili / jukumu la sasa? Kwa mfano. M&E
5. Je unaelewa nini kwa maneno yako mwenyewe kuhusu yafuatayo?
 - a) Tathmini (Evaluation)
 - b) Ufuatiliaji (Monitoring)
6. Mtazamo wako ni nini juu ya ufanyaji wa tathmini?
 - a) (*Dodosa*) ikiwa ufanyaji wa tathmini ni mzuri / mbaya kwa nini unafikiria hivyo?
 - b) (*Dodosa*) Je nini mtazamo wa wafanyakazi wengine kuhusu kufanya tathmini (evaluation)?
7. Ni nini kinachokuchochea kujihusisha na shughuli za kufanya tathmini?
8. Je! Ni maneno gani au misemo gani ambayo unaweza kutumia kuelezea utamaduni wa kufanya tathmini / muktadha wa afya ya umma kwa huu wakati umekuwa hapa katika shirika?
 - a) (*Dodosa*) Je shirika au wizara ya afya ina mtizamo gani kuhusu ufanyikaji wa tathmini (evaluation) hapa?
 - b) (*Dodosa*) Je! unatoa msaada wowote kwa wafanyikazi kwa kuhudhuria maendeleo ya kitaalam n.k. kuhudhuria / kushiriki katika mafunzo ya kufanya tathmini au semina? ikiwa ndio, unatoa msaada wa aina gani?
 - c) (*Dodosa*) jinsi gani usimamizi wa shirika hutumia matokeo ya tathmini?
9. Je! Umewahi kushiriki katika kubuni au kutengeneza mbinu mbalimbali za tathmini ambazo unatumia kwa shughuli za tathmini katika kazi yako ya sasa. Kwa mfano. Mpango wa M&E, PMP, zana za ukusanyaji wa data nk.
 - a) (*Dodosa*) Katika hatua gani ulihusika? Kwa mfano. Utambulisho wa shida, upangaji, utekelezaji, kukamilisha na usambazaji na ripoti,
 - b) (*Dodosa*) Uzoefu wako ulikuwaje? Je! Uliupenda mchakato / shughuli uliyojihusisha nayo? Ikiwa hapana / ndio tafadhali fafania

Kujenga Uwezo wa Kutathmini (Evaluation Capacity Building (ECB)

10. Je unaelewa nini kuhusu kujenga uwezo wa kutathmini (Evaluation Capacity Building)?

- 11.** Kwanini viongozi wanahusika katika ECB?
- 12.** Je! Wanapata mafunzo gani mengine yanayohusiana?
- 13.** Je! Ni mikakati gani ya kujenga uwezo hasa ya ufuatiliaji na tathmini mnayojishughulisha nayo katika mashirika ya afya ya umma. Hii inaweza kujumuisha kuhudhuria semina na washa, kuwa na mafunzo ya ndani ya shirika, na kufanya kazi na mtathmini

- **(Dodosa)** Katika mbinu hizi mbalimbali za kujifunzia/kujengeana uwezo wa kutathmini (ECB), ipi imekuwa ya muhimu ama mmekuwa mkiitumia sana kwa timu yako?
 - Je ni nani huwa anafadhili haya mafunzo? Serikali/mfadhili au wote?
 - Kujengea uwezo wafanyakazi ni sehemu ya mipango yako ya kimkakati?
 - Je mafunzo haya yameainishwa kwenye mpango wako wa kazi?
 - Je! Unao/kuna wakati uliotengwa wa kuhudhuria shughuli hizi za mafunzo? Je unamuda wa kuhudhuria mafunzo na washa kuhusu mambo ya tathmini (evaluation)?
 - Je! Ni mara ngapi unahudhuria shughuli hizi za ECB n.k., mafunzo (kila mwezi, robo mwaka au mwaka) / mara ngapi ulihudhuria shughuli hizi?
- 14.** Je! Mafunzo haya yanajumuishwa na masomo mengine au ni maalum tu kwa tathmini (evaluation)?
- **(Dodosa)** Je! Ulikuwa na jukumu gani wakati wa mchakato wa kujengeana uwezo wa kutathmini (ECB)?
 - **(Dodosa)** Je mnashiriana na kina nani?
- 15.** Je! Unafikiria ni nini sababu za shirika la afya ya umma kuwekeza katika ujenzi wa uwezo wa tathmini kwa wafanyakazi?
- 16.** Unafikiri kuna umuhimu gani kwa viongozi wa mashirika ya umma kupata mafunzo/kujengewa uwezo kuhusu kutathmini (ECB)?
- 17.** Je! Uwezo wa tathmini na kufanya tathmini umebadilika vipi katika kiwango cha shirika kwa washiriki?
- 18.** Je! Unafikiri wafanyakazi sasa wanaelewa umuhimu wa tathmini kuliko hapo awali kabla ya kuhudhuria mafunzo ya kujenga uwezo? Kwa mfano. kuuliza swali ambalo linafaa na kuongeza mawasiliano ya ndani ya kazi ya tathmini
- 19.** Je! Unafikiria ni nini faida muhimu za kujenga uwezo wa kutathmini (ECB) kwa uongozi wa shirika la afya ya umma?
- 20.** Jinsi gani uwezo wa tathmini umearifu muundo wa mpango na uboreshaji? Je! Unaweza kunipitia kwa jinsi gani unatumia maarifa ya tathmini?
- 21.** Je! Uwezo wa tathmini unasaidiaje kazi muhimu za shirika? Kwa mfano. kuongeza ufadhili, kuongeza uwezo wa kubuni na kukusanya data inayofaa
- 22.** Je! Wahojiwa wanakusudia kuendeleaje na kazi yao ya ECB na tathmini?
- 23.** Kwa maoni yako, ni nini kinachoathiri mchakato wa kujenga uwezo wa kutathmini (ECB)?

Kutengeneza mtaala wa ECB

- 24.** Je! Unatumia mtaala gani wa kujenga uwezo mfano, mafunzo?
- **(Dodosa)** Nani aliandaa/kutunga mtaala? Kwa mfano., wafadhili, MoHCDGEC au wote wawili
 - **(Dodosa)** Je! Ni nini nguvu na udhaifu / upungufu wa mtaala wa sasa

- 25.** Ni kwa namna gani elimu juu ya tathmini (evaluation) nchini Tanzania zinaonyesha kuzingatia utamaduni wa Kiafrica?
- 26.** Je unafikiri nini kinakosekana au kupungua na nini kiongozwe?

27. Je! Unafikiria ni changamoto gani muhimu kwa viongozi katika kujenga uwezo wa tathmini katika shirika?
28. Je unaweza nieleza ni namna gani mnatumia data/takwimu ya tathmini?
29. Je! Uwezo wa tathmini ni endelevu ndani ya mashirika? Ikiwa ndio / hapana tafadhali eleza
30. Je! Unafikiri kuna tofauti yoyote kwenye matumizi/ kufanya shughuli za tathmini kwa sasa katika shirika lako ukilinganisha na wakati ulijiunga na shirika katika nafasi ulonayo sasa? (*Dodosa*) Ni nini kilichobadilika katika mazoea yako ya kufanya tathmini hasa baada wewe kuhudhuria mafunzo mbalimbali ya ECB
(*Dodosa*) Je! Shirika limeboresha vipi tathmini yao / mfano namna ambayo matokeo yanaripotwa? Wafanyakazi na mabadiliko ya rasilimali?
31. Matokeo ya tathmini yamekuwa nini ndani ya shirika lako?
(*Dodosa*)Tathmini imetumikaje? Ufadhili wa ziada? Uamuzi wa msingi wa takwimu? Mabadiliko ya mpango?
32. Nimemaliza maswali yangu. Je! Una maswali yoyote kwangu? Je! Unataka kuzungumza juu ya kitu kingine chochote? Au unataka kuongeza kwa kitu ambacho tumejadili tu?