EFFECT OF MONITORING ON THE EVALUATION SYSTEMS ON THE PERFORMANCE OF HEALTHCARE PROJECTS IN HOMA BAY COUNTY, KENYA

MUGO GITARI DAVID

A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF DEGREE OF MASTER OF SCIENCE IN PROJECT MANAGEMENT OF MOUNT KENYA UNIVERSITY

JUNE 2025

DECLARATION AND APPROVAL

Declaration by Student

This research proposal is my original work and has not been presented for a degree or other award in any other university**.**

Student's Signature: …… ……Date: …**27/6/2025**……

MUGO GITARI DAVID

MSCPM/2023/40351

Approval by the Supervisor

I confirm that the candidate carried out the tasks outlined in this proposal under my guidance.

Supervisor's Signature: … ……..Date: ……**27/6/2025**……

Dr. Evans Mwiti

School of Business and Economics

DEDICATION

This research proposal is dedicated to my family and my supervisor Dr. Evans Mwiti for the prayers and encouragement they have consistently given me throughout my pursuit of this master's degree, May the Lord, God Almighty, shower them with abundant blessings.

ACKNOWLEDGEMENT

First, I want to thank the Almighty God for blessing me with a good health and for being my source of motivation and strength. I want to express my gratitude to Dr. Evans Mwiti my supervisor, for helping me through this research project until completion. I would also like to thank Mount Kenya as a whole and my coworkers for their assistance throughout this time of study.

ABSTRACT

This study analyzed the influence of Monitoring and Evaluation (M&E) systems on the performance of healthcare projects in Homa Bay County, Kenya, in the context of significant government investments in the healthcare sector. In 2020, the Kenyan government allocated KES 234 billion (US$2,743 million) to healthcare, equating to 7% of the GDP, with further allocations in the 2021/2022 budget. The Homa Bay County government allocated Ksh 1,362,803,518 in the 2020/2021 financial year. The COVID-19 pandemic underscored the importance of robust healthcare systems, driving investments in disease prevention, health education, and emergency preparedness. Kenya's Vision 2030 includes goals for achieving Universal Health Coverage (UHC), with financial allocations aimed at ensuring quality healthcare for all citizens. The study's main objective was to examine the impact of M&E systems on healthcare project performance in Homa Bay County, focusing on M&E staff training, information systems, M&E plans, and costed work plans. A descriptive survey design was used, combining both qualitative and quantitative methods. The study targeted hospital administrators, clinical officers, nurses, and health record officers across three healthcare facilities in each sub-county, with a total sample size of 153 respondents. The analysis revealed very strong positive correlations between the various M&E components and healthcare project performance. Specifically, M&E staff training demonstrated a correlation coefficient of $r = .997$, M&E information systems also showed a correlation coefficient of $r = .997$, the structured M&E plan had a correlation coefficient of $r = .997$, and the costed M&E work plan exhibited a correlation coefficient of $r = .994$. All correlations were statistically significant at $p < .01$. These findings emphasized the critical role of well-trained staff, efficient M&E systems, clear planning, and financial management in improving healthcare project outcomes.The study concluded that aligning M&E staff training with organizational goals, enhancing system integration, ensuring consistency in M&E plan implementation, and improving cost estimation accuracy in M&E work plans would optimize healthcare project performance. Recommendations were made to improve M&E staff training, integrate systems across departments, enhance the M&E plan's consistency, and improve financial management practices in M&E work plans.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ABBREVIATIONS AND ACRONYMS

HC	- Human capital
MoHSW	- Ministry of Health and Social Welfare
MoHCDGEC	- Ministry of Health, Community Development, Gender, Elderly and Children
M&E	- Monitoring and Evaluation
NACOSTI	- National Commission for Science, Technology and Innovation
NGO	– Non Governmental Organization

CHAPTER ONE
INTRODUCTION

1.0 Introduction

This chapter contained background of the study, statement of the problem, objectives of the study, research questions, significance of the study, limitations and the scope in that order.

1.1 Background Information

The significant financial investment in the healthcare sector by the Kenyan government and the Homa Bay County government reflects a strategic commitment to improving health outcomes and addressing the healthcare needs of the population. Here's a deeper elaboration on the reasons behind these investments, expected results, and the importance of monitoring and evaluation systems. The Kenyan government aims to reduce health inequalities and improve access to quality healthcare, particularly in underserved regions like Homa Bay County. These investments are crucial for expanding healthcare infrastructure and services. The substantial allocation of KES 234 billion in 2020 (7% of GDP) signifies a commitment to strengthening health systems. This includes enhancing service delivery, training healthcare personnel, and improving supply chains for essential medicines. The COVID-19 pandemic underscored the need for robust healthcare systems. Investments are directed towards disease prevention, health education, and emergency preparedness, ensuring the country is better equipped for future health crises. Kenya's Vision 2030 includes goals for achieving UHC. The financial allocations, such as the KES 121.09 billion in the 2021/2022 budget, are intended to progress toward this goal, ensuring all citizens can access quality healthcare without financial hardship. in health is seen as essential for economic development. A healthier population leads to a more productive workforce, which is crucial for the country's overall economic growth (World Bank, 2020).

The ultimate goal of these investments is to reduce morbidity and mortality rates, particularly from communicable diseases prevalent in Homa Bay, such as HIV/AIDS and malaria. Increased funding is expected to expand healthcare facilities and services, improving access for rural and marginalized populations. Enhanced monitoring and evaluation systems will facilitate better tracking of health trends and disease outbreaks, leading to timely interventions.

The financial figures illustrate the government's commitment. For instance: KES 234 billion in 2020 demonstrates a significant portion of the national budget allocated to health, reflecting its priority status. KES 121.09 billion in the 2021/2022 budget indicates sustained investment, crucial for ongoing health initiatives. Homa Bay County's allocation of KES 1,362,803,518 signifies a focused effort on local health challenges, which typically require dedicated funding. M&E systems are essential for assessing the effectiveness of healthcare investments. By establishing clear indicators, stakeholders can monitor health outcomes and service delivery improvements. Regular evaluations provide critical data that inform policy adjustments and resource allocation, ensuring that funds are utilized effectively. M&E enhances accountability among healthcare providers and government entities, ensuring that financial resources are managed transparently and responsibly. M&E helps identify areas of weakness or barriers to access, enabling timely interventions to address these challenges and improve service delivery. By understanding what works and what doesn't through monitor and evaluation, health projects can be refined and sustained over the long term, ultimately benefiting the community (World Bank, 2020).

The substantial financial commitment to the healthcare sector reflects a proactive approach to improving health outcomes in Kenya, particularly in Homa Bay County. Coupled with effective monitoring and evaluation systems, these investments are

expected to drive significant advancements in public health, accountability, and the overall efficiency of healthcare delivery (World Bank, 2020). Monitoring and evaluation is becoming a significant tool for public sector change and service delivery (Hlatshwayo & Govender (2015). With varying degrees of success, monitoring and evaluation projects are used as barometers of democracy, equality, and equity, with the potential to convert government offices and the public sector into a functional, participative, and representative system (UNDP, 2013). The World Bank has launched several projects to help developing nations enhance their monitoring and evaluation (M&E) capacity and skills, which are critical for improving public sector transformation and service delivery(Kissi, Agyekum, Baiden, & Tannor, 2019). .

1.1.1 Global Perspective on Monitoring and Evaluation Systems

Japan is grappling with the dual pressures of a shrinking birthrate and an aging society, which threaten the sustainability of both its economic productivity and social security framework (Mori et al., 2021). A key priority for policymakers is to preserve a robust labor force and maintain the financial viability of the healthcare insurance system. One strategy implemented to address these issues involves raising the retirement age. In line with this, the National Diet enacted legislation in March 2020 mandating that companies offer continued employment to individuals up to the age of 70, demonstrating the government's commitment to bolstering the workforce through extended employment opportunities.

Mori et al. (2021) further emphasize that the aging of Japan’s workforce is unavoidable. As a result, it is vital for both companies and society to encourage younger generations to adopt healthy habits early in life. Doing so would help preserve their health into older age and reduce future medical costs. Thus, investing in the health of the working population is seen as a strategic approach to tackling Japan’s broader societal challenges.

Nevertheless, even with a societal understanding of the importance of such investments, a key issue remains: determining who should bear the cost of investing in workers' health. While the government has taken the lead and allocated funds for these initiatives, the primary beneficiaries—workers and employers—must also contribute to ensure long-term sustainability. Supporting behavioral change among workers is crucial, particularly since many may lack the awareness or motivation to proactively manage their health. However, encouraging individuals to invest in their own health remains a significant challenge (Mori *et al.*, 2021).

According to INTRAC (2017), most European countries and the United States have successfully integrated Monitoring and Evaluation (M&E) practices into their health projects. In contrast, regions such as Central Asia and Africa continue to face significant challenges in effectively adopting M&E systems. Common issues in these areas include poor data quality, limited stakeholder involvement, failure to use findings from previous M&E efforts during planning, insufficient training of M&E personnel, and inadequate allocation of resources and budgets for M&E activities (PMI, 2013).

The U.S. government has emphasized the critical role of M&E in development initiatives by establishing clear guidelines that underscore its importance. Similarly, the Government of Canada attributes the success of its health projects to the effective application of M&E practices. High-quality M&E data has enabled continuous tracking of project progress relative to established goals (Kinyua & Njoroge, 2021). Canada has invested significantly in M&E to enhance accountability and ensure the achievement of desired outcomes in the health sector.

Chile is another example of a developed nation that has maintained robust and consistent M&E practices in health projects over the years. Its success is attributed to measures such as building M&E capacity, ensuring the availability of reliable data, allocating adequate

financial resources, and thorough planning. In comparison, M&E remains a developing field across many African countries, lagging behind the more established systems in developed nations (Kinyua & Njoroge, 2021).

Monitoring and Evaluation (M&E) systems are fundamental in the design, implementation, and sustainability of healthcare projects. Globally, M&E systems help stakeholders track progress, ensure accountability, improve transparency, and promote data-driven decision-making. In international health development, agencies such as WHO**,** UNICEF**,** USAID, and the World Bank have emphasized robust M&E frameworks as a key determinant of project success. M&E systems collect real-time and retrospective data, facilitating evidence-based decisions. For instance, in Sub-Saharan Africa, M&E tools helped guide malaria prevention strategies by targeting high-risk zones based on collected data. M&E fosters accountability among donors, implementers, and governments. The Global Fund requires M&E plans as part of grant applications to ensure transparent reporting. Projects in countries like Brazil and Thailand demonstrate how M&E allows for adaptive management, where continuous feedback helps refine interventions, such as immunization coverage campaigns. In Kenya and Uganda, M&E systems have significantly improved maternal and child health outcomes by aligning interventions with data-driven insights. Challenges include limited technical capacity, poor data quality, and underutilization of M&E findings.In the UK's National Health Service (NHS), M&E supports service evaluations, performance audits, and quality improvement initiatives. Digital health systems facilitate robust real-time monitoring, a model many LMICs are aiming to replicate (WHO, 2020; World Bank, 2022)

A global perspective reveals that effective M&E systems are crucial drivers of healthcare project performance. While developed countries lead in digitalization and integration, developing nations offer lessons in adaptability and community-based M&E. Research

that incorporates this broad view can provide actionable insights and contribute to more impactful and sustainable healthcare interventions worldwide.

1.1.2 Regional Perspective on Monitoring and Evaluation Systems

According to Essis et al. (2023), Monitoring and Evaluation (M&E) was introduced in African countries during the 1980s and 1990s, evolving through several phases. Initially met with limited awareness and resistance, M&E has increasingly gained traction across state institutions, non-governmental organizations, community-based organizations, and professional associations. Notably, this progress includes the development of structured national M&E systems, backed by strong political will.

By the mid-2000s, a number of African nations—including Ghana, Kenya, Rwanda, and Zambia—had developed national monitoring and evaluation (M&E) systems. Concurrently, countries such as Benin, Uganda, Nigeria, Kenya, and South Africa began building national evaluation frameworks through initiatives spearheaded by their governments. These systems are structured institutional mechanisms aimed at guiding how evaluations are selected, implemented, and used to improve governance and promote accountability to the public (Essis et al., 2023). Typically, they are anchored in official evaluation policies and bolstered by integrated, government-wide M&E strategies that foster conditions conducive to their success.

In nations where national monitoring and evaluation (M&E) systems are already established, the addition of structured evaluation frameworks contributes to nurturing a culture of evaluation—a concept that has often been neglected across Africa due to resource constraints, both financial and human. Senegal offers a notable example, where a locally adapted M&E framework has emerged with backing from organizations like the Senegalese Evaluation Network (SenEval) and the African Center for Advanced Studies in Management, based in Dakar. These entities have been instrumental in building a

professional network of M&E experts, ultimately influencing the government's decision to form the Commission for the Evaluation and Monitoring of Public Policies and Programs.

Several studies have explored the challenges and gaps within African M&E systems, tracking their evolution and examining their use as tools for governance and development (Mleke, 2020). These studies also highlight the significant contribution of M&E systems to the success of programs and projects—estimated to be about 70% (Essis et al., 2023). Additionally, research has focused on how capacity-building initiatives and improvements in routine health information systems have impacted M&E performance across the continent.

In Tanzania, the government has made notable efforts to enhance citizens' welfare by launching various programs and projects across sectors such as health and community development (Ministry of Health and Social Welfare, 2012). The Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) is committed to delivering accessible, equitable, high-quality, gender-sensitive, and sustainable basic health services. However, despite these efforts, the Ministry faces challenges due to the absence of robust M&E systems for tracking project implementation. This has led to difficulties in improving data quality, optimizing performance, reducing administrative burdens, and achieving desired project outcomes (Mleke, 2020).

According to Benard P. (2019), the monitoring and evaluation (M&E) system in South Sudan involves multiple actors with varying degrees of power and influence. There are inherent inequalities in the social and institutional relationships among stakeholders, including local communities, facilitators, non-governmental organizations (NGOs), and funders. These unequal power dynamics also manifest across different institutional levels—namely policy, program, and project levels. Ignoring these disparities can hinder

genuine participatory processes, potentially preventing meaningful engagement in M&E activities.

In many instances, M&E processes in South Sudan became dominated by more powerful actors, such as funders and NGOs, who were often seen as the primary stakeholders in determining outcomes. This raises important questions about the ownership, control, and utilization of knowledge generated through M&E. Key concerns include: Who holds authority over the M&E process? Who influences its direction and use?

Benard (2019) emphasizes the need for greater transparency between funders and implementing organizations, especially in negotiating the criteria used to assess change and progress. This is particularly important where M&E systems are used to evaluate the performance of NGOs.

In Juba County, the M&E systems of NGOs remain in a transitional phase. Most NGOs have integrated M&E functions into their operations as a way to enhance both transparency and performance. However, the shift from an emergency-focused approach to a development-oriented mindset has been gradual. This transition is evident in the M&E frameworks adopted by AusAID-funded NGOs, which are managing both emergency and development projects in the region.

A regional lens provides deeper insights into how M&E practices adapt to local contexts, the role of regional collaboration, and how these factors shape healthcare project outcomes. Significant donor investment has driven the expansion of M&E frameworks, especially in HIV/AIDS, malaria, and maternal health. Digital platforms like DHIS2 (District Health Information System 2) have improved data reporting, visualization, and aggregation. Countries like Rwanda, Kenya, and Ghana have institutionalized national health M&E units and integrated performance indicators into national health policies. Rwanda's Health Management Information System (HMIS) has shown measurable

success. It supports real-time monitoring and helps allocate resources based on need and performance, resulting in improved maternal and child health outcomes. Kenya's Health Sector M&E Framework (2018–2023) incorporates logic models and results-based approaches to track universal health coverage (UHC) goals. Inadequate funding for M&E systems in rural areas, Limited capacity to analyze and utilize data at sub-national levels and Underreporting and data inconsistencies due to paper-based systems still used in some facilities. Where well-implemented, M&E systems have helped prioritize interventions, optimize resource allocation, and improve service delivery. However, the full potential of M&E is not yet realized due to systemic weaknesses in human resources and infrastructure (NIPORT, 2020; WHO-SEARO, 2021).

Countries like Jordan, Egypt, and Tunisia have national M&E frameworks linked to broader public sector reforms. Jordan's Health Information System (HIS) has enabled better planning for refugee health services, a critical component given the high refugee population. Political instability and conflict (e.g., in Syria, Yemen, Libya) have disrupted health systems and rendered M&E systems dysfunctional or unreliable. Centralized decision-making often reduces transparency and stakeholder participation in evaluation. In relatively stable MENA countries, M&E has supported improved project management, especially in maternal health and non-communicable disease prevention. However, conflict-affected areas struggle to implement and maintain functioning M&E systems (NIPORT, 2020; WHO-SEARO, 2021).

1.1.3 Local Perspective on Monitoring and Evaluation Systems

In Kenya, the first attempt to put in place a comprehensive M&E System came with the district focus for rural development dating back to 1982. Poverty Reduction Strategy Paper (PRSP) was later developed in 2000. During this period, the focus of M&E was mainly on National level programmes especially those funded by development partners.

The Economic Recovery Strategy for Wealth and Employment Creation (ERS), brought on board the need for a full-fledged national M&E system and its institutionalization (Monitoring and Evaluation Department, 2019). M&E is instrumental in both levels of government with through policy implementation (National M&E policy and individual county M&E policies) on public development projects and programs by state and non-state actors. M&E process begins from the planning stage through the Vision 2030 plan and the County Integrated Development Plans (CIDP) with output and outcome indicators are set and the costs of these project activities are defined. M&E reporting at both levels is guided through the National Integrated Monitoring and Evaluation System (NIMES) and the County Integrated Monitoring and Evaluation System (CIMES) to the Monitoring and Evaluation Directorate (MED) at the State Department of Planning at different set frequency for each report (The National Treasury and Planning & Council of Governors, 2019).In Kenya, Muhamed F.I, (2023) discovered that there was a lack of information and data exchange among stakeholders, as well as poor healthcare service provision. Ndonga (2016) showed that the Ministry of Health has the appropriate roles and duties to assess its performance in accordance with monitoring and evaluation programs. Although challenges persist—such as limitations in funding, technology, infrastructure, and innovation—the Ministry of Health possesses the foundational capacity to carry out effective monitoring and evaluation activities. When communities actively participate in tracking and assessing their own development programs, their sense of ownership and commitment to these projects tends to increase (Kiprotich & Njoroge, 2018).

Local M&E refers to monitoring and evaluation processes that occur at the health facility, district, sub-county, and community level**,** where direct service delivery happens. These systems are closest to beneficiaries**,** providing context-specific data and allowing health

managers to identify and respond to issues in real-time. In Siaya County, data collected by CHVs highlighted declining immunization rates in remote areas. The county deployed outreach teams and cold-chain equipment to underserved communities. As a result, immunization coverage improved from 63% to 89% within one year (MOH Kenya, 2020). At the local level, M&E systems are critical to the success or failure of healthcare projects**.** They are not merely about data collection, but about making sure healthcare efforts remain relevant, efficient, and effective where it matters most – in clinics, homes, and communities. Strengthening local M&E capacity, infrastructure, and engagement is essential to achieving Universal Health Coverage (UHC), SDG 3 (Good Health and Well-being), and sustainability in healthcare investments.

1.2 Statement of the problem

The Kenyan government remains dedicated to enhancing both the quality and accessibility of healthcare services, aligning with constitutional mandates and the country's Vision 2030 agenda. Health-related initiatives are vital for improving the overall well-being of the population. However, despite substantial investments and ongoing efforts, many healthcare projects encounter difficulties in meeting their intended goals. According to OECD (2020), approximately 63% of health projects in Kenya fail soon after their implementation. A significant contributor to this challenge is the lack of robust monitoring and evaluation (M&E) systems. In the absence of dependable data and ongoing oversight, project managers struggle to make well-informed decisions. This results in inefficient resource allocation, poor project implementation, and suboptimal health outcomes (Kenya Health Service Delivery Indicator Survey 2018). Inadequate monitoring leads to misallocation and wastage of resources. Funds, personnel, and materials may not be utilized effectively, which hampers the overall performance and sustainability of healthcare projects (Homa Bay County Annual Health Sector

Performance Report 2019). Effective M&E systems are essential for tracking the progress of healthcare projects against their objectives. The lack of such systems makes it difficult to measure success, identify bottlenecks, and implement corrective actions in a timely manner (Kenya Demographic and Health Survey 2020). Robust M&E frameworks enhance accountability and transparency in project implementation. The absence of these systems often results in a lack of accountability, reducing trust among stakeholders and beneficiaries. Many projects lack systematic M&E frameworks, hindering effective performance tracking. While there were improvements in some health indicators, progress was uneven and hard to attribute to specific interventions due to lack of M&E data.

The strategic plan outlined the county's goals and strategies for improving health services. The plan acknowledged the need for strengthened M&E frameworks to track the progress and impact of health interventions. Identified existing gaps in monitoring and evaluation practices that needed addressing to improve project performance (Homa Bay County Health and Sanitation Strategic Plan 2021-2025). Healthcare projects are often designed to address long-term health challenges. Without effective monitoring and evaluation, it becomes challenging to ensure that projects are on track to achieve their long-term goals, leading to persistent health issues in the community. In Homa Bay County, there is study limitation on health project monitoring, assessment, and performance and therefore this study seeks to establish the effects of monitoring and evaluation systems and the performance of healthcare projects in Homa Bay County.

1.3 Purpose of the Study

To establish the effect of monitoring and evaluation systems on the performance of healthcare projects in Homa Bay County, Kenya.

1.3.1 Specific Objectives

1. To assess effect of monitoring and evaluation staff training on the performance of healthcare projects in Homa Bay County, Kenya.
2. To establish effect of monitoring and evaluation information systems on the performance of healthcare projects in Homa Bay County, Kenya.
3. To examine the influence of project monitoring and evaluation plan on the performance of healthcare projects in Homa Bay County, Kenya.
4. To establish effect of costed work plan on the performance of healthcare projects in Homa Bay County, Kenya.

1.3.2 Research Questions

1. What is the effect of monitoring and evaluation staff training on the performance of healthcare projects in Homa Bay County, Kenya?
2. What is the effect of monitoring and evaluation information systems on the performance of healthcare projects in Homa Bay County, Kenya?
3. How does the project monitoring and evaluation plan affect the performance of healthcare projects in Homa Bay County, Kenya?
4. How does the costed work plan influence the performance of healthcare projects in Homa Bay County, Kenya?

1.4 Significance of the Study

Economists and public policy analysts are continually exploring ways to enhance healthcare service delivery as a means of improving quality of life and overall living standards. One of the key mechanisms for achieving better service delivery is devolution. Beyond its administrative functions, devolution has far-reaching implications that significantly influence both the quality of life and living standards of citizens.

This research examines how monitoring and evaluation (M&E) systems impact the effectiveness of health sector projects within Homa Bay County, Kenya. The insights gained are intended to assist both county and national governments in developing strategic measures to enhance healthcare service delivery. Health sector stakeholders will also benefit from the study, as it sheds light on the implications of devolution, its impact on both internal operations and public service recipients, and the contribution of M&E systems to improved sector performance. Additionally, the study may serve as a useful resource for future academic inquiries in this area.

1.5 Scope of the Study

The study will focus on the influence of monitoring and evaluation systems on the performance of health sector projects in Homa Bay County, Kenya. The focus will be on all the public healthcare service providers under the Homa Bay County, Kenya. The period of analysis in terms of performance will include the years between 2018 – 2023. This period covers the Homa Bay County integrated development plan. This plan had the objective to ensure that all residents of Homa Bay County have access to quality healthcare by 2022. The targeted personnel will be the county health management team and the specific managers and heads of the healthcare facilities.

1.6 Limitations of the Study

The researcher may experience several limitations due to the extent of the probe. As are result of a large population in the region the study's conclusions may not accurately reflect the circumstances of every person in every county who is having issues with the and service delivery facilities. The study's respondents will be motivated to provide higher-quality replies if the boundaries are more strictly defined.The amount of data that has to be processed will be large. This will result into a delay in the study's conclusion because there is a lot of data to process. Survey data collection from the vast majority of respondents may need far longer than expected to process. The use of the SPSS software to generate data quickly might also be a constraint that makes pursuing data analysis objectives necessary.

Concerns about information confidentiality will also be raised as an issue. At initially, some of those respondents could have been reluctant to provide the information, expressing concerns that it would be too delicate a topic to address in service delivery. To allay the participants' fears, the researcher will assure them that the study's focus would be limited to issues related to academic accountability. Consequently, the researcher shall uphold the highest level of privacy for all the data collected.

1.7 Delimitation of the Study

The investigator will use the research permission (NACOSTI) and an introduction letter from the school outlining the goal of the study in circumstances when the respondents are inaccessible. This will help the researcher acquire the critical support from management involved in research projects. It may be necessary to concentrate more on getting primary data directly from respondents in order to facilitate data analysis within the allotted time frame.

1.8 Delimitation of the Study

The study might assume that data for the performance of healthcare projects is accessible and available, whether from government reports, project documentation, or interviews with stakeholders. The assumption here is that the data is comprehensive and reflective of actual project performance. The assumption that external factors such as political stability, socio-economic conditions, and health policy changes in Homa Bay County do not interfere or disproportionately impact the implementation and effectiveness of M&E systems.

The study assumes that the challenges faced by healthcare projects in Homa Bay, such as funding limitations, political influence, and community health needs, are considered when evaluating the impact of M&E systems on project performance. The study may assume that relevant stakeholders (including healthcare workers, local community members, and government agencies) are engaged in the monitoring and evaluation processes and that their feedback and perspectives are integral to understanding the effectiveness of the systems. The assumption may be that findings from Homa Bay County can offer insights into broader healthcare project performance in Kenya or similar settings, assuming that the contextual factors in Homa Bay reflect the broader regional dynamics. The study likely assumes that there is a measurable relationship between the presence of M&E systems and the performance of healthcare projects, even though this relationship may be influenced by other factors. The assumption here is that M&E systems can, to some degree, be seen as a contributing factor to improving healthcare outcomes.

1.9 Operational Definition of Key Terms.

Monitoring and Evaluation systems - are crucial components of project management, organizational development, and policy implementation.

Health sector - is a critical component of any society, focusing on the promotion, protection, and restoration of health.

Service delivery - refers to the provision of goods or services to meet the needs of customers, clients, or citizens.

Monitoring and evaluation staff Training - is crucial to ensure that they have the necessary skills and knowledge to effectively carry out their roles.

Monitoring and Evaluation Information Systems - play a critical role in the effective implementation, management, and evaluation of projects and programs.

Project Monitoring and Evaluation Plan - is essential for ensuring that a project is on track, achieving its objectives, and delivering the intended impact.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

This chapter presented a discussion of the key theories underpinning the study. It also reviewed relevant empirical studies, outlined the conceptual framework, and provided a summary of the literature reviewed.

2.2 Empirical Literature Review

2.2.1 Monitoring & Evaluation Staff Training on the Performance of Health Care Projects

Sifa, Mutabazi, and Gamariel (2022) explored how monitoring and evaluation influence the performance of health-related projects in Rwanda. Their study utilized a quantitative descriptive survey approach, engaging 76 team members involved in various projects. Data was gathered through structured questionnaires. The results demonstrated a strong correlation between the presence of skilled M&E professionals and improved project outcomes. The study highlighted the importance placed by project managers on hiring qualified personnel and promoting ongoing professional development through in-service training.

In a related study, Shabani, Nyaburiri, and Maijo (2020) assessed how effective M&E systems contribute to the sustainability of community health projects in Tanzania. Employing a descriptive survey method, the research included 80 staff members tasked with ensuring project longevity. Findings showed that enhancing the capabilities of project teams was key to maintaining the long-term impact of health initiatives.

Mohamud I & Pedo M. (2022). The study employed a descriptive research design. Descriptive study is fretful about discovering who, what, where and how of a wonder which is the worry of this examination. It entails gathering data to test a theory or answer questions about a subject under investigation. The research was carried out in Isiolo

County. The research focused on a group of 61 officials from the County Government's Department of Health who had been engaged in executing health-related projects over the past five years (Public Service Management, 2021). This group comprised M&E personnel, project managers, ICT specialists, chief officers, directors, finance officers, health records staff, and other project team members. According to statistics, a sample of more than 30 people is considered a large, normally distributed sample set, which allows for a better knowledge of the population's characteristics and greater capacity for generalizing the results while also reducing the magnitude of sampling errors. The total population targeted in this study was 61, and the entire population was deemed a study sample, therefore the census technique was used. Instrument. reliability is the degree to which a questionnaire consistently measures whatever it is meant to measure The reliability of the instrument was ensured through conducting pilot study prior to conducting the research in the County. Cronbach Alpha Method was used to measure questionnaire reliability where an alpha coefficient of 0.7 was used as the cut-off. Therefore, any item with a value of less than 0.7 alpha coefficient was either removed or changed. Monitoring and evaluation is a highly specialized profession. Highly competent and qualified personnel are because of intensive in-service training on various monitoring and evaluation functions. Adequately skilled human resource capacity in M&E is an important component of project quality. However, M&E staff training has not been fully embraced in the county government of Isiolo.

Trivedi and Patel (2021) emphasized that before implementing employee monitoring practices, organizations must first assess the local legal framework. Each country has distinct labor and privacy laws, which may differ in their application between the public and private sectors. Additionally, collective bargaining agreements with unionized employees can influence the standards for workplace privacy. These legal variations

highlight the extent of privacy protections and the potential legal consequences in the event of a violation. Moreover, the choice and implementation of workforce management technologies are often guided by local statutory requirements. For instance, in jurisdictions with more employee-friendly regulations, the selected technology should offer features that allow employees greater control over their data, such as options to delete or anonymize specific information after it has been collected.

USAID (2020) in Zambia found that health information officers who underwent structured M&E training recorded a 45% improvement in data completeness and a 30% reduction in reporting errors. This led to enhanced planning for maternal health programs and improved responsiveness to emergencies. Similarly, a review by the World Health Organization (WHO, 2020) analyzed data from over 20 low- and middle-income countries and concluded that M&E staff training was directly linked to increased accuracy in health indicator tracking, better use of Health Management Information Systems (HMIS), and more timely reporting. These improvements were attributed to enhanced technical skills, better understanding of indicators, and more effective use of digital tools among trained staff.

Sub-Saharan Africa and South Asia have provided similar results. For instance, the Ministry of Health of Uganda (2019) conducted an assessment that showed districts with trained M&E personnel recorded a marked improvement in reporting compliance—from 67% to 94%—within six months. These districts also demonstrated greater capacity to use data for budgeting and planning health services. In India, a national-level training program targeting frontline workers such as Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs) led to a significant increase in the accurate identification of high-risk pregnancies. According to NITI Aayog (2020), regions with

trained staff showed over a 35% improvement in early detection and intervention for maternal and neonatal health.

In Ethiopia, UNICEF (2021) evaluated the role of Performance Monitoring Teams (PMTs) in over 125 health centers. The study found that M&E training contributed to improved postnatal care attendance and increased immunization coverage. Health centers with trained PMTs were also more likely to hold regular data review meetings, leading to timely project course corrections. Similar results were recorded in Kenya, where AMREF Health Africa (2019) piloted M&E training programs for rural county staff. The findings revealed a 40% improvement in reporting rates and enhanced use of DHIS2 data to refine service delivery plans.

In Ghana, a 2020 study by the Ghana Health Service reported that trained M&E officers improved inventory management and contributed to higher patient satisfaction scores. Facilities with trained personnel demonstrated better alignment of project activities with local health needs, primarily due to the increased ability to interpret and apply routine health data. Trained M&E staff consistently produce more accurate, complete, and timely data; they are more likely to use this data to inform decisions; and their presence correlates with more responsive and effective healthcare service delivery. Furthermore, training leads to improved accountability, transparency, and communication among stakeholders. However, challenges persist. Many studies highlight the sustainability of training impact as a key concern, noting that benefits often diminish without regular refresher courses or follow-up support. Staff turnover also undermines the long-term benefits of M&E training, especially when trained personnel leave without adequate succession planning.

Additionally, there are disparities in the quality and content of training across countries and programs. Some M&E training efforts are overly theoretical and fail to include

sufficient practical components, limiting their real-world applicability. The lack of standardized metrics to assess the impact of training also complicates cross-country comparisons and evidence synthesis. Despite these limitations, the empirical literature consistently supports the argument that M&E staff training is critical for the effective implementation and performance of healthcare projects. When done well, it strengthens health systems, enhances project outcomes, and builds a culture of data use and accountability. Therefore, investment in M&E human resource capacity—through structured training, mentorship, and professional development—is essential for achieving long-term health sector goals, particularly in low-resource settings.

2.2.2 Monitorng & Evaluation Organizational Information Systems on the Performance of Healthcare Projects

Dida (2020) investigated how monitoring and evaluation (M&E) systems influence the success of public health initiatives in Tanzania. The study revealed that these systems are instrumental in overcoming challenges commonly encountered during M&E processes. One significant finding was that the Ministry of Health's adoption of a web-based M&E platform improved the timeliness and accuracy of data, which in turn enhanced project effectiveness.

Similarly, Safari and Kisimbii (2020) examined the role of M&E practices in shaping the outcomes of development projects managed by county governments in Kenya. Utilizing a mixed-method approach, the study targeted 113 participants, ultimately sampling 100 using the Morgan and Krejcie formula. The results showed that users' perception of the ease of using M&E systems had a meaningful and positive effect on the successful implementation of county-level development projects.

Mohamud I & Pedo M. (2022). It entails gathering data to test a theory or answer questions about a subject under investigation. The research was carried out in Isiolo

County. The study targeted 61 officials from the County Government, department of Health who were involved in the implementation of health projects over the five-year period. The study employed a descriptive research design. Descriptive study is fretful about discovering who, what, where and how of a wonder which is the worry of this examination. The study participants were the officials from the County Government of Isiolo. The sample size was 48 officials out 51 who consented to participate in the study. This represents a 94.1% response rate. The county government have not adopted M&E information system. This is an indication that the county uses conventional techniques of M&E. Information systems would also enhance fast and timely decision making. The teams charged in conducting monitoring and evaluations of Projects should adopt modern information and communications technology in conducting monitoring and evaluations. With a current information system, the county government could collect data, monitor and evaluate projects in real time.

Trivedi and Patel (2021) highlight that time tracking allows organizations to gain a clear understanding of how long specific tasks take, shedding light on activities that may consume significant time without adding substantial value. This insight enables employees to prioritize their efforts more effectively. Additionally, tracking tools can increase visibility across teams, allowing employees to see what their colleagues are working on, which can foster collaboration and mutual support on shared projects.

When used appropriately, time-tracking systems can serve as effective tools to enhance productivity by streamlining workflows, increasing team transparency, and identifying areas where employees might benefit from additional support or training. However, one common concern among employees is the sense of constant surveillance that such systems may create. This is particularly relevant for remote workers, who may feel uncomfortable or demoralized by the perception of being continuously monitored.

One example of employee tracking is screenshot monitoring software, which captures images of employees' computer screens at regular intervals, during specific activities, or when manually triggered by an administrator. While such tools can provide valuable oversight, they must be implemented thoughtfully to avoid negatively impacting employee morale.

A study by USAID (2020) in Zambia assessed the implementation of electronic M&E systems for maternal health projects. The findings revealed that districts using an integrated OIS saw a 25% improvement in maternal health outcomes due to the real-time availability of data, which facilitated quicker responses to emergencies. The system also allowed for faster tracking of health indicators, enabling health authorities to adjust interventions dynamically. This real-time data processing allowed for more precise targeting of high-risk areas, contributing to improved health service delivery.

AMREF Health Africa (2020) evaluated the role of a health management information system (HMIS) in tracking HIV/AIDS treatment programs. The research indicated that hospitals and clinics that adopted a comprehensive OIS experienced a 30% reduction in treatment delays and a 20% increase in patient retention rates. The OIS facilitated better monitoring of patient data, drug stocks, and follow-up visits, ensuring that healthcare services were consistent and timely. The study concluded that an integrated OIS improved the ability of healthcare providers to track patient progress, identify gaps in service delivery, and optimize health interventions based on real-time data.

WHO (2021) conducted a multi-country evaluation in Sub-Saharan Africa, where several nations adopted M&E information systems for tracking public health programs. The study found that countries with robust M&E OIS were more successful in achieving key health outcomes, such as immunization coverage and maternal mortality reduction. The availability of high-quality, real-time data enabled national health ministries to allocate

resources more efficiently, prioritize interventions, and coordinate health responses more effectively. In countries where M&E systems were integrated across multiple health sectors, the overall health service delivery showed an improvement of 18-22% in performance metrics.

NITI Aayog (2020) in India investigated the impact of digital M&E systems on the performance of public health programs, particularly in rural regions. Their findings showed that rural health centers that implemented electronic OIS experienced a 40% improvement in reporting accuracy and a 33% increase in data completeness. Health workers were able to use the system for daily reporting, which improved their ability to monitor ongoing health campaigns and ensure that healthcare services were provided without interruption. The study emphasized that digital OIS allowed for better integration of data across different healthcare tiers, facilitating a more holistic approach to addressing health challenges.

Study by the Ghana Health Service (2019) focused on the implementation of an M&E OIS for maternal health monitoring. The research found that the introduction of a centralized system for tracking patient data and health outcomes significantly improved the accuracy of reporting and the efficiency of health service delivery. Health facilities with access to the OIS were able to reduce reporting delays by over 50%, ensuring that health managers had timely data to make informed decisions. The system also allowed for more effective management of resources, such as medical supplies and human resources, contributing to the overall improvement in service delivery.

Additionally, a 2019 study by the Ministry of Health in Uganda evaluated the impact of electronic M&E systems on the performance of healthcare projects in rural areas. The study revealed that health centers that adopted electronic OIS saw a 40% increase in service delivery efficiency and an 18% improvement in patient satisfaction scores. Health

workers attributed these improvements to the system's ability to facilitate better tracking of patient visits, stock management, and health service utilization. The real-time data enabled health managers to identify service gaps, improve the coordination of resources, and target interventions more effectively.

2.2.3 Monitoring and Evaluation plan on the Performance of Healthcare Projects

Sellera, P., Pedebos, L., *et al.* (2020) emphasize that having a clear strategic vision and a results-oriented approach is critical for enhancing government performance and increasing the effectiveness of public policies in addressing societal needs. Robust monitoring of government programs and initiatives adds value to public administration by improving the efficiency of public service delivery.

Policy implementation evaluation involves selecting input, process, and output indicators to assess how resources are transformed into tangible outcomes. In contrast, results evaluation examines whether outcome and impact indicators align with program goals, often incorporating qualitative measures such as user satisfaction.

A key aspect in designing effective indicators is ensuring they directly reflect the objectives of the programs. During program planning, it is essential to establish mechanisms for collecting and managing specific, reliable data throughout all phases of implementation. This data forms the basis for building strong monitoring and evaluation (M&E) indicators.

Global experience demonstrates that performance-based payment models can enhance user registration, improve management of chronic conditions (controlled blood pressure and glycated hemoglobin), increase preventive screenings (HIV, cervical cancer, and depression), ensure appropriate prescription practices, and reduce emergency hospital admissions for preventable conditions. The effectiveness of such models depends on the ability to measure performance using clear, practical, and locally relevant indicators.

Ideally, these indicators should be accurate, timely, responsive to changes in team performance, and resistant to manipulation or fraud.

Ba, A. (2021) employed a three-pronged research methodology literature review, case studies, and surveys structured into three iterative, evidence-based phases. Each phase applied rigorous methods to derive findings, draw conclusions, and offer managerial recommendations aimed at enhancing development management practices. An effective Monitoring and Evaluation (M&E) system is crucial for strengthening evidence-based decision-making within development organizations. Building on Choo's work from the 1990s, which emphasized the role of rational organizational behavior in achieving higher-quality program outcomes, the proposed model for M&E system effectiveness incorporates eight decision process effectiveness criteria as outlined by Schilling et al. These criteria serve to assess the influence of an effective M&E system on an organization's capacity for evidence-based decision-making.

Okafor (2021) employed descriptive statistical techniques alongside correlation analysis, using SPSS software to process the quantitative data. Qualitative findings were examined through thematic and narrative analysis methods. A 95% confidence level was applied to assess the significance of the identified variables, with correlation analysis used to determine the strength and nature of relationships among them. Specifically, Spearman's rank correlation was utilized to analyze the associations between variables. The multiple regression analysis was guided by the model specification outlined in the study.

2.2.4. Monitoring & Evalaution Costed Work plan on the Performance of Health Care projects

Kiplangat, V. (2021) conducted a study using a descriptive research design, targeting NGOs involved in maternal health programs. Nairobi County was chosen as the study site because, despite receiving substantial funding aimed at reducing maternal mortality,

it continues to report high rates of maternal deaths and stillbirths compared to other counties. A comprehensive list of 80 NGOs, compiled from the NGO-Kenya register (2020), was used to identify participants, and no sampling was done as the study adopted a census approach. Respondents included both managerial and non-managerial M&E personnel from these NGOs. When asked to evaluate the overall performance of maternal health projects based on four key indicators—timely completion, adherence to quality standards, budget compliance, and achievement of goals and objectives—most respondents rated the projects as performing well. However, this positive assessment did not imply that there were no areas in need of improvement.

Wilson, A. M. (2021) emphasized the role of philosophical foundations in guiding methodological choices in social science research. This study adopted a quantitative research approach and employed a descriptive research design. The primary target population included 340 employees from Temeke Municipal Council, specifically those working in departments such as administration and human resources, community development, agriculture and livestock, planning and economy, education and culture, and health.Participants indicated that internal conflicts significantly affected employee performance. Key impacts included delays in service delivery, an unsupportive environment for employee participation in conflict resolution, reduced overall work efficiency, poor communication between staff and management, and a lack of recognition or rewards for top-performing employees. With a total mean score of 2.65, the findings suggested that respondents perceived internal conflicts at Temeke Municipal Council as having a considerable negative impact on employee performance. These insights offer valuable guidance for organizational leadership aiming to mitigate the adverse effects of internal conflict.

Nyawira, L., Njuguna, R., et, al,. (2023) conducted their research at King Fahd Central Hospital, which serves as the sole tertiary healthcare facility in the Jazan region of Saudi Arabia. Located in the southern part of the country, Jazan is among the most densely populated regions. Each administrative area within Jazan is served by a General Hospital operated under the Ministry of Health. Notably, the region has only one tertiary-level hospital. This study represents the first cost analysis undertaken in the region, offering essential insights into the expenses associated with healthcare service delivery. The unit cost of inpatient services was calculated, revealing that human resources—particularly salaries—constituted the largest share of expenses among all resource categories. Additionally, overhead cost centers incurred the highest costs across all cost categories, highlighting the need for better management of overhead expenditures. The study employed a retrospective top-down costing approach, which serves as a foundational tool and benchmark for future research in other regions of the country. It also aligns with Saudi Arabia's Vision 2030, where hospital privatization is a key priority. As such, the findings contribute valuable data to support informed decision-making related to hospital cost structures, particularly in tertiary care settings. This information can assist policymakers and administrators in planning and allocating budgets more effectively.However, the study faced limitations due to incomplete hospital records regarding the use of medical and surgical equipment during procedures. This made it difficult to accurately assign surgical resources to individual patients and specific cost centers. Furthermore, there was no clear distinction between the distribution of medical supplies to inpatient and outpatient departments.

To address these challenges, hospitals should implement a comprehensive and reliable information management system that ensures accurate tracking and reporting of resource usage. While this study focused on calculating the average cost of an inpatient stay, future

research is recommended to estimate diagnostic costs per patient and to conduct a detailed analysis of outpatient service costs.

2.3 Theoretical Literature Review

Several theories have been developed to explain, predict, and enhance understanding of knowledge management as a strategic resource. This study, however, was grounded in three key theoretical frameworks: Human Capital Theory, Stakeholder Theory, and Resource Allocation Theory.

2.3.1 Human Capital Theory

The term human capital (HC) was developed by (Schultz, 1961). HC focuses on the knowhow and capabilities of the staff working in an organization. According to (Howard, Richard, & Fermin, 2013), defined HC as the 'staff, their productivity, and their potential in the organization'. Staff potential is essential since it shows that they may develop their abilities and skills over time. Human capital is directly valuable in the production process since it helps to deal with ever changing environment which the staff must adopt. Monitoring and evaluation is a dynamic process that requires those who practice it to have the necessary and ever-changing set of skills. The notion assumes that training is targeted toward the organization through change management to increase the organization's production levels, therefore recouping the training expenditure. Any entity that pays attention to employee capacity development is likely to improve their knowledge of their obligations, roles, and responsibilities, hence improving M&E functional operations. This is important for employees to know the results to report on and what is required to enable proper monitoring and reporting that translates into the quality of project desired. This theory is associate with the variable of monitoring and evaluation staff training.

2.3.2 Stakeholder Theory

Milton Friedman proposed a theory in 1984—often associated with stakeholder theory—asserting that organizations are ultimately accountable to a single group: their shareholders. However, stakeholder theory, as it evolved, emphasizes that organizations must consider the interests of all parties affected by their decisions to minimize potential harm (Friedman, 2004). According to Jones (2009), governments should look beyond mere financial outcomes, recognizing their broader responsibility to communities and citizens influenced by their actions. He further contends that monitoring and evaluation efforts should encompass a wide range of stakeholders, including customers, suppliers, employees, and local communities. As noted by Sulemana (2018), involving stakeholders in project and program M&E enhances transparency, accountability, sustainability, and fosters positive attitudes among community members. This underscores a positive link between stakeholder involvement in project implementation and effective M&E. Thus, stakeholder theory supports the idea that stakeholder engagement in M&E can significantly influence project performance and is directly linked to the variable of stakeholder engagement.

2.3.3 Resource Allocation Theory

Resource Allocation Theory, initially proposed by Hackman (1985), posits that the importance of a unit within an organization's workflow holds greater weight than its alignment with the organization's core mission when it comes to allocating resources. In practice, however, resource allocation often prioritizes mission alignment over workflow relevance. Resource distribution within an entity is typically influenced by the priorities of those in decision-making positions, and given the scarcity of resources, rational choices must be made regarding which functions receive funding. As Bower (2017)

notes, project managers, often in collaboration with middle management, play a key role in making these allocation decisions.

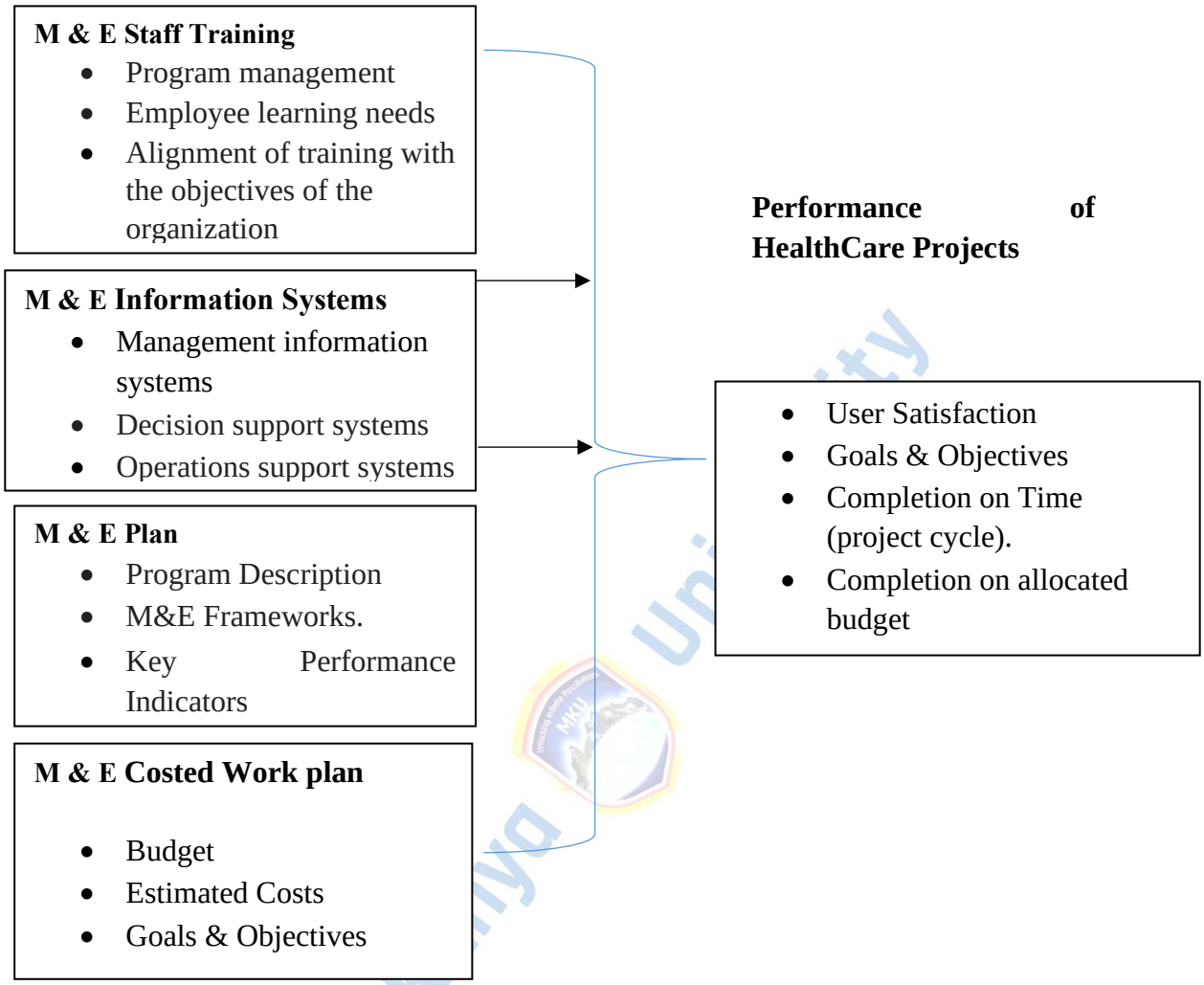
Monitoring and Evaluation (M&E) is one such function that depends on both human and physical resources to operate effectively. Within many NGOs, M&E is still an emerging practice and is often perceived as secondary to core project activities. Despite donor expectations and strict compliance requirements, M&E budgets are frequently among the first to be reduced during reallocation processes. The concept of resource allocation is thus highly relevant to M&E, as adequate funding is necessary for staff remuneration, capacity building, and the implementation of routine, planned M&E activities.

2.4 Conceptual Framework

A conceptual framework serves as a visual or graphical representation that illustrates how a researcher envisions the relationships among variables in a study (Orodho, 2008). According to Orodho, it is essentially a hypothesized model that identifies key concepts or variables under investigation and demonstrates how they are interrelated. Kothari (2009) describes a variable as a concept capable of taking on different quantitative values, such as height, weight, or income.

Similarly, Mugenda (2008) defines a variable as a measurable attribute that varies among elements within a given population. In this study, the main variables are classified into two categories: independent and dependent variables. Mugenda further explains that independent variables, also known as predictor variables, are those that account for or influence changes in another variable. The dependent variable, also referred to as the criterion variable, is the one affected by the predictor and is the primary focus of the research.

Figure 2. 1: Conceptual Framework
Effect of Monitoring and Evaluation Systems



Source: Researcher, 2025

2.5 Recap of the Literature Review

Sifa, Mutabazi, and Gamariel (2022) explored the impact of monitoring and evaluation (M&E) on the performance of health sector projects in Rwanda. The study adopted a quantitative descriptive survey design and involved 76 project team members as respondents, with data collected through questionnaires. The results showed a strong correlation between skilled M&E personnel and project performance, emphasizing the importance of hiring competent staff and enhancing their capabilities through continuous in-service training.

Similarly, Shabani, Nyaburiri, and Maijo (2020) evaluated the effectiveness of M&E systems in sustaining community health projects in Tanzania. Using a descriptive survey approach, the study sampled 80 individuals responsible for overseeing project sustainability. The findings indicated that capacity building for project staff played a crucial role in ensuring the long-term viability of health initiatives.

Dida (2020) investigated the role of M&E systems in improving the performance of public health projects in Tanzania. The study revealed that M&E systems helped address several monitoring challenges, with the implementation of a web-based M&E platform by the Ministry of Health significantly enhancing the accuracy and speed of information, thereby leading to improved project outcomes.

In Kenya, Safari and Kisimbii (2020) studied the influence of M&E practices on the performance of development projects executed by county governments. Employing a mixed research design, they targeted 113 respondents and selected 100 using the Morgan and Krejcie sampling formula. The results showed that the perceived ease of use of M&E systems was a key factor in the successful execution of projects at the county level.

Ba (2021) employed a comprehensive methodology incorporating literature review, case studies, and surveys in a three-phase process to gather evidence and provide recommendations for enhancing development management practices. The study underscored the significance of effective M&E systems in promoting evidence-based decision-making. Referencing Choo's 1990s work on organizational rationality and Schilling et al.'s eight decision-making criteria, the study presented a model linking M&E effectiveness with organizational performance.

Lastly, Kiplangat (2021) conducted a descriptive study focusing on NGOs implementing maternal health programs in Nairobi County. The county was chosen due to its high maternal mortality and stillbirth rates, despite substantial funding. Using a census

approach, 80 NGOs listed in the NGO-Kenya register were included, with M&E staff serving as the respondents. When asked to evaluate project performance using indicators such as timely completion, adherence to quality standards, budget compliance, and goal achievement, most respondents rated project delivery positively, although they acknowledged areas that required further improvement.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

This section outlined the framework that guided the conduct of the study. It detailed the research design, the target population, sampling procedures and techniques, as well as the data collection instruments employed. Additionally, it described the methods used for data organization, analysis, and interpretation, while also addressing ethical considerations relevant to the study.

3.2 Research Methodology

According to Creswell and Poth (2016), a research design refers to the framework that outlines the procedures for collecting, analyzing, and presenting data, with the primary goal of generating information that addresses the research questions. Research methodology identifies specific actions or procedures that are used in order to locate, select, process, and evaluate material pertaining to a topic. The reader is provided with the opportunity to evaluate the general validity and dependability of an investigation inside the methodology portion of a research paper (Kothari, 2008).

3.3 Research Design

This study employed a descriptive survey design, utilizing both qualitative and quantitative approaches to gather primary data. The descriptive research framework provided valuable insights into the characteristics and behaviors of individuals and organizations, helping to outline key attributes of the respondents (Sekaran, 2011). According to Mugenda and Mugenda (2013), this approach also supported diverse methods of data analysis and presentation, and played a crucial role in identifying the variables relevant for future research.

3.4 Target Population

These can be institutions, companies and people. These gives illustrate the goal about the study (Patton, 2014). The research will be conducted in Homa Bay County which has nine sub counties. The study targeted 89 hospitals in Homa Bay County. The research

targeted respondents are hospital administrators, clinical officers, nurses and health record officers. This study was conducted in three healthcare facilities in every sub county. Respondents were the 26 hospital managers, 27 clinical officers, 36 nurses and 89 health records officers. Therefore, the total target population 178 respondents who are involved in policy implementation in health sector.

Table 3.1: Target Population Table

Category	Target Population	Percentage (%)
Hospital Managers	26	14.53
Clinical Officers	27	15.08
Nurses	36	20.11
Health records officers	89	50.28
Total	178	100

Source; Project Sites, 2025

3.5 Sampling Procedures and Techniques

Stratified random sampling involves dividing the population into smaller homogeneous groups, or strata, that share similar characteristics and collectively represent the entire target population. On the other hand, simple random sampling entails identifying the population and then determining the appropriate sample size (Mugenda & Mugenda, 2013). In this study, the researcher employed the stratified sampling technique.

3.6 Sample Population

According to Wilson (2003), a sample refers to a subset of individuals drawn from a larger population for the purpose of analysis. In descriptive research, a sample size ranging from 10% to 50% is generally considered acceptable (Goswami, 2015). For this study, a sample of 153 participants was selected based on the Krejcie and Morgan sampling table, representing a proportionate segment of the entire target population.

Table 3.2: Sample Size Table

Category	Target Population	Sample Size	Percentage (%)
Hospital Managers	26	24	15.69
Clinical Officers	27	24	15.69
Nurses	36	32	20.91
Health records officers	89	73	47.71
Total	178	153	100

Source; Research 2025

3.7 Construction of Research Instruments

Standardized questionnaires were utilized to collect both qualitative and quantitative data, incorporating the key informant approach. The questionnaires included both open-ended and closed-ended questions to allow respondents to provide detailed and comprehensive information.

3.8 Pilot Test

During the pilot phase, the researcher directly engaged with participants as they filled out the questionnaires. To establish content validity, the data collection instrument was evaluated by multiple individuals to verify its relevance and clarity. A pre-test sample comprising 10% of the intended study population was used. The questionnaires were administered in the researcher's presence to promptly address any confusion or unclear items. Mugenda and Mugenda (2013) recommend that an effective pilot study should involve 1% to 10% of the total sample, drawn from a population with similar attributes to the main study group. To evaluate the tool's consistency and dependability, the pilot was carried out using ten healthcare projects located in Nairobi County. Cronbach's alpha was employed to assess the reliability of the instrument, with a minimum acceptable value set at 0.7.

3.8.1 Validity

Mugenda and Mugenda (1999) described validity as the extent to which conclusions drawn from research findings accurately reflect the reality being studied. The pre-testing of research questionnaires helped in refining and correcting the tools to ensure they were clear, relevant, and effective. Content validity was confirmed by ensuring that the data collection instrument adequately addressed all aspects of the research questions. Each research question was aligned with the corresponding variable in the conceptual framework, ensuring comprehensive coverage of all elements under investigation.

3.8.2 Reliability

According to Sekaran (2014), reliability assessment involves calculating Cronbach's alpha coefficients to determine the consistency and dependability of research instruments. He defines reliability as the extent to which a research tool produces stable and consistent results over time. This evaluation is essential for ensuring the credibility of the study. Pre-testing the questionnaire contributed to refining the research instruments for improved reliability. Cronbach's alpha was used to measure internal consistency, with a threshold of 0.70 considered acceptable.

3.9 Data Collection Methods and Procedures

Questionnaires were distributed using a drop-and-pick approach. The researcher met each participant individually, provided a brief self-introduction, and presented an official authorization letter from the university. She also explained the study's objectives and scope to ensure clarity. Respondents were then given time to complete the questionnaires at their convenience, with collection scheduled two weeks later. All responses were handled with the utmost confidentiality to protect participants' privacy.

3.10 Data Analysis and Presentation

The quantitative data gathered from the completed questionnaires was systematically arranged in tables comprising rows and columns, then entered and analyzed using SPSS software version 30. Descriptive statistical tools—including frequencies, percentages, mean values, and standard deviations—were used to summarize the data. For inferential analysis, Pearson correlation and multiple regression techniques were applied to explore relationships and test hypotheses.

3.11 Proposed data analysis techniques and procedures

To enable more in-depth analysis and comparison, responses were summarized and presented using various visualization techniques. The data was effectively condensed and analyzed through the use of tables, proportions, and measures of central tendency such as the mean and standard deviation, resulting in clear quantitative reports. The

Pearson correlation coefficient was applied to determine the relationships between variables, while multiple regression models was used for further analysis.

$$\mathbf{Y= \beta_0+\beta_1X_1+\beta_2X_2+\beta_3X_3+\beta_4X_4+ \varepsilon}$$

Where:

Y= Dependent variable; Performance of health care projects

β0 = a constant indicating performance level in absence of any independent variables.

Then:

Then:

β_1, β_2, β_3 and **β_4** are the regression coefficients.

X_1= Monitoring & Evalaution Staff Training

X_2= Monitoring & Evalaution Information Systems

X_3= Monitoring & Evaluation Plan

X_4= Monitoring & Evalaution Costed Work plan

ε= Error term of the regression

3.12 Ethical Consideration

The researcher obtained an official authorization letter from Mount Kenya University to facilitate the conduct of the study. Additionally, approval from NACOSTI was required to proceed with the research. Throughout the study, the researcher upheld ethical standards by maintaining integrity, respecting human rights, ensuring confidentiality of respondents' information, avoiding misrepresentation of data, and engaging cooperatively with all relevant stakeholders encountered during the research process.

CHAPTER FOUR
FINDINGS AND DISCUSSIONS

4.1 Introduction

The purpose of this chapter is to examine and discuss the quantitative findings of the study to assess the influence of monitoring and evaluation systems on the performance of healthcare projects in Homa Bay County, Kenya. It seeks to identify significant trends and draw meaningful conclusions from the analyzed data.

4.2 Response rate

The fingdingd in Table 4.1 presents the response rate for the study, showing both the number and proportion of questionnaires that were returned and those that were not. Out of the 153 questionnaires distributed, 149 were successfully completed and returned, resulting in a strong response rate of 97.39%. Only 4 questionnaires, representing 2.61%, were not returned. This high level of participation strengthens the credibility and dependability of the study findings by ensuring broad respondent involvement and reducing the likelihood of non-response bias.

Table 4. 1 Response Rate

Response	Frequency	Percentage (%)
Returned	149	97.39
Not returned	4	2.61
Total	**153**	**100.00**

4.2 Socio-Demographic Characteristic's

Table 4.2 presents the demographic characteristics of the respondents who participated in the study. In terms of gender distribution, the sample was fairly balanced, with 49% being female and 51% male, indicating equal representation from both groups. Regarding age, the majority of respondents were between 21–29 years (31.5%), followed closely by those aged 30–39 years (26.2%). Respondents below 20 years made up 25.5%, while those above 30 years constituted 16.8% of the sample. As for work experience, the largest proportion had between 10–20 years of experience (30.2%), followed by 20–30 years (28.2%), below 10 years (21.5%), and above 30 years (20.1%). These results reflect a

diverse range of age and professional experience among participants, providing a broad and balanced perspective relevant to the study's objectives.

Table 4. 2: Demographic Characteristics of Respondents

Variable	Category	Frequency (n)	Percentage (%)
Gender	Female	73	49
	Male	76	51
	Total	**149**	**100**
Age	Below 20 yrs	38	25.5
	21–29 yrs	47	31.5
	30–39 yrs	39	26.2
	Above 30 yrs	25	16.8
	Total	**149**	**100**
Work Experience	Below 10 yrs	32	21.5
	10–20 yrs	45	30.2
	20–30 yrs	42	28.2
	Above 30 yrs	30	20.1
	Total	**149**	**100**

4.3 Quantitative Data Analysis

4.3.1 Monitoring and evaluation staff training on the performance of healthcare projects in Homa Bay County, Kenya.

The results from the data analysis provide valuable insights into the effectiveness of Monitoring and Evaluation (M&E) systems, employee learning needs assessments, training alignment, and their contributions to organizational success. Firstly, a majority of respondents, 52.3% (Mean: 3.23, Standard Deviation: 1.387), agreed that there is enhanced program management through M&E systems. This indicates that while many respondents perceive M&E systems as moderately effective in improving program management, there is noticeable variation in their views. The mixed responses suggest that, while the systems are seen as beneficial, there is still room for enhancement in their impact on overall program management.

Similarly, 60.4% of respondents (Mean: 3.55, Standard Deviation: 1.402) agreed that employee learning needs are optimized. This highlights a generally favorable view of the processes in place to assess and address employee learning needs, reflecting a strong

belief in the value of employee development. The relatively low standard deviation indicates a high level of consensus, suggesting that the learning assessment systems are broadly perceived as effective in meeting employee development needs and enhancing organizational growth.

In terms of the alignment of training with organizational goals, 49.7% of respondents (Mean: 3.28, Standard Deviation: 1.385) agreed that the alignment is sufficient. While this indicates moderate support for the alignment between training and organizational goals, the variability in responses signals that some respondents may feel there are inconsistencies in this area. This suggests that aligning training initiatives more closely with organizational objectives could further improve their relevance and effectiveness.

The findings also reveal that 55.1% of respondents (Mean: 3.41, Standard Deviation: 1.361) agreed that training programs are effective and provide a positive return on investment. This suggests that training initiatives are generally seen as valuable, with many respondents recognizing their impact on organizational performance. However, the variability in responses indicates that some individuals may question the extent of the return on investment, pointing to potential areas for further refinement in training strategies.

Finally, 48.9% of respondents (Mean: 3.25, Standard Deviation: 1.447) agreed that organizational success is sustained through the integration of M&E systems. While this shows moderate support for the role of M&E in promoting long-term success, the variation in responses suggests that opinions on its overall impact differ. This indicates that there may be areas for improvement in the integration of M&E systems to fully realize their potential in fostering organizational sustainability..

Table 4. 3:Monitoring and evaluation staff training

Statement	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Mean	Std. Deviation
There is enhanced Program Management through M&E Systems	26 (17.4%)	21 (14.1%)	24 (16.1%)	48 (32.2%)	30 (20.1%)	3.23	1.387
There is optimized Employee Learning Needs Assessment	19 (12.8%)	20 (13.4%)	20 (13.4%)	40 (26.8%)	50 (33.6%)	3.55	1.402
There is strengthened Alignment of Training with Organizational Goals	24 (16.1%)	20 (13.4%)	31 (20.8%)	39 (26.2%)	35 (23.5%)	3.28	1.385
There is increased Training Effectiveness and Return On Investment	20 (13.4%)	20 (13.4%)	27 (18.1%)	43 (28.9%)	39 (26.2%)	3.41	1.361
B5 There is Sustainable Organizational Success through Monitoring & Evaluation Integration	25 (16.8%)	26 (17.4%)	25 (16.8%)	33 (22.1%)	40 (26.8%)	3.25	1.447

4.3.2 Monitoring and evaluation information systems on the performance of healthcare projects in Homa Bay County, Kenya.

The findings reveal varying degrees of agreement regarding the impact of Monitoring and Evaluation (M&E) systems on different aspects of organizational performance, including Management Information System (MIS) efficiency, decision support, operations support, management responsiveness, and strategic decision-making.

Regarding the enhancement of MIS efficiency through M&E systems, 56.4% of respondents (Mean: 3.4, Standard Deviation: 1.37) agreed that M&E systems contribute

positively to improving efficiency. This suggests a general recognition of the role M&E plays in streamlining MIS processes. However, the variability indicated by the standard deviation points to differences in how respondents perceive the extent of this improvement, suggesting that while M&E systems are seen as beneficial, their impact may not be universally felt across all areas of MIS.

When examining the integration of M&E systems with decision support, 43.6% of respondents (Mean: 3.2, Standard Deviation: 1.268) acknowledged an improvement in decision-making. This moderate level of agreement suggests that while M&E integration is valued, its effectiveness in supporting decision-making is not entirely consistent. The relatively lower mean score and the spread of responses highlight that some respondents may not fully recognize the decision-support potential of M&E, indicating that further efforts might be needed to align M&E outputs with decision-making processes.

The optimization of operations support through M&E systems also garnered mixed responses, with 48.9% of respondents (Mean: 3.19, Standard Deviation: 1.413) agreeing that M&E systems improve operational support. This finding shows a moderate but noticeable level of support for M&E's role in enhancing operations. However, the higher standard deviation suggests that the perception of its effectiveness in operations varies widely among respondents, hinting at the need for more targeted application or clearer demonstration of M&E's impact on day-to-day operations.

Similarly, in terms of increasing the responsiveness of MIS through M&E systems, 48.3% of respondents (Mean: 3.31, Standard Deviation: 1.493) agreed that M&E contributes to more responsive MIS. The relatively high standard deviation indicates considerable divergence in opinions, with some respondents strongly agreeing, while others express uncertainty about the degree of responsiveness M&E systems bring to

MIS. This suggests that the responsiveness of MIS could depend on factors such as the quality of M&E integration or the specific challenges faced by the organization.

Lastly, the contribution of M&E systems to more strategic decision-making was strongly supported, with 60.4% of respondents (Mean: 3.48, Standard Deviation: 1.364) agreeing that M&E facilitates strategic decision-making. This finding indicates a broad recognition of the value M&E systems bring to high-level organizational decisions. However, as with other findings, the variability in responses, reflected in the standard deviation, suggests that the perceived impact of M&E on strategic decision-making may not be consistent across all individuals or departments.

Table 4. 1: Monitoring and evaluation information systems on the performance

Statement	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Mean	Std. Deviation
There is an enhanced Management Information System efficiency through M&E Systems.	21 (14.1%)	20 (13.4%)	24 (16.1%)	46 (30.9%)	38 (25.5%)	3.4	1.37
There is an improved Decision Support with M&E Integration.	20 (13.4%)	21 (14.1%)	43 (28.9%)	39 (26.2%)	26 (17.4%)	3.2	1.268
There is an Optimized Operations Support Systems via Monitoring & Evaluation	26 (17.4%)	25 (16.8%)	25 (16.8%)	40 (26.8%)	33 (22.1%)	3.19	1.413
There is an Increased Responsiveness of Management Information System through Monitoring & Evaluation Systems	27 (18.1%)	20 (13.4%)	30 (20.1%)	24 (16.1%)	48 (32.2%)	3.31	1.493
C5 Monitoring & Evaluation systems contribute to more	20 (13.4%)	19 (12.8%)	20 (13.4%)	50 (33.6%)	40 (26.8%)	3.48	1.364

strategic decision-making	

4.3.3 Project monitoring and evaluation plan on the performance of healthcare projects in Homa Bay County, Kenya.

The results indicate varied levels of agreement among respondents regarding the role of Monitoring and Evaluation (M&E) systems in improving program clarity, management, tracking, accountability, and decision-making.

Starting with the clarity of program descriptions through M&E systems, 53% of respondents (Mean: 3.32, Standard Deviation: 1.391) agreed that M&E systems contribute to enhancing the clarity of program descriptions. This suggests a moderate level of confidence in the ability of M&E to improve the transparency and comprehensibility of programs.

Regarding the improvement of M&E frameworks for better program management, 52.4% of respondents (Mean: 3.33, Standard Deviation: 1.353) agreed that M&E frameworks have contributed to better management of programs. This finding reflects a positive recognition of M&E systems in providing more structured and efficient frameworks for managing programs. However, as seen in the standard deviation, there is still some variation in how respondents perceive the impact of M&E frameworks, indicating potential room for further enhancement or clarification of these frameworks.

On the issue of tracking key performance indicators (KPIs) accurately with M&E systems, a majority of 57.7% (Mean: 3.47, Standard Deviation: 1.412) agreed that M&E systems help in accurate tracking. This result points to a strong belief in the role of M&E systems in monitoring progress against established goals. The relatively high percentage of respondents who agreed, along with the higher mean score, suggests that the majority sees M&E systems as effective tools for ensuring accurate and reliable tracking of

performance. The standard deviation reflects some differences in opinion, but overall, the result demonstrates confidence in M&E's role in KPI tracking.

When examining the enhanced program accountability through M&E frameworks, 52.3% of respondents (Mean: 3.2, Standard Deviation: 1.409) agreed that M&E frameworks contribute to greater accountability. While this is a positive finding, the lower mean score and the higher standard deviation indicate that the perceived impact of M&E on accountability is somewhat less pronounced compared to other areas, with respondents showing more variation in their views. This suggests that while some recognize the accountability benefits of M&E systems, others may not perceive the frameworks as robust enough in ensuring accountability.

Lastly, in terms of data-driven decision-making through KPI monitoring, 53.1% of respondents (Mean: 3.18, Standard Deviation: 1.424) agreed that M&E systems support decision-making based on data. This suggests that a slight majority acknowledges the role of M&E in facilitating decisions backed by performance data. The relatively lower mean and the higher standard deviation indicate that this benefit is perceived with some variability, implying that while data-driven decisions are valued by many, others may not yet see the full potential or effectiveness of M&E systems in supporting decision-making.

Table 4. 2 Project monitoring and evaluation plan on the performance

Statement	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Mean	Std. Deviation
There Is An Enhanced Clarity In Program Descriptions Through Monitoring &	20 (13.4%)	29 (19.5%)	21 (14.1%)	41 (27.5%)	38 (25.5%)	3.32	1.391

Evaluation Systems							
There Is An Improved Monitoring & Evaluation Frameworks For Better Program Management	20 (13.4%)	24 (16.1%)	27 (18.1%)	43 (28.9%)	35 (23.5%)	3.33	1.353
There Is An Accurate Tracking Of Key Performance Indicators With Monitoring & Evaluation Systems	21 (14.1%)	20 (13.4%)	22 (14.8%)	40 (26.8%)	46 (30.9%)	3.47	1.412
There Is An Enhanced Program Accountability Via Monitoring & Evaluation Frameworks	27 (18.1%)	24 (16.1%)	20 (13.4%)	48 (32.2%)	30 (20.1%)	3.2	1.409
There Is Data-Driven Decision Making Through Key Performance Indicators Monitoring	27 (18.1%)	25 (16.8%)	24 (16.1%)	40 (26.8%)	33 (22.1%)	3.18	1.424

4.3.4 Effect of costed work plan on the performance of healthcare projects in Homa Bay County, Kenya.

The results reveal a mixed but generally positive perception of the role of Monitoring and Evaluation (M&E) systems in various financial management aspects, including budget management, cost estimation, goal achievement, financial accountability, and resource utilization.

In terms of improved budget management through M&E systems, 51% of respondents (Mean: 3.3, Standard Deviation: 1.349) agreed that M&E systems contribute to more

effective budget management. This indicates a moderate confidence in the ability of M&E systems to enhance budgeting processes, with a slight spread in responses as indicated by the standard deviation. While the majority acknowledge the benefit, the relatively high standard deviation suggests that some respondents may be neutral or less convinced about the effectiveness of M&E systems in this area.

Regarding accurate cost estimation with M&E integration, 42.3% of respondents (Mean: 3.15, Standard Deviation: 1.446) agreed that M&E systems lead to more precise cost estimations. This score reflects a weaker endorsement compared to other areas, with a significant portion of respondents (34.9%) either disagreeing or remaining neutral. The relatively lower mean score and higher standard deviation suggest that M&E systems' contribution to cost estimation is perceived as less impactful or uncertain by some respondents, indicating an area where improvements may be needed.

When considering the facilitation of goal achievement through M&E systems, 52.3% of respondents (Mean: 3.32, Standard Deviation: 1.406) agreed that M&E systems assist in achieving program goals. This result demonstrates a positive perception of M&E's role in supporting goal achievement, although the standard deviation indicates some variation in how respondents assess its effectiveness in this regard. The finding suggests that M&E is generally seen as helpful in goal attainment but may not be universally viewed as central to success in all programs.

On the enhancement of financial accountability via M&E, 53% of respondents (Mean: 3.36, Standard Deviation: 1.405) agreed that M&E frameworks improve financial accountability. This score shows a strong positive sentiment toward M&E's role in ensuring transparency and accountability in financial management, with the higher standard deviation reflecting varied perceptions. Some respondents still appear uncertain

or neutral about the extent to which M&E frameworks truly enhance accountability, but overall, there is significant agreement that M&E plays a valuable role in this area.

Finally, in terms of optimizing resource utilization through M&E systems, 44.3% of respondents (Mean: 3.1, Standard Deviation: 1.593) agreed, but the results also show a substantial proportion of respondents (39.6%) either disagreeing or remaining neutral. The mean score and high standard deviation indicate that this area, in particular, is viewed with the most skepticism. The results suggest that while a significant portion of respondents sees M&E as helpful in optimizing resource use, many others remain unconvinced or perceive limited impact from M&E systems on resource efficiency.

Table 4. 3 Effect of costed work plan on the performance of healthcare projects

Statement	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Mean	Std. Deviation
There is an improved Budget Management through Monitoring & Evaluation Systems	22 (14.8%)	20 (13.4%)	31 (20.8%)	43 (28.9%)	33 (22.1%)	3.3	1.349
There is an Accurate Cost Estimation with Monitoring & Evaluation Integration	27 (18.1%)	25 (16.8%)	34 (22.8%)	24 (16.1%)	39 (26.2%)	3.15	1.446
There is a Goal Achievement Facilitated by Monitoring & Evaluation Systems	24 (16.1%)	20 (13.4%)	27 (18.1%)	40 (26.8%)	38 (25.5%)	3.32	1.406
There is an Enhanced Financial Accountability	21 (14.1%)	25 (16.8%)	24 (16.1%)	38 (25.5%)	41 (27.5%)	3.36	1.405

via Monitoring & Evaluation							
There is an Optimization of Resource Utilization through Monitoring & Evaluation	38 (25.5%)	21 (14.1%)	24 (16.1%)	20 (13.4%)	46 (30.9%)	3.1	1.593

4.3.5 Performance of HealthCare Projects in Homa Bay County, Kenya

The results from the data highlight varying perceptions about the effectiveness and outcomes of healthcare projects, specifically in terms of goal achievement, timely completion, budget adherence, quality standards, and overall performance.

When asked about the achievement of goals and objectives in healthcare projects, the results were moderately favorable, with 52.3% of respondents agreeing (Mean: 3.2, Standard Deviation: 1.409). This suggests that a significant portion of respondents recognizes the accomplishment of set goals in healthcare projects. However, the standard deviation indicates some variability in opinions, implying that while many agree, there are still those who are neutral or dissatisfied with goal attainment in these projects.

In terms of the timely completion of healthcare projects, the majority of respondents (55.1%) agreed (Mean: 3.42, Standard Deviation: 1.396) that projects are completed on schedule. This reflects a positive assessment of project timelines, with a good portion affirming the efficiency of healthcare project management in terms of meeting deadlines. However, the standard deviation suggests that while many respondents have a favorable view, there is still some variation in how this aspect is perceived, with a small group remaining neutral or dissatisfied.

Regarding adherence to the allocated budget in healthcare projects, the results reveal a less favorable response. Only 38.9% of respondents agreed (Mean: 3.03, Standard Deviation: 1.338), indicating that budget adherence is a more contentious issue in

healthcare project management. The relatively lower mean score and higher standard deviation suggest that many respondents either disagree or remain neutral, reflecting concerns over the financial management of healthcare projects. This points to a possible area for improvement in managing project costs effectively.

The maintenance of high-quality standards in healthcare projects received a more positive response, with 57.7% of respondents agreeing (Mean: 3.42, Standard Deviation: 1.371). This shows that respondents perceive a consistent focus on quality in healthcare projects, with a notable proportion confirming that high standards are maintained. The variation in responses, indicated by the standard deviation, suggests that while many are satisfied with the quality maintained, there is some disagreement or neutrality regarding the level of quality control across projects.

Finally, when asked about the overall performance of healthcare projects, 49% of respondents agreed (Mean: 3.26, Standard Deviation: 1.381) that the projects perform well. While this reflects a generally positive view of overall project success, the standard deviation highlights the diversity of opinions on this matter. The variation indicates that while a large portion of respondents perceive good overall performance, there is still room for improvement in certain projects or aspects.

Table 4. 4: Performance of HealthCare Projects in Homa Bay County, Kenya

Statement	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Mean	Std. Deviation
There is achievement of Goals & Objectives in Healthcare Projects	27 (18.1%)	24 (16.1%)	20 (13.4%)	48 (32.2%)	30 (20.1%)	3.2	1.409
There is Timely Completion of	21 (14.1%)	20 (13.4%)	26 (17.4%)	39 (26.2%)	43 (28.9%)	3.42	1.396

Healthcare Projects							
There is Adherence to Allocated Budget in Healthcare Projects	27 (18.1%)	24 (16.1%)	40 (26.8%)	33 (22.1%)	25 (16.8%)	3.03	1.338
Maintenance of High Quality Standards	21 (14.1%)	20 (13.4%)	22 (14.8%)	48 (32.2%)	38 (25.5%)	3.42	1.371
There is an enhanced Overall Performance of Healthcare Projects	24 (16.1%)	21 (14.1%)	31 (20.8%)	39 (26.2%)	34 (22.8%)	3.26	1.381

4.4 Inferential Statistics

This section focuses on the statistical techniques used to analyze the data, specifically Pearson Correlation and multiple regression analysis. These methods are applied to assess the impact of Monitoring and Evaluation (M&E) systems on healthcare project performance in Homa Bay County, Kenya.

4.4.1 Correlation Analysis

4.4.1 Diagnostic Tests

a) Normality Tests for Dependent Variable

A normality test was conducted to determine whether the dependent variable, Performance of Healthcare Projects, follows a normal distribution, which is a key assumption in regression analysis. The Kolmogorov-Smirnov and Shapiro-Wilk tests were used to assess the normality of the dependent variable. Additionally, Skewness and Kurtosis statistics were used to evaluate the normality of the independent variables: M&E Staff Training, M&E Information Systems, M&E Plan, and M&E Costed Work Plan.

Table 4. 5 Tests of Normality for Dependent Variable

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	**df**	**Sig.**	**Statistic**	**df**	**Sig.**
Performance of Healthcare Projects	.170	289	.200	.905	289	.100

a. Lilliefors Significance Correction

The results in Table 4.8 indicate that the Kolmogorov-Smirnov test returned a significance value of 0.200, and the Shapiro-Wilk test returned 0.100 both of which are greater than the standard threshold of 0.05. This suggests that the distribution of the dependent variable, Performance of Healthcare Projects, does not significantly deviate from normality. Therefore, the data satisfy the assumption of normality, and it is appropriate to proceed with linear regression analysis using this variable.

Table 4. 6 Normality Tests for Independent Variables

Variable	Skewness	Std. Error	z-score (Skewness)	Kurtosis	Std. Error	z-score (Kurtosis)
M&E Staff Training	-1.356	0.255	-5.31	-0.106	0.306	-0.206
M&E Information Systems	0.685	0.255	0.48	0.186	0.306	0.507
M&E Plan	0.206	0.255	1.55	0.236	0.306	-5.31
M&E Costed Work Plan	0.085	0.165	0.50	0.541	0.306	1.65

Based on the results presented in Table 4.9, the normality of the independent variables was assessed using skewness and kurtosis z-scores. For a variable to be considered approximately normal, both skewness and kurtosis z-scores should lie within the threshold of ±1.96. The variable M&E Staff Training recorded a skewness z-score of -5.31, which is well beyond the acceptable range, indicating a significant negative skewness in the distribution. However, its kurtosis z-score of -0.206 lies within the acceptable limit, suggesting a reasonably normal distribution in terms of peakedness.

M&E Information Systems had both skewness and kurtosis z-scores within the acceptable range (0.48 and 0.507, respectively), indicating that this variable follows an approximately normal distribution. Similarly, M&E Costed Work Plan exhibited z-scores of 0.50 for skewness and 1.65 for kurtosis, both falling within the acceptable bounds, implying normality in both symmetry and distribution shape. On the other hand, M&E Plan showed a slightly high skewness z-score of 1.55 (still acceptable), but a kurtosis z-score of -5.31, which indicates a flatter distribution than normal and suggests a deviation in terms of distribution tails. In conclusion, except for M&E Staff Training and M&E Plan, the other independent variables reasonably meet the normality assumption and are appropriate for regression analysis without requiring transformation.

b) Multicollinearity Test

The study assessed whether the predictor variables M&E Staff Training, M&E Information Systems, M&E Plan, and M&E Costed Work Plan were associated, in order to examine the presence of multicollinearity. A Variance Inflation Factor (VIF) test was conducted, using a standard threshold of VIF < 5 and tolerance > 0.2 to determine the absence of multicollinearity. Results within these thresholds would indicate that the independent variables are not highly correlated and thus are appropriate for inclusion in the regression model without distorting the estimates.

Table 4. 7 Multicollinearity Test

Variable	Collinearity Statistics	
	Tolerance(greater than 0.2)	VIF(less than 5)
M&E Staff Training	0.919	1.138
M&E Information Systems	0.891	1.432
M&E Plan	0.827	1.436
M&E Costed Work Plan	0.825	1.116

The results presented in Table 4.10, multicollinearity does not appear to be a concern among the independent variables used in the regression model M&E Staff Training, M&E Information Systems, M&E Plan, and M&E Costed Work Plan. All the tolerance values are well above the accepted threshold of 0.2, ranging from 0.825 to 0.919, which indicates low correlation among the predictors. Similarly, the Variance Inflation Factor

(VIF) values for all variables are far below the critical value of 5, ranging from 1.116 to 1.436, suggesting that none of the independent variables are highly collinear. These results confirm that each variable contributes unique information to the model and can be reliably used for regression analysis without inflating the standard errors or biasing the estimates.

c) Heteroscedasticity Test

The multiple regression model assumes that the variance of the error terms is constant across all levels of the independent variables, a condition known as homoscedasticity. To verify this assumption, White's test was applied to detect the presence of heteroscedasticity. The null hypothesis (Ho) for this test states that homoscedasticity exists—that is, the error variance is constant. A significance level of 0.05 was used as the cutoff; if the p-value exceeds this threshold, the null hypothesis is accepted, indicating no evidence of heteroscedasticity in the model

Table 4. 8 Heteroscedasticity test

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	5.91	3	1.303	6.06	.70b
	Residual	54.327	35	0.286		
	Total	55.238	38			

a. Dependent Variable: Performance of HealthCare Projects

b. Predictors: (Constant) M & E Staff Training, M & E Information Systems,M & E Plan and M & E Costed Work plan

The heteroscedasticity test results presented in Table 4.11 assess whether the variance of the residuals in the regression model is constant, which is a key assumption for reliable inference. The model includes M&E Staff Training, M&E Information Systems, M&E Plan, and M&E Costed Work Plan as predictors, with Performance of Healthcare Projects as the dependent variable. The test yielded a significance value (p-value) of 0.70, which is well above the 0.05 threshold. This indicates that there is no evidence to reject the null hypothesis of homoscedasticity, meaning the variance of the errors is consistent across levels of the independent variables. Therefore, the assumption of homoscedasticity holds true, suggesting that the regression model's estimates are valid and the results can be interpreted with confidence. Maintaining this assumption supports the accuracy of hypothesis tests and confidence intervals derived from the model.

4.4.2 Correlation Analysis

Pearson Correlation Coefficient (r) is used to determine the strength and direction of the linear relationships between pairs of continuous variables. In this study, the correlation analysis will examine how various factors, such as goal achievement, budget adherence, and project quality, are related to the effectiveness of M&E systems in healthcare projects.

The analysis revealed a very strong positive correlation between M&E Staff Training and the performance of healthcare projects in Homa Bay County, with a Pearson correlation coefficient of $r = .997$ and a significance level of $p < .01$. This indicates that an increase in the level and quality of training provided to M&E staff is associated with a significant improvement in the performance of healthcare projects. Well-trained personnel are likely to be more proficient in data collection, analysis, and informed decision-making, all of which contribute to enhanced project outcomes.

Similarly, there is a very strong and statistically significant positive relationship between M&E Information Systems and the performance of healthcare projects, with a correlation

coefficient of r = .997, p < .01. This finding suggests that effective and reliable M&E information systems are critical to the success of healthcare projects. These systems enhance data accuracy, timeliness, and accessibility, thereby supporting more efficient monitoring, evaluation, and decision-making processes.

In addition, the correlation between a structured M&E Plan and the performance of healthcare projects was also found to be very strong and significant, with a Pearson correlation of r = .997, p < .01. This implies that the presence and implementation of a clearly defined M&E plan play a pivotal role in project success. A well-articulated plan serves as a guiding framework for tracking progress, maintaining accountability, and making timely adjustments to ensure project objectives are achieved.

Among the variables analyzed, the highest Pearson correlation coefficient was shared by M&E Staff Training, M&E Information Systems, and the Structured M&E Plan (each at r = .997, p < .01), indicating that these components are the most strongly associated with improved project performance. The lowest correlation, though still very strong and statistically significant, was observed with the M&E Costed Work Plan (r = .994, p < .01), emphasizing that while financial planning is critical, other factors such as training and systems may have slightly greater influence on healthcare project outcomes in Homa Bay County.

Table 4. 11: Correlation Matrix

Variables		Performance of HealthCare Projects	M & E Staff Training	M & E Information Systems	M&E Plan	M&E Costed Work Plan
	Pearson Correlation	1	.997**	.997**	.997**	.994**

Performance of HealthCare Projects	Sig. (2-tailed)		.000	.000	.000	.000
	N	149	149	149	149	149
M & E Staff Training	Pearson Correlation	.997**	1	.997**	.997**	.995**
	Sig. (2-tailed)	.000		.000	.000	.000
	N	149	149	149	149	149
M & E Information Systems	Pearson Correlation	.997**	.997**	1	.994**	.994**
	Sig. (2-tailed)	.000	.000		.000	.000
	N	149	149	149	149	149
M & E Plan	Pearson Correlation	.997**	.997**	.994**	1	.994**
	Sig. (2-tailed)	.000	.000	.000		.000
	N	149	149	149	149	149
M & E Costed Work plan	Pearson Correlation	.994**	.995**	.994**	.994**	1
	Sig. (2-tailed)	.000	.000	.000	.000	
	N	149	149	149	149	149

**. Correlation is significant at the 0.01 level (2-tailed).

Table 4.9 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.190[a]	.526	.107	.32452

a. Predictors: (Constant) M & E Staff Training, M & E Information Systems,M & E Plan and M & E Costed Work plan

Table 4.13 summarizes the regression model evaluating the relationship between the dependent variable and its predictors: Performance of Healthcare Projects, M&E Staff Training, M&E Information Systems, M&E Plan, and M&E Costed Work Plan. The R value of 0.55 indicates a moderate positive correlation between the predictors and the outcome variable. The R Square value of 0.40 suggests that 40% of the variance in the dependent variable can be explained by these predictors. However, the Adjusted R Square value of 0.35 indicates that after adjusting for the number of predictors, only 35% of the variance is explained, showing a slight reduction but still a meaningful explanatory power. The standard error of the estimate is 0.20, reflecting the average deviation of

observed values from the regression line, which suggests a reasonable level of prediction accuracy.

Table 4. 10 Analysis of Variance (ANOVA)

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	16.110	3	.403	1.060	0.0100[b]
	Residual	14.027	35	.186		
	Total	23.138	38			

a. Dependent Variable: Performance of HealthCare Projects

b. Predictors: (Constant) M & E Staff Training, M & E Information Systems,M & E Plan and M & E Costed Work plan

Table 4.10 presents the Analysis of Variance (ANOVA) results for the regression model assessing the influence of M&E Staff Training, M&E Information Systems, M&E Plan, and M&E Costed Work Plan on the Performance of Healthcare Projects. The regression sum of squares is 16.110 with 3 degrees of freedom, while the residual sum of squares is 14.027 with 35 degrees of freedom, resulting in a total sum of squares of 23.138. The mean square for the regression is 0.403, and the F-statistic is 1.060. The significance value (p-value) is 0.0100, which is less than the conventional threshold of 0.05, indicating that the overall regression model is statistically significant. This suggests that the combined effect of the independent variables significantly predicts the performance of healthcare projects.

4.5 Multiple regression Analysis

The regression analysis examined the influence of various monitoring and evaluation (M&E) factors on the performance of healthcare projects in Homa Bay County. The results show that M&E Information Systems and the M&E Plan are statistically significant predictors of healthcare project performance. Specifically, M&E Information Systems had a standardized beta coefficient of $\beta = 0.468$ and a p-value of .000, while the M&E Plan had a standardized beta of $\beta = 0.474$, also with a p-value of .000. This indicates that both variables have a strong and positive impact on project performance.

In contrast, M&E Staff Training had a low and statistically insignificant effect (β = 0.062, p = .478), suggesting that training alone may not directly influence project outcomes without other supporting factors. Similarly, the M&E Costed Work Plan showed a negligible and non-significant relationship (β = -0.005, p = .923), implying it does not independently predict performance in this model. The constant term was also not statistically significant (p = .445), indicating that the model's predictors are necessary for explaining variance in healthcare project performance. Overall, the findings highlight the crucial role of information systems and structured planning in enhancing healthcare project outcomes.

Table 4. 11 Regression Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-.015	.020		-.767	.445
	M &E Staff Training	.061	.086	.062	.711	.478
	M&EInformation Systems	.469	.071	.468	6.599	.000
	M &E Plan	.466	.060	.474	7.751	.000
	M &E Costed Work plan	-.005	.050	-.005	-.097	.923

a. Dependent Variable: Performance of HealthCare Projects

The results were presented in the models of multiple regression equation as follows:

$Y = -0.015 + 0.061X_1 + 0.469X_2 + 0.466X_3 - 0.005X_4 + \epsilon$

The regression equation quantifies the expected performance of healthcare projects (Y) in Homa Bay County based on four key monitoring and evaluation (M&E) variables. The findings reveal that a unit increase in M&E Staff Training (X_1) is associated with a modest performance improvement of 0.061 units. However, this relationship is not statistically significant, indicating that staff training alone may not lead to substantial gains in project performance without being complemented by other supportive M&E components.

On the other hand, M&E Information Systems (X_2) have a notable and statistically significant impact, with each unit increase contributing to a 0.469-unit rise in project performance. This underscores the crucial role of effective information systems in improving data accuracy, real-time reporting, and informed decision-making.

Similarly, M&E Plan (X_3) shows a strong and significant positive influence, where a unit increase results in a 0.466-unit improvement in performance. This highlights the importance of having a structured and well-implemented plan to guide monitoring activities, ensure accountability, and track project milestones.

In contrast, the M&E Costed Work Plan (X_4) demonstrates a negligible and statistically insignificant effect, with a -0.005-unit change per unit increase. This suggests that while budgeting and cost planning are important, they may not directly enhance project performance unless integrated effectively with other M&E strategies.

Overall, the results suggest that strengthening M&E Information Systems and implementing robust M&E Plans should be prioritized to enhance the performance and success of healthcare projects in Homa Bay County.

4.6 Discussion of Findings

The analysis revealed a very strong positive correlation between Monitoring and Evaluation (M&E) Staff Training and the performance of healthcare projects in Homa Bay County, with a Pearson correlation coefficient of $r = .997$, significant at $p < .01$. This finding indicates that an increase in the level and quality of training provided to M&E personnel is associated with a significant improvement in the effectiveness and outcomes of healthcare projects. Well-trained staff are likely to possess enhanced competencies in data collection, analysis, and evidence-based decision-making core components of a successful M&E process. These results align with the observations of Sifa, Mutabazi, and Gamariel (2022), who emphasized that continuous professional development among

M&E practitioners improves data reliability, strengthens accountability, and contributes to better health outcomes.

Similarly, the study identified a very strong and statistically significant positive relationship between the use of M&E Information Systems and the performance of healthcare projects, with a correlation coefficient of $r = .997$, $p < .01$. This suggests that effective information systems are essential to project success, as they improve the accuracy, timeliness, and accessibility of monitoring data. Such systems facilitate efficient reporting, early identification of implementation bottlenecks, and timely decision-making. These findings are consistent with Safari and Kisimbii (2020), who asserted that robust and automated M&E information systems promote transparency and ensure that critical data is available to guide policy and programmatic interventions.

Furthermore, a very strong positive correlation was also observed between the presence of a structured M&E Plan and healthcare project performance, with $r = .997$, $p < .01$. This highlights the importance of having a clearly defined and well-articulated plan that outlines objectives, indicators, responsibilities, timelines, and reporting mechanisms. A structured M&E plan provides a systematic framework for tracking progress, maintaining accountability, and making informed adjustments where necessary. These findings are in alignment with Sellera, Pedebos, et al. (2020), who found that comprehensive M&E plans enhance project coordination, ensure consistency in data collection, and ultimately lead to more successful program execution.

Lastly, the analysis demonstrated a very strong positive correlation between the presence of an M&E Costed Work Plan and the performance of healthcare projects, with a correlation coefficient of $r = .994$, $p < .01$. This underlines the importance of integrating financial planning into M&E activities. A costed work plan ensures that resources are adequately budgeted and allocated to support the implementation of M&E tasks, thereby

promoting efficiency and project sustainability. These findings are supported by Kiplangat (2021), who emphasized that financial transparency and resource alignment with planned activities are critical for the effective delivery of healthcare programs.

Overall, the findings clearly demonstrate that strong M&E components including staff training, information systems, structured plans, and costed work plans are significantly associated with improved performance of healthcare projects in Homa Bay County. These elements collectively strengthen the capacity for effective monitoring, accountability, and decision-making, which are crucial for achieving positive health outcomes.

CHAPTER FIVE
SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter fulfills the study's aims by analyzing the key findings in detail. It then offers evidence-based conclusions and practical recommendations. The chapter closes by highlighting areas that warrant further investigation.

5.2 Summary of the Results Findings

5.2.1 Monitoring and Evaluation Information Systems on the Performance of Healthcare Projects in Homa Bay County, Kenya

The analysis also showed a very strong and significant correlation ($r = .997$, $p < .01$) between the use of M&E information systems and project performance. This finding underscores the foundational role of management information systems (MIS), which are essential for storing, retrieving, and processing data efficiently.The findings underscore the critical role of Monitoring and Evaluation (M&E) staff training in enhancing healthcare project performance in Homa Bay County. Respondents largely agreed that M&E training supports program management, addresses employee learning needs, and aligns with organizational goals. The generally positive perception suggests that training initiatives are seen as valuable, particularly in improving return on investment and contributing to organizational success. Nonetheless, the variability in responses highlights the need for better alignment of training with strategic objectives and stronger integration of M&E practices for long-term effectiveness.

5.2.2 Monitoring and Evaluation Plan on the Performance of Healthcare Projects in Homa Bay County, Kenya

A very strong correlation ($r = .997$, $p < .01$) was also observed between having a structured M&E plan and the performance of healthcare projects. This reflects the importance of a detailed program description within the M&E plan, outlining the scope, goals, target population, and intervention strategies. Such clarity ensures that all

stakeholders have a shared understanding of the project's direction. The study indicates that M&E information systems moderately enhance the performance of healthcare projects by improving Management Information System (MIS) efficiency, supporting operational functions, and informing strategic decision-making. Most respondents acknowledged the value of these systems in facilitating data flow and promoting evidence-based decisions. However, inconsistencies in perceptions particularly around decision support and responsiveness point to the need for improved system integration and more effective communication of M&E benefits across various departments.

5.3.3 Monitoring and Evaluation Plan on the Performance of Healthcare Projects

A strong and statistically significant positive correlation was found between the implementation of a structured M&E plan and the performance of healthcare projects, with a Pearson correlation coefficient of $r = .997$ and $p < .01$. This suggests that the presence of a clearly defined M&E plan is essential for project success, providing a framework for tracking progress and maintaining accountability. The results show that respondents moderately agreed with statements suggesting that M&E plans help clarify program descriptions, strengthen management frameworks, and enable accurate tracking of performance indicators. Most items received moderately high mean ratings, indicating a general recognition of the plan's role in accountability and decision-making. However, the degree of agreement varied, pointing to inconsistencies in application or understanding of the M&E planning proces

5.3.4 Effect of the Costed Work Plan on the Performance of Healthcare Projects in Homa Bay County, Kenya

The study found a very strong positive relationship ($r = .994$, $p < .01$) between costed work plans and project performance. A costed work plan serves as the financial blueprint of the project, with clearly defined budget estimates for every planned activity. Findings reveal that respondents moderately agreed that costed work plans contribute to improved

financial oversight in healthcare projects. Statements related to budgeting, goal alignment, and financial accountability received favorable responses. Nevertheless, there was lower agreement on aspects such as cost estimation and efficient resource utilization, indicating mixed views on the effectiveness of cost control mechanisms within M&E-integrated plans.

5.3 Conclusions

5.3.1 Monitoring and Evaluation (M&E) Staff Training

The analysis indicates that there is a significant positive relationship between M&E staff training and the performance of healthcare projects in Homa Bay County. Well-trained staff contribute to more effective data collection, analysis, and decision-making, which directly enhances project outcomes. While respondents generally view M&E staff training as beneficial, there is variability in perceptions regarding the alignment of training with organizational goals, its return on investment, and its role in promoting organizational success. To maximize the benefits of M&E staff training, it is recommended that further alignment and refinement of training programs are carried out.

5.3.2 Monitoring and Evaluation (M&E) Information Systems:

The findings reveal a very strong positive correlation between M&E information systems and the performance of healthcare projects. Effective M&E systems are crucial for improving data accuracy, timeliness, and accessibility, thereby supporting better monitoring, evaluation, and decision-making. However, while M&E systems are recognized for enhancing various aspects of organizational performance, such as MIS efficiency and decision support, there is variability in how respondents perceive their impact. Further refinement in the integration and application of these systems is needed to fully realize their potential in improving operational and strategic decision-making.

5.3.3 Monitoring and Evaluation (M&E) Plan:

The implementation of a structured M&E plan has been shown to significantly improve healthcare project performance. A clearly defined M&E plan is essential for maintaining accountability and ensuring that project objectives are achieved. While respondents generally agree that M&E systems enhance program clarity, management, and tracking, there is some variation in the perceived effectiveness of M&E in areas such as accountability and data-driven decision-making. To improve the impact of M&E plans, it is important to address these areas of variability and ensure that M&E frameworks are consistently applied and aligned with program goals.

5.3.4 M&E Costed Work Plan

The analysis shows that a costed M&E work plan is strongly correlated with the performance of healthcare projects. Financial planning, such as effective budgeting and resource allocation, is crucial for the successful execution of healthcare projects. While respondents generally recognize the importance of M&E systems in financial management aspects such as budget management and financial accountability, there is variability in their perceptions, particularly regarding cost estimation and resource utilization. To maximize the effectiveness of M&E systems in financial management, further clarification and improvements are needed in these areas.

5.4 Reccomendations

To enhance the effectiveness of M&E staff training, it is crucial to align training programs with the strategic goals of the healthcare organization. This ensures that the training contributes directly to the mission of the organization and improves its overall performance. Additionally, continuous professional development should be prioritized, offering ongoing training opportunities that help M&E staff stay current with emerging trends and technologies. It is also essential to monitor the impact of training by evaluating improvements in M&E processes and healthcare project outcomes. Cross-departmental

learning should be encouraged to foster collaboration between M&E staff and other departments, thereby enhancing a data-driven approach to decision-making and project management.

For M&E information systems, enhancing integration across various organizational platforms, such as financial and administrative tools, is critical for seamless data flow, accuracy, and decision-making. The information systems should have user-friendly interfaces to ensure ease of use for all relevant staff, regardless of their technical expertise. Furthermore, ongoing training and support should be provided to M&E staff to maximize the effectiveness of the systems. Regular system audits and assessments are necessary to maintain the systems' security, efficiency, and relevance, ensuring they continue to meet organizational needs and improve data accuracy.

In terms of the M&E plan, it is important to ensure consistent implementation across projects by developing standard operating procedures. Engaging key stakeholders, including staff, beneficiaries, and partners, in the development and review of the M&E plan will help increase ownership and ensure that the plan remains relevant and effective. Flexibility should also be built into the plan to allow for adjustments based on changes in the project environment, ensuring that the organization can respond to new challenges and opportunities. Additionally, incorporating a feedback mechanism into the M&E plan will facilitate continuous improvement by enabling timely adjustments based on monitoring and evaluation results.

Lastly, improving the accuracy of cost estimation in the M&E costed work plan is essential to avoid budget shortfalls. Monitoring the utilization of the budget throughout the project is critical to ensure efficient use of resources. Transparency in resource allocation should be a priority to prevent inefficiencies and ensure equitable distribution of funds across all project components. Furthermore, specialized financial management

training for M&E staff can improve their capacity to develop realistic costed work plans, enhancing financial oversight and contributing to the overall success of healthcare projects.

References

Achstetter, K., Blümel, M., Köppen, J., Hengel, P., & Busse, R. (2022). Evaluating Germany's Healthcare Performance: Private Insurance Holders' Viewpoints from a Nationwide Survey. *Global Health Systems Strategy Journal*, 37(6), 3103–3125.

AMREF Health Africa. (2020). *The role of health management information systems in improving HIV/AIDS treatment outcomes in Kenya*. AMREF Health Africa.

Ba, A. (2021). Assessing the Efficiency of M&E Systems. *African Evaluation Journal*, 9(1), 953.

Benard, P. (2019). How Monitoring & Evaluation Enhances NGO Performance in Juba County, South Sudan.

Biwott, T., Egesah, O., & Ngeywo, J. (2017). The Role of M&E in Ensuring Sustainability of Kenya's CDF Projects. *Social Sciences*, 7(1).

CECODES, V. (2012). Governance and Public Administration Evaluation: The PAPI Case in Viet Nam. *UNDP Governance Performance Reports*.

Danforth, K. et al. (2023). Tracking Progress of Core Health Service Package Implementation Across Regions. *International Public Health Insights*, 8(Suppl 1), e010726.

Essis, E. M. L. et al. (2023). Designing Monitoring Systems for Maternal and Child Health Initiatives in Côte d'Ivoire: A Contextual Analysis. *Healthcare Program Design and Policy Review*, 699–709.

Friedman, N. P., & Miyake, A. (2004). Linking Executive Functions: A Deep Dive into Inhibition and Interference Control Using Latent Variables. *Journal of Advanced Psychological Research*, 133(1), 101.

Gatimu, J., Gakuu, C., & Ndiritu, A. (2021). Monitoring & Evaluation Techniques vs. Maternal Health Programme Outcomes at County Level.

Ghana Health Service (2019). Effects of M&E Information Systems on Maternal Health in Ghana.

Hlatshwayo, N. Z., & Govender, K. K. (2015). Monitoring and Evaluation in South Africa's Rural Development: An Institutional Analysis. *Journal of Applied African Economics*, 2(2), 91–99.

Jones, A. (2009). Global Corporate Spaces: A Theoretical Framework for Business Geography. *Journal of Spatial Economic and Social Geography*, 91(3), 203–218.

Kinyua, J. T. G., & Njoroge, N. N. (2021). Impacts of M&E Practices on Health Project Outcomes: A CHS Case in Nyeri County, Kenya.

Kiplangat, A. S. et al. (2021). Tracing Arsenic Contamination in Borehole Water in Urban Kenya. *Journal of Environmental Chemistry and Public Health*, 2(2), 1–6.

Kiplangat, V. (2021). Evaluating M&E Systems and NGO-led Maternal Health Project Success in Nairobi County, Kenya. *(Doctoral dissertation, Africa Nazarene University).*

Kissi, E. et al. (2019). Exploring the Impact of M&E Practices on Infrastructure Project Outcomes in Ghana. *Journal of Construction Management and Project Evaluation*, 9(3), 364–382.

Kothari, C. (2004). Research Approaches in Quantitative and Qualitative Methodologies (2nd Ed.). New Delhi: New Age International Publishers.

Ministry of Health Uganda (2019). How Electronic M&E Systems Influence Health Service Delivery in Uganda.

Mleke, M. N. (2020). A Web-Based M&E Platform for Tanzanian Health Projects. *(Doctoral dissertation, NM-AIST).*

Mohamud, F. I. (2023). M&E Practices and Their Impact on Health Project Performance in Isiolo County, Kenya. *International Journal of Social Sciences Management and Entrepreneurship*, 7(1).

Mori, K. et al. (2021). Strategies and Challenges in Japan's Government Health & Productivity Programmes. *Journal of Occupational and Environmental Medicine*, 63(1), 18–?.

Mugenda, O. (2013). Quantitative and Qualitative Research Approaches in Nairobi.

NITI Aayog (2020). Evaluating Digital M&E Systems in Rural Indian Health Programmes. National Institution for Transforming India.

Nyawira, L. et al. (2023). How Sector Coordination Affects Efficiency in Kenyan County Health Systems. *BMC Health Services Research*, 23(1), 1–?.

Obino, C. M. (2021). Evaluation of M&E System Impact on NGO Health Projects: AMREF Nairobi Case Study. *(Doctoral dissertation, University of Nairobi).*

Ogange, B. O. et al. (2018). Learner Perceptions on Online Feedback and Continuous Assessment. *Digital Learning Assessment Review*, 10(1), 29–39.

Okafor, A. (2021). The Contribution of Monitoring Systems to Project Effectiveness. *International Journal of Human Development and Research Studies*, 6(8), 34–?.

Orodho, J. A. (2014). School Resource Utilization and Student Academic Results in Makindu District, Kenya. *Kenya Journal of Educational Development*, 5(25).

Patton, M. Q. (2014). Mixed Methods in Qualitative Inquiry: Applications in Evaluation and Theory. Sage Publications.

Sellera, P. E. G. et al. (2020). Countrywide Assessment of Primary Healthcare Indicators Using M&E Tools. *Brazilian Journal of Public Health Systems*, 25, 1401–1412.

Sulemana, I., & Kpienbaareh, D. (2018). A Statistical Approach to Examining Wealth Disparities and Corruption Trends in Africa. *Journal of Economic Policy and Integrity*, 60, 27–?.

Thomas, H., Smith, R. R., & Diez, F. (2013). Human Resource Investments in Shaping Multinational Business Models.

USAID (2020). Improving Maternal Healthcare Outcomes via Digital Monitoring Platforms in Zambia. *USAID Health Innovation Reports*.

WHO (2020). Global Survey of Electronic M&E Systems in Low-Resource Health Settings. World Health Organization.

WHO (2021). Integrated M&E Systems and Public Health Progress in Sub-Saharan Africa. World Health Organization.

Wilson, A. M. (2021). The Effect of M&E Frameworks on Public Sector Performance. *(Doctoral dissertation, Kampala International University).*

Wilson, E. J. (2003). Case-Study Methodology for Theory Development. *Journal of Business & Industrial Marketing*, 18(6/7), 493–508.

Appendix I Consent Form

Mount Kenya University

SCHOOL OF POSTGRADUATE STUDIES

Informed Consent Form

My name is Mugo David I am a **MASTER OF SCIENCE IN PROJECT MANAGEMENT** student. I am doing a study on "**EFFECT OF MONITORING AND EVALUATION SYSTEMS ON THE PERFORMANCE OF HEALTHCARE PROJECTS IN HOMA BAY COUNTY, KENYA**". This research is designed to help health public officers in national and county governments. It will teach them how to better monitor and evaluate healthcare projects, especially in county governments. The focus will be on proactive monitoring and evaluation systems, where health healthcare officers address critical issues beforehand to make healthcare services more adaptable. This will allow them to handle both major disruptions and everyday challenges.

Procedures to be followed

Participation in this study will require that presentation of both closed-ended and open-ended questionnaire in order to determine your expertise in monitoring and evaluation. I will record the information on a Likert scale for analysis.

Voluntarism

You are free to decline taking part in this research. Remember that this study is completely volunteer, and your participation is completely voluntary. Anytime you have inquiries concerning the study, please do so. You have the right to end the interview at any moment and to decline to answer any questions. Additionally, you can leave the study at any moment without facing any repercussions either now or in the future.

Discomforts

You can decide to decline or disregard some of the questions if you find them to be too awkward, personal, or upsetting. Additionally, you can end the interview at any moment.

Confidentiality

The questionnaire will not contain your name. At Mount Kenya University, the surveys will be stored in a closed cabinet for security. All information will be kept confidential and shared solely with the research study team.

Contact Information

If you have any questions about the study, call my Supervisor Dr. Evans Mwiti on telephone number 0722861806 or the Post Graduate Coordinator, Nairobi Campus, Dr. Isaac Mokono Abuga on telephone number +254 720 062505.

Participant's Statement

I understand the information above about my involvement in the study. I've been given an explanation of the study, given the opportunity to ask questions, and have satisfactory answers to my queries. I willingly choose to participate in this study in full. I am aware that I can withdraw from the research at any moment and that my records will be kept confidential.

Name: - _____**Joseph Kamau** _____

Designation: - _____**Research Assistant**_____

Signature: - __  _____ Date: - __**13/2/2025**_____

Investigator's Statement

The participant has been informed of the methods and the purpose of this research in a language that they can comprehend by me, the undersigned.

Name of Researcher: - Mugo David Date: - **Date:…… 13/2/2025……**

Appendix II: Letters of Introductions

Mount Kenya University

MKU

DIRECTORATE OF GRADUATE STUDIES

MSCPM/2023/40351

11th April, 2025

National Commission for Science Technology & Innovation (NACOSTI)
Off Waiyaki Way, Upper Kabete,
P.O Box 30623- 00100
NAIROBI, KENYA

Dear Sir/Madam,

RE: MUGO GITARI DAVID – REGISTRATION NO. MSCPM/2023/40351

The purpose of this letter is to introduce the above named student who is pursuing **Master of Science in Project Management** in the **Department of Management** in the school of **Business and Economics.**

The title of the research is **"Effect of Monitoring and Evaluation Systems on the Performance of Healthcare Projects in Homabay County, Kenya"** It has been cleared by the University's Ethics Review Committee (Certificate attached) and now has to proceed to the field to collect data between **April, 2025 and June, 2025.**

Any assistance accorded to the student will be highly appreciated.

Thank you.

Mount Kenya University
P. O. Box 342 - 01000, THIKA
Office of the Director,
Graduate Studies

Dr. Samuel M. Karenga, Ph.D
Director, Graduate Studies
Enc.

Main Campus, General Kago Road, P.O. Box 342-01000 Thika.
Tel: +254 20 287 8000, Cell: +254 709 153 000

Mount Kenya University

REF: **MKU/ISERC/4944** Date: 11 April 2025
TO: **MUGO GITARI DAVID**
REG: **MSCPM/2023/40351**

Dear Sir/Madam,

RE: EFFECT OF MONITORING AND EVALUATION SYSTEMS ON THE PERFORMANCE OF HEALTHCARE PROJECTS IN HOMA BAY COUNTY, KENYA

This is to inform you that **Mount Kenya University** has reviewed and approved your above research proposal. Your application approval number is **3666.** The approval period is **11/04/2025 - 10/04/2026.**

This approval is subject to compliance with the following requirements:

i. Only approved documents including informed consents, study instruments, MTA will be used
ii. All changes including amendments, deviations and violations are submitted for review and approval by **Mount Kenya University**
iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to **Mount Kenya University** within 72 hours of notification
iv. Any changes, anticipated or otherwise that may increase the risks or affect the safety or welfare of study participants and others or affect the integrity of the research must be reported to **Mount Kenya University** within 72 hours
v. Clearance for export of biological specimens must be obtained from relevant institutions
vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal
vii. Submission of an executive summary report within 90 days upon completion of the study to **Mount Kenya University**

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) https://research-portal.nacosti.go.ke and also obtain other clearances needed.

Yours sincerely,

Dr. Alfred Owino, PhD
Chairman, Mount Kenya University ISERC

MOUNT KENYA UNIVERSITY
ETHICS REVIEW COMMITTEE
P. O. Box 342 - 01000,
THIKA

Main Campus, General Kago Road, P.O. Box 342-01000 Thika.
Tel: +254 20 287 8000, Cell: +254 709 153 000
Email: info@mku.ac.ke, Web: www.mku.ac.ke
Chartered and ISO 9001 : 2015 Certified

Appendix III: Research Permit - NACOSTI

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **828498**

Date of Issue: **10/May/2025**

RESEARCH LICENSE

This is to Certify that Mr.. David Gitari Mugo of Mount Kenya University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Homabay on the topic: EFFECT OF MONITORING AND EVALUATION SYSTEMS ON THE PERFORMANCE OF HEALTHCARE PROJECTS IN HOMA BAY COUNTY, KENYA for the period ending : 10/May/2026.

License No: **NACOSTI/P/25/4172899**

828498

Applicant Identification Number

Deputy Director
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

See overleaf for conditions

THE SCIENCE, TECHNOLOGY AND INNOVATION ACT, 2013 (Rev. 2014)
Legal Notice No. 108: The Science, Technology and Innovation (Research Licensing) Regulations, 2014

The National Commission for Science, Technology and Innovation, hereafter referred to as the Commission, was the established under the Science, Technology and Innovation Act 2013 (Revised 2014) herein after referred to as the Act. The objective of the Commission shall be to regulate and assure quality in the science, technology and innovation sector and advise the Government in matters related thereto.

CONDITIONS OF THE RESEARCH LICENSE

1. The License is granted subject to provisions of the Constitution of Kenya, the Science, Technology and Innovation Act, and other relevant laws, policies and regulations. Accordingly, the licensee shall adhere to such procedures, standards, code of ethics and guidelines as may be prescribed by regulations made under the Act, or prescribed by provisions of International treaties of which Kenya is a signatory to.
2. The research and its related activities as well as outcomes shall be beneficial to the country and shall not in any way;
    i. Endanger national security
    ii. Adversely affect the lives of Kenyans
    iii. Be in contravention of Kenya's international obligations including Biological Weapons Convention (BWC), Comprehensive Nuclear-Test-Ban Treaty Organization (CTBTO), Chemical, Biological, Radiological and Nuclear (CBRN).
    iv. Result in exploitation of intellectual property rights of communities in Kenya
    v. Adversely affect the environment
    vi. Adversely affect the rights of communities
    vii. Endanger public safety and national cohesion
    viii. Plagiarize someone else's work
3. The License is valid for the proposed research, location and specified period.
4. Neither the license nor any rights thereunder are transferable.
5. The Commission reserves the right to cancel the research at any time during the research period if in the opinion of the Commission the research is not implemented in conformity with the provisions of the Act or any other written law.
6. The Licensee shall inform the relevant County Director of Education, County Commissioner and County Governor before commencement of the research.
7. Excavation, filming, movement, and collection of specimens are subject to further necessary clearance from relevant Government Agencies.
8. The License does not give authority to transfer research materials.
9. The Commission may monitor and evaluate the licensed research project for the purpose of assessing and evaluating compliance with the conditions of the License.
10. The Licensee shall submit one hard copy, and upload a soft copy of their final report (thesis) onto a platform designated by the Commission within one year of completion of the research.
11. The Commission reserves the right to modify the conditions of the License including cancellation without prior notice.
12. Research, findings and information regarding research systems shall be stored or disseminated, utilized or applied in such a manner as may be prescribed by the Commission from time to time.
13. The Licensee shall disclose to the Commission, the relevant Institutional Scientific and Ethical Review Committee, and the relevant national agencies any inventions and discoveries that are of National strategic importance.
14. The Commission shall have powers to acquire from any person the right in, or to, any scientific innovation, invention or patent of strategic importance to the country.
15. Relevant Institutional Scientific and Ethical Review Committee shall monitor and evaluate the research periodically, and make a report of its findings to the Commission for necessary action.

National Commission for Science, Technology and
Innovation(NACOSTI),
Off Waiyaki Way, Upper Kabete,
P. O. Box 30623 - 00100 Nairobi, KENYA
Telephone: 020 4007000, 0713788787, 0735404245
E-mail: dg@nacosti.go.ke
Website: www.nacosti.go.ke

Appendix IV: Similarity Index Report

EFFECT OF MONITORING ON THE EVALUATION SYSTEMS ON THE PERFORMANCE OF HEALTHCARE PROJECTS IN HOMA BAY COUNTY, KENYA

by MUGO DAVID

Submission date: 11-Jun-2025 01:19PM (UTC+0300)
Submission ID: 2582054224
File name: Mugo_Gitari_David_Research_Project._-_For_Examination_TRUE_june_11.06.25.docx (2.85M)
Word count: 20209
Character count: 120544

EFFECT OF MONITORING ON THE EVALUATION SYSTEMS ON THE PERFORMANCE OF HEALTHCARE PROJECTS IN HOMA BAY COUNTY, KENYA

ORIGINALITY REPORT

6%	4%	6%	4%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	Submitted to Mount Kenya University Student Paper	3%
2	iosrjournals.org Internet Source	1%
3	ir-library.ku.ac.ke Internet Source	1%
4	Submitted to Ethiopian Civil Service University Student Paper	1%
5	www.dovepress.com Internet Source	1%

Exclude quotes	On	Exclude matches	< 1%
Exclude bibliography	On		