

**PARTICIPATORY MONITORING AND EVALUATION AND SUCCESSFUL
IMPLEMENTATION OF MATERNAL HEALTH PROJECTS WITHIN
KAJIADO NORTH CONSTITUENCY, A CASE OF KAJIADO COUNTY**

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DECLARATION

I declare that this research project report is my original work and that it has not been presented in any other university for academic credit

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SUPERVISOR'S DECLARATION

This evaluation research project report is submitted for examination with my approval as the university supervisor

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DEDICATION

I dedicate this evaluation research project report to all mothers through whom, lives are passed on from one generation to another.

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ABSTRACT

The research sought to investigate the influence of participatory monitoring and evaluation on maternal health projects in Kajiado county, Kajiado North constituency. The study focused on four objectives of the study which were: to examine the influence of participatory need assessment on successful implementation of maternal health projects, to determine the influence of participatory indicator definition on successful implementation of maternal health projects, to establish the influence of participatory stakeholder identification on successful implementation of maternal health projects and finally to assess the influence of project identification on successful implementation of maternal health projects within Kajiado county. The study was based on two theories, theory of change and theory of ladder of citizen participation. The study adopted a descriptive survey research design. The target population for this study was 2572 maternal health stakeholders within Kajiado constituency. The sample size was 255 health clerks and community health workers who were randomly selected from the target population. The respondents were purposively selected based on their knowledge of the projects and ability to fill in the questionnaire. Self-administered questionnaire were used to collect data. Data was analyzed using SPSS version 22.0 and results presented using, frequency tables and percentages. Since the questionnaires were self-administered, the response rate was realized at a hundred percent. The study established that participatory project identification led to sustainability of maternal health projects, the study further established that stakeholder's participation in vision, mission, and objectives setting positively affects the performance of the maternal health projects. The study also established that stakeholder identification and involvement positively affected, the study concluded that maternal health projects needs participatory need identification, project identification, indicator performance evaluation. The study further concludes that PM&E should be results-based in that close attention is paid to monitoring & evaluating the achievement of results against the activities. Adjusting project strategies and activities in order to better meet project results is a critical outcome of PM&E. Recommendation from the study was that county government should come up with sound policies to govern the implementation of maternal health projects and the policy should encourage communal participation in Monitoring and Evaluation in all developmental projects. Finally the study suggest that a study be carried out to investigate factors that influence mobilization of communities to participate PM&E.

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ABBREVIATION

ANC	- Antenatal care
CHD	- County Health Department
CHIP	- Community Healthcare Improvement Project
DIP	- Detailed Implementation Plan
HI	- Health Indicators
IMR	- Infant Mortality Rate
MaCHT	- Maternal and Child Health Transformation
MNC	- Maternal and Neonatal Care
MOH	- Ministry of Health
PM&E	- Participatory Monitoring and Evaluation
PNC	- Postnatal Care
SPSS	Statistical Package for Social Sciences

DEFINITION OF TERMS

Active Participants are the people who will take lead in tracking and making sense of progress towards achievement of self-selected or jointly agreed or jointly agreed result at the local level and drawing actionable conclusions

Community Based Projects are the projects which are funded through constituency development funds' kitty and in the context of maternal health, will include the equipment's bought facilities built and all the labor payments

Participatory Monitoring and Evaluation under this context, it is defined as a process where primary stakeholders, or those who are directly affected by the interventions being examined are involved.

Stakeholder Involvement in M& E are the participation of people in getting to define what their expectations would be by the end of project and ends in success

Sustainability of Health Projects is the ability of the projects to meet the future needs. This would also mean that project implementation within the cost and scope

CHAPTER ONE: INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 Introduction

This section presents the background of the study statement of the problem which is the main focus of the study and the objectives behind it. The justification of the study and the conceptual framework model is also given. The last part of the chapter comprises the scope and limitations of the research project.

1.2 Background of the Study

According to the World Health Organization (WHO) report, there is a global estimate of 289,000 maternal deaths annually. Every day, approximately 800 women die while 10-15 million women suffer from morbidity caused by preventable conditions related to pregnancy and childbirth (WHO, 2013). Developing countries accounted for (99%) of the global maternal deaths with Sub-Saharan Africa region alone accounting for (62%). The world health organization identifies the global distribution of maternal deaths by cause as hemorrhage (27%), hypertension (14%), sepsis (11%), unsafe abortion (8%), embolism (3%), direct causes (10%) and other indirect causes (28%) including AIDS and malaria experienced during birth or before birth (UNICEF, 2013).

Due to the fact that maternal death remains a threat, numerous projects and programmes have kick started. A key aspect all this project or programmes cycle both in all aspects of a long term, short term, mid and long term is monitoring and evaluation. PM&E is important to all stake holders in that they are able to assess the progress Vis a Vis the defined objectives. Every project needs to have a checklist of what needs to be done, time frame and using what resources.it is against this checklist, time frame and budget that the

whole scope of project is managed. Regular monitoring and Evaluation is conducted to track if the project is following the desired track of objectives and desired goal achieved.

Internationally, donors, governments and NGO's are closely adopting participatory monitoring and evaluation in their projects. PM& E in health projects is part of a wider process that emerged over the last 30 years using the participatory research in development. PM&E great concern in project has led to realization of performance based accounting, management by result and demand for demonstrated success which is a move towards devolution and decentralization. This has greatly provided a new form of oversight, growing capacity of NGO's and community based organization as great actors in the development process. Since 1980, the concept of PM&E has been adopted by large donor agencies and developmental organizations including Food agricultural organizations, Unites States Agency for International Development (USAID) Department for International Development (DFID), world health organization (WHO) amongst many more. (EC/UNFPA, 2012)

PM&E focuses on monitoring, which basically entails (tracking and feedback), on evaluation (valuing and performance review) as well as strengthening and deepening participation (shared learning, joint decision making, mutual respect, co-ownership, democratization and empowerment). As an evolving field, Estrella (2000) notes that PM&E has increasingly been applied in different contexts and in hundreds of development initiatives around the world, and thus gained multiple functions as people learn how to adapt, innovate, and experiment with participatory approaches. The PM&E process is thus build around agreeing on expected results and milestones, defining how to track progress,

collecting required data, undertaking joint analysis and decide on actions (Guijt & Gaventa, 1998).

Participatory monitoring and evaluation (PM&E) has been used in hundreds of health projects in differ both in contexts and programmes across the world (Estrella & Gaventa, 1997). Just like development, participatory Monitoring & Evaluation is a social, cultural and political process that brings people together in ways that yields into great advantages (Guijt, Arevalo, & Saladores, 1998). By involving stakeholders in decision-making, resource allocation, implementation and control of development initiatives (Hilhorst & Guijt, 2006), PM&E allows for those directly affected to draw both successes and failures (Rossman, 2015) since it puts them in charge (Guijt & Gaventa, Participatory Monitoring & Evaluation, 1998).

Documented experiences of participatory monitoring and evaluation (PM&E) surfaced as early as the 1970s (Estrella & Gaventa, 1997) and draws from over 40 years of participatory research tradition, including participatory action research (PAR), participatory leaning and action (including Participatory Rural Appraisal or PRA), and farming systems research (FSR) or farming participatory research (FPR) (Estrella, et al., 2000). As PM&E began to be used more widely in the 1980s, especially within the policy making domain, Estrella (2000), observed that practitioners conceived PM&E narrowly as a technical application of a “toolbox” of methods to the detriment of individual and community empowerment (Jackson & Kassam, 1998). According to Jackson & Kassam (1998), 1990s saw the reconceptualization of PM&E especially with emphasis from larger donor agencies to include other stakeholders involved in the development interventions based on a call for greater recognition and precision in analysing participation.

Recently, PM&E has been used by World Vision (WV) in their Maternal and Child Health Transformation (MaCHT) Project in South Sudan from September 2010 to September 2011 which was at great time of transition for South Sudan as it became a newly independent country the same year. Health indicators (HI) in South Sudan are among the worst in the world, with maternal mortality rate of 68 per 1,000 live births. The goal of MaCHT project was to reduce maternal, neonatal, infant, and child mortality. Under the utilization of PM&E, there was implementation of Strengthened capacity of the health system to deliver essential services and after a long period of war with Sudan, this newly independent country has faced numerous challenges, including gaps in health infrastructure they have realized the aims of the project under close utilization of PM&E.

Kenyan Government is committed to universal health coverage (UHC) and fast-tracked achievement of the Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) outcomes. Although the recent Kenya Demographic and Health Survey (KDHS) 2014 shows that Kenya has improved most of its RMNCAH outcomes, the Millennium Development Goals (MDGs) for maternal and child health could not be achieved as many challenges in coverage still remain and disparities continue to exist in service delivery. This RMNCAH venture framework responds to the critical need to maximize the constitutionally required right to access RMNCAH services while addressing the disquiets of suboptimal targeting and insufficient prioritization of bottlenecks that prevent evidence-based and high impact interventions from being delivered. It proposes effective, efficient and innovative strategies to achieve sustainable, equitable and accelerated improvements in RMNCAH outcomes. In recent years, PM&E has been a critical concept in both governmental and non-governmental health project that are being

implemented in Kenya. Linda mama is a successful project that is operational in Kenya since 2013. It is a program that was established with an aim of improving government efficiency and performance of government's initiatives on maternal and child health care. Under the program, women were to access (ANC), deliveries and postnatal care (PNC), (CAHR, 2014)

Tremendous progress has been recorded in maternal and child health in the last decade. By the end of MDG period in 2015, both maternal and child health indicators had improved. Maternal Mortality ratio stood at 362 per 100,000 down from 488 per 100,000 according to maternal report 2008/9. In addition, Infant Mortality Rate (IMR) is indicated to have reduced from 77 per 1000 in 2010 to 39 per 1000 in 2014. All these status clearly defines the priorities for the health sector with a focus on the national commitments on ensuring affordable and quality health care for all as well as global commitments for sustainable developments (Kioko J, 2016)

Kajiado County cannot be left behind in matters health. Kajiado County is well known for its high percentage of 73% of the community being underserved in terms of health facilities, road connectivity and health under-staffing. Numerous maternal health projects including the mobile clinic program, *Linda afya ya mama na mtoto* project are some of the programs that have been implemented amongst many Community health implementation projects (CHIP). However, influences of stakeholder's involvement in this projects, including locals, have not been felt in Kajiado. More often, Stakeholders fail to be involved in development projects in all aspects ranging from assessment or establishment to tracking and evaluating the progress of this numerous projects. In addition, no known success indicator can be attributed from participatory of local stakeholders. While some of this

projects have lasted for long and are successful, Most of this projects progress remain unknown from lack of any involvement of local stakeholders in the projects implementation phases due to lack of concerted effort by PM&E to get involved as well as the poor attitude on part of community level stakeholder in M&E of Projects and Programmes, (Simon, Musah, & Sulemana, 2018)

1.3 Statement of the Problem

Maternal deaths continue to be a real problem in Kajiado North constituency where 120 per 1000 mothers continue to die per year. This necessitated the establishment of Maternal Health programs within the Constituency. Health projects are aimed at improving the wellbeing of mothers, improving on the antenatal care, reducing maternal deaths and child mortality. Maternal Projects can be categorized as developmental projects which are aimed at changing the social structures, popular attitudes as well as acceleration of economic growth of community, reduction of inequality and poverty eradication. Most community Health Projects implemented on health matters are aimed at the community benefit. More often than not, this projects lack support by the communities to whom they are meant to benefit due to lack of consultation and community participation on the need that the same project seek to address, simply the need assessment was never conducted. (Elkins, 2006)

Wastage of public resources has been experienced and in the maternal health projects, Donor feel that their Mandate and objectives on a project are not being met and after evaluation and review of this projects, the donors are left with no choice other than to withdraw their funding and resources. In addition, the various stakeholders including the locals lack clear directions of this projects neither their progress. In cases where PM&E has been incorporated in projects life cycle, great advantages are felt and realized by giving

more confidence as it is a reliable approach to assess progress and effectiveness of health projects. (Simon, Musah, & Sulemana, 2018)

Despite the presence of Maternal health projects in Kajiado county, maternal death continue to be felt and experienced to date in Kajiado North constituency. This is not an indication of total project failure but partial evidence of their in-effectiveness owing to the fact that most of the residents in Kajiado North constituency are neither not aware of this project nor do they or are they willing to participate. Therefore, this paper sought to investigate the influence of participatory monitoring and evaluation on successful implementation of maternal health projects within Kajiado North constituency.

1.4 Objectives of the Study

1.4.1 General Objective

The purpose of the study was to examine the Influence of participatory monitoring and evaluation practices on successful implementation of maternal health projects within Kajiado County.

1.4.2 Specific Objectives of the Study

The study was guided by the following objectives:

1. To examine the influence of participatory need assessment and successful implementation of maternal health projects within Kajiado north constituency
2. To assess the influence of participatory project identification and successful implementation of maternal health projects within Kajiado north constituency
3. To establish the influence of participatory stakeholder identification and successful implementation of maternal health projects within Kajiado north constituency

4. To determine the influence of participatory indicator definition and successful implementation of maternal health projects within Kajiado north constituency

1.4.3 Research Questions

The study sought to answer the following questions:

1. What is the influence of participatory need assessment and successful implementation of maternal health projects within Kajiado north constituency?
2. What is the influence of project identification and successful implementation of maternal health projects within Kajiado north constituency?
3. How does participatory stakeholder identification influence successful implementation of maternal health projects within Kajiado north constituency?
4. What is the effect of participatory indicator and the successful implementation of maternal health projects within Kajiado north constituency?

1.5 Significance of the Study

It was hoped that the study provides insight to all public health stakeholders, Ministry of health, county government health board, donors and health policy law makers on how PM&E can influence sustainability in health projects which requires a lot of funding amidst other resources. In addition, the study laid insights on how using PM&E thought the project life cycle can ensure project beneficiaries continues to enjoy benefits of health projects in the long term. Further, the study encouraged stakeholder's participation in all aspects of a project including planning, Implementation and Evaluation of the health based projects on maternal health. Finally, this research will be beneficial to scholars as it will be used as an instrument of knowledge on influence of participatory monitoring and evaluation on maternal health.

1.6 Limitation of the Study

The study was based in Kajiado north constituency where rate of poverty and illiteracy are rated at high and will prevent us from getting adequate information. However, this was countered by sensitizing the community on maternal health projects so as the community can embrace this projects and be aware on how they can participate in facilitating tracking and evaluation of this projects. Based on surveys conducted in Kajiado, most members of the communities are even not aware of these maternal projects. Some women prefer to have a birth conducted by a traditional midwife and all this poses challenges to the study and hence sensitization will be the rightful mean to conquer this limitation.

1.7 Delimitations of the Study

The scope of the study was maternal health projects in Kajiado North constituency. The choice of the scope is on the basis of high maternal deaths, high child mortality and withdrawal of donors on health projects. The study is best suited for the Kajiado north constituency due to the high level of poverty and marginalization of the societies and hence suitable in that most of the projects on health are donor funded projects.

1.8 Assumptions of the Study

The researcher worked on assumption that respondents understood the magnitude and benefits of this study and hence be willing to participate. The study also assumed that the sample size was to be sufficient to provide accurate and valid data that can be generalized and be useful to the whole of Kajiado County. Finally the study assumed that the small sample size selected comprised of a balanced representative of the entire population and was be familiar with the subject.

1.9 Organizations of the study

This study was organized into five chapters. Chapter covers background of the study, research objectives, research questions, significance, delimitation and assumptions of the study. Chapter two contains the literature review and the theoretical framework as well as knowledge gap.

Chapter three focuses on research methodology, research design, target population, sample size sampling procedure, research instruments, validity and reliability of research instruments, data collection procedures, methods of data analysis ethical consideration and operationalization of variables. Chapter four covered data analysis interpretation and presentation of findings based on the four objectives or variables of the study. Finally chapter five covered the summary of the findings, discussion, conclusion and recommendation. The study also provides suggestions for further studies.

1.10 Conceptual Framework



Figure 1.1: Conceptual Framework

Source: Author (2019)

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter of the study looks at an overview of the theoretical and empirical review of similar works which are related to influence of participatory monitoring and evaluation of maternal health project. Theories underpinning this study were theory ladder of citizen participation Theory and. At the end of the chapter, the study provided a conceptual framework which guided the study.

2.2 Theoretical Review

The literature review was guided by two closely related theories that relates to participatory monitoring and evaluation which are Theory of ladders of citizen Participation and theory of change.

2.2.1 Theory of Ladder of Citizen Participation

This theory was proposed by Sherry R Arnstein. Citizen participation gives opportunity to the public to influence decisions that affected them. It plays a major role in ensuring democracy and success of projects and policies. In 1969, Sherry Arnstein developed a ladder of participation that aimed to show citizen participation ranging from high to low in the planning processes. Arnstein showed how decision power should be divided in different levels of the ladder. The ladder with much decision power to the citizen, citizen control, ensures accountability, transparency, and success of projects. (Estrella & Gaventa, 2009)

This theory is an elaborate model that seeks to explore the concept of community participation The theory of ladder participation explains the different levels of participation at community level. This theory urges that communities can participate in decision making if they have been involved and empowered. Collaborative enquiry in evaluation is about

relationships between trained evaluation specialists and non-evaluator stakeholders who includes intended beneficiaries of this projects and other persons. This theory further emphasizes on the needs of being sensitive to stakeholder's interests and context and ensuring that it is principle driven. (Estrella & Gaventa, 2009)According to theory, these communities must be actively involved in developing and even in proposing indicators. The accuracy, reliability and sensitivity of the indicator, derived from local communities which can be ensured through an interactive process of empirical and community evaluation. Communities are unlikely to invest in measuring sustainability indicators unless monitoring provides immediate and clear benefits. However, in the context of goals, targets, and/or baselines, sustainability indicator can more effectively contribute to a process of development that matches local priorities and engages the interest of local people. There is also a long history of participation within the broader development community stemming not just from a desire to undertake development faster, cheaper or more effectively. but also from with concerns about the ethics of human justice and dignity. People should be involved as a matter of fundamental right in processes that affect their lives and well-being. (Estrella & Gaventa, 2009)

The literature on developing sustainability indicators falls into two broad methodological paradigms(Bell and Morse 2001): Reductionist participatory and bottom-up participatory philosophy. Reductionist frameworks lead towards the expert-led development as universally applicable indicators. They acknowledge the need for indicators to qualify the complexities of system dynamics but not necessarily emphasize the complex variety of resource-user perspectives. The second paradigm is based on a bottom-up participatory philosophy. Scholars in this context and contest the way in which experts set goal and

establish priorities. They insist that sustainability monitoring should be an ongoing learning process for both communities and researchers. (Estrella, Blauert , & Dindo , Learning from Change:Issues and experiences in participatory monitoring and evaluation, 2000)

2.2.2 Theory of Change

The Second theory to be examined in this study is the theory of change. The theory was proposed by Kurt Lewin and it focuses on constructing a model that focuses on the underlying assumptions, influences, logic, expected outcomes, and causal linkages of a development project (Jackson, 2013). Moreover, theory of change is an efficient tool for developing solutions to social problems. The theory of change is crucial in this study because it focuses on the change that occurred in the Kajiado County once This Projects identifies the effects of Participatory Monitoring and Evaluation in the maternal projects which are widely carried where both success and failure of this projects have been experienced. (Fall, 2001)

2.3 Empirical Review

Participatory monitoring and evaluation is a must have component in health projects so as to assess if health projects deliver up to their expectations. This chapter aims at reviewing related literature on the four variables which are the pivotal to this research projects which are, influence of participatory need assessment on successful implementation of maternal health projects ,influence of participatory indicator definition on successful implementation of Maternal health Projects, influence of participatory stakeholder identification on successful implementation of maternal health project and finally influence of project identification of successful implementation of maternal health projects (Naidoo, 2011)

2.3.1 Participatory need Assessment on Successful Implementation of Maternal Health Projects

There is no definite or agreed definition on PM&E, perhaps what mostly stands out in PM&E from the traditional approaches of monitoring and evaluation is the emphasis on principles of participation (Estrella, 1999). although much is said about PM&E, it is empowering, cost effective, more relevant and more accurate, one of the main challenge is how do we make M&E more participatory and maintain high level of maintain high levels of involvements. Feuerstein (1986) describes the essential features of PM&E as real partnerships in development whereby people are involved in deciding when and how to monitor and evaluate, analyze, communicate and use information. According to (Botha, 2007).One of current international trends in health is the devolution of decision-making power from central Health Management to County and sub-county health board and stakeholders level. (Simon, Musah, & Sulemana, 2018)

PM&E is defined here as a process where primary stakeholders – those who are affected by the intervention being examined are active participants, take the lead in tracking and making sense of progress towards achievement of self-selected or jointly agreed results at the local level, and drawing actionable conclusions. The effectiveness (and sustainability) of such a process requires that it be embedded in a strong commitment towards corrective action by communities, project management and other stakeholders in a position to act,(Guijt and Gaventa, 1998)

Documented experiences of participatory monitoring and evaluation (PM&E) surfaced as early as the 1970s (Estrella & Gaventa, 1997) and draws from over 40 years of participatory research tradition, including participatory action research (PAR), participatory learning and action (including Participatory Rural Appraisal or PRA), and farming systems research

(FSR) or farming participatory research (FPR) (Estrella, et al., 2000). As PM&E began to be used more widely in the 1980s, especially within the policy making domain, Estrella (2000), observed that practitioners conceived PM&E narrowly as a technical application of a “toolbox” of methods to the detriment of individual and community empowerment (Jackson & Kassam, 1998). According to Jackson & Kassam (1998), 1990s saw the reconceptualization of PM&E especially with emphasis from larger donor agencies to include other stakeholders involved in the development interventions based on a call for greater recognition and precision in analyzing participation. (CAHR, 2014)

The concept of participatory monitoring and evaluation (PM&E) stems from an acknowledgement of the limitations of conventional M&E (Guijt & Gaventa, 2008) and specifically the need to strengthen and deepen contribution of primary stakeholders (those who are directly affected by the intervention being examined) as active participants in interventions by them taking the lead in tracking and analysing progress towards jointly agreed results and deciding on corrective action (Hilhorst & Guijt, 2006). According to Jackson and Kassam (1998), PM&E is “a process of self-assessment, collective knowledge generation, and cooperative action in which stakeholders in a program or intervention substantively and collaboratively identify the evaluation issues, collect and analyze data, and take-action as a result of what they learn through this process.” This definition surpasses involving primary stakeholders in a process of „conventional“ M&E (Guijt & Gaventa, 2008), to encompass a wider range of stakeholders at every stage of the process (Estrella, et al., 2000). However, despite growing interest in this subject, (Estrella & Gaventa, 2009) notes that there is no single definition or methodology of PM&E and ascribes this to the diverse range of experiences in this field. Recent years, as noted by

(Estrella & Gaventa, 2009) have seen a diversifying of contexts in which the ideas of PM&E have been applied and, therefore, allowing for methodological innovation in the approach. (CAHR, 2014)

Comprehensive PM&E systems are important for identifying the challenges that can eventually be mitigated. For instance, providing appropriate maternity care is a complex process that involves a wide range of preventive, curative and emergency services as well as several different levels of care – from the community to the facility and beyond. The ever increasing demand for scarce resources has drawn more attention to the need to not only evaluate health programmes, but to also ensure that the results of these evaluations influence the implementation of programmes. The availability of accurate, timely and consistent data at the national and sub-national levels is assumed to be crucial for development programs to effectively manage health systems, allocate resources according to need, and ensure accountability for delivering on health commitments. A comprehensive monitoring and evaluation (M&E) system should enable programme implementers, decision-makers and budget planners to learn which strategies work and what needs to be improved so that resources can be better targeted towards saving lives. Timely evidence from research during the course of implementation can inform and influence policy development, the identification of good practices and the development of sustainable health systems (Maine, Akalin, Ward, & Kamara, 2018) PM&E focuses on monitoring, which basically entails (tracking and feedback), on evaluation (valuing and performance review) as well as strengthening and deepening participation (shared learning, joint decision making, mutual respect, co-ownership, democratization and empowerment). As an evolving field, (Estrella & Gaventa, 2009) notes that PM&E has increasingly been applied

in different contexts and in hundreds of development initiatives around the world, and thus gained multiple functions as people learn how to adapt, innovate, and experiment with participatory approaches. The PM&E process is thus build around agreeing on expected results and milestones, defining how to track progress, collecting required data, undertaking joint analysis and decide on actions, (Guijt & Gaventa, 2008)., the four major steps of applying PM&E in practice are planning or establishing the framework for a PM&E process; secondly Gathering data thirdly data analysis and finally documentation, reporting and sharing of information. (Guijt & Gaventa, 2008)

PM&E and empowerment are too easily assumed to go hand-in-hand. An empowering PM&E process must be consciously constructed with that purpose in mind. This implies that the process takes place on their terms and focuses around their requirements and demands. Primary stakeholders take the lead in designing the focus and methodology and it is their skills that are developed. Finally, to gain access to relevant information and understanding of how governance works, as well as to track and make sense of change, contribute to empowerment of primary stakeholders. (Estrella & Gaventa, 2009)

Need assessment is key in implementation of any project, and a need has been identified in maternal health what remains a puzzle is despite the need assessment, this projects remain to be under performing, No successful indicators on progress neither performance. This projects are simply left with no Participation Monitoring and evaluation. (Fall, 2001)

2.3.2 Guiding Principles to PM&E in Maternal Health.

Principles of participation in any health project more so the maternal health project in Kajiado must be guided by the 5 principles of PM&E which includes: participation, which has been defined as “a process through which stakeholders are involved in and influence

decision making, resource allocation, implementation and control of development initiatives". It is under this principle that the maternal health projects create structures which includes the communities that are directly the beneficiary of the implementation. This structures comprises of the powerless, more vulnerable to victims of a condition and the most voiceless members in a society. This process intrinsically links to learning and empowerment by involving the local people. (CAHR, 2014)

The second principles is the principle of Negotiation which involves conveyance of roles, responsibilities and parameters that define the nature of partnership (project,2015).mostly, the health projects may have multiple stakeholder in local development including project staff, formal and informal communities based organizations, NGO's, private and public service providers, political class and entrepreneurs. under the negotiation principles, it seeks to address the issue of power in PM&E and recognisitization of the unequal social relationships and positions in a health project.it also entails agreeing on who will participate, what will be monitored or evaluated and how and when the data will be collected and via what means, sharing of findings and how actions needs to be addressed (Estrella & Gaventa, 2009)

Thirdly, learning is participatory process is leads to learning among all participants when shared and leads to corrective actions and subsequent programs improvement. Knowledge gained from participatory circumstances in one context in a health project might be useful in maternal health projects in terms of initiative, context and even in evaluation. Learning focused on PM&E does not happen in one sitting and it builds on what people already know and is a continuous process using the existing skills and abilities to help monitor their

progress. Learning in the health project PM&E happens from experience, exchange of information, reporting knowledge products and correctional actions. (EC/UNFPA, 2012)

Flexibility is also crucial in PM&E in health projects given the changing circumstances, people, ability and skills available for the process. All these elements change and stakeholders involved in and affected should be dedicated and committed to modify their strategies to achieve desired result. “shifting situations will require flexible systems effective M&E systems require ownership that is broad, information is transparent, and feedback is rapid, targeted, and solution-oriented.” flexibility is employed in developing indicators, establishing new indicators, new standards as well as combining new methods and approaches in ensuring proper decision making that yields to effective PM&E. (CAHR, 2014)

Finally, Methodological eclectic, which means that PM&E has the ability to utilization of wide variety of methods to generate information which includes participation, ownership, empowerment, transparency and participatory accountability. Communities which are the beneficiaries of the maternal projects can invent some or use local processes that are relevant and exploratory. Stakeholders in the maternal health projects bring their own strengths, limitation and diversity of concepts methods and applications adopted in PM&E to foster great success of the maternal health projects (Estrella & Gaventa, 1997)

Given the variety to PM &E, it is difficult to develop categories which distinguish its types and uses, though several studies have tried to do so (Abbot and Gujit, 1997) noted that there exists a great diversity in concepts, methods and applications adopted in PM&E. They survey cases drawn from different sectors of the development field including agriculture, public services or government, health, enterprise or livelihoods and integrated community

development. In addition, reporting and documentation of PM&E processes and findings were usually undertaken by individuals and institutions from the private sectors rather than from the governmental sectors. NGO's and community or people's organization (POs) were also regarded as key actors in introducing and sustaining the PM&E process. (Maine, Akalin, Ward, & Kamara, 2018)

comparative study between Central Asia and East Africa, CAHR (2014) argues that, unlike Japan and India whereby the rates of survival of the infants and their mothers is high, East Africa reports the highest rates of these deaths despite the fact that they have enjoyed independence over 50years now. The report shows that the hindering factors in proper implementation of MCH projects in Kenya for example includes: poor governance of MCH projects whereby the management is below par for the work but maintained on operation due to nepotism, preferentialism and clannish, lack of localized participation, insufficient financial resources from both the central government and donors, lack of sufficient skilled personnel to handle the expectant mothers' situations and their children, poorly informed locals especially those in ASALs areas on MCH series and their impedance, socio-cultural vies and positions like perceptions, religion, traditional values and taboos, the level of technology employed in these MCH units that is poor, poorly developed infrastructure like laboratories and many more. (CAHR, 2014)

The use of participatory approaches and methods has become increasingly mainstreamed. The use of tools such as social mapping, Venn diagrams, wealth ranking, and transects have become normal practice in much development work, including in World Bank-supported CDD programs. Ministries have started to include participatory methodologies in guidelines

provided to local governments for developing municipal development plans, such as in Benin

and Mali. Participatory diagnosis, priority setting, and planning have become an accepted ethic and are practiced in hundreds of Northern and Southern development initiatives. However,

‘participation’ should also address implementation, monitoring and evaluation. There is a rapidly growing interest in ensuring wider participation, and since the mid-1990s, the term ‘participatory M&E’ (PM&E) has received increasing attention (Estrella et al., 2000).

Health projects in Kajiado County are conducted either by the government or Non-governmental Organization (NGO’s) with little or no community participation on terms of monitoring and evaluation since the whole task is left the sponsoring bodies. A general feeling is that there is need of community and stakeholders involvement for these projects to meet the identified needs. Otherwise, all these projects remains susceptible to sustainability risk and hence imminent failure is predicted in that they will fail to deliver continued improvements in quality of maternal health amongst the beneficiaries of this projects to Kajiado communities.

2.3.3 Influence of Participatory Needs Assessment on Successful implementation of Maternal Health

Csesznek, Codrina. (2014) defines participatory needs assessment (PNA) as a research method, based on the principle of participative democracy. PNA offers the right to speak to the people living within local communities and, furthermore, it attempts to place the problems and the solutions submitted by citizens on the decision-makers' working agendas. Being often a first stage in the process of research-action, PNA is the most certain modality to find the community members' perception on their collective needs, as well as their

attitudes towards these needs. In this study, I describe the basic methodological elements of PNA and I show both the advantages and the limits of this method, with three cases from today's literature. (MatiwaneI & TerblanchéI, 2019)

Rifkin S (1996) points out that participatory needs assessment provides a valuable opportunity for the views and voices of those not normally heard to be taken into account for example, ethnic minority groups, young people, homeless people. In a normal health needs assessment, the views of such groups would normally only be heard if they had raised issues formally. Participatory needs assessment may link to or complement epidemiological (or other) needs assessment, particularly in relation to service planning and does not have to be a standalone piece of work.

Peykari N et.al (2012) is of the opinion that needs assessment and health priority setting proposed the best solution to resource allocation or rationing as the most important health policy questions of the 21st century . Martin D and Singer P. (2003) in their study on strategy to improve healthcare, mentions that during the past decades, many different approaches to needs assessment and priority setting have been developed. Evidence-based medicine, cost-effectiveness analysis, the analysis of the burden of disease, and equity analysis are the most common applied approaches

In Iran many health organizations even medical science universities and health research institutes did not have the evidence needs assessment based priorities list for many years. What's worse, when they faced with critical situations such as reducing the budget, in many cases unconsidered and nonscientific decisions would waste the finite resources. Larijani B et.al. (2009) is of the view that based on the contribution of commitment on Health

System Research in Iran by 2025 defined vision, all of the health stakeholders specially health research policy-makers must more than any other times turn to the systematic approaches of project management. Larijani further notes that only through this approach they would be able to achieve the coordination and dynamic collection of goals, policies strategies, and requisites have been designed in Comprehensive Scientific of the Country.

Provision and local development require the input and collaboration of a multitude of actors. Usually there are multiple stakeholders involved in local development, which may include project staff, customary authorities, formal and informal community-based organizations and groups, NGOs, local government agencies, private and public service providers, politicians, entrepreneurs, etc. The relation between office or duty bearers and right holders may shape these stakeholder interactions; the challenge is to arrive at a dialogue on expectations, roles and responsibilities. Smooth partnerships are essential for efficiency, to avoid duplication and prevent gaps. However, this is easier said than done. In a multi-stakeholder setting, being clear on responsibilities and quality standards, sharing information, undertaking joint analysis, and honoring agreements is often a challenge. These new configurations also raise questions with respect to horizontal coordination, connecting effectively with other (vertical) levels, and accountability. Network governance is about enhancing functional and transparent relationships between stakeholders working on similar issues in an informal or formal partnership context, such as coordination meetings, platforms, public-private dialogues, cadre de concertation etc. The 2004 World Development Report on pro-poor service delivery recognized this issue and introduced the ‘accountability framework’ that analyses the linkages between (poor) citizens, service

providers and policy makers and how these can be used for improving performance (Campos and Hellman, 2005)

2.3.4 Influence of Participatory Indicator Definition on Successful Implementation of Maternal Health projects

The word indicator is a very literal word: indicators, “indicate or tell something about something” (National Institute of Public Health Phnom Penh, 2000). Indicators are signals: they indicate the status of, or change in, something. They work as markers like milestones on the roadside which indicate the distance traveled, or the location at a given point.

Ary, D., L. Jacobs, and A. Razavieh. (2002) defined indicators as ways of measuring (indicating) that progress on your programs or projects is being achieved, with ‘progress’ being determined by the aims and objectives of an initiative. Indicators are used to measure the impact of interventions and to monitor the performance of programs or projects in relation to pre-determined targets. Some evaluators consider indicator setting to be the most difficult step in designing an evaluation or impact assessment. In the attempting to provide indications of change in complex contexts

USAID Center for Development Information and Evaluation (2015) notes that when implementing projects, indicators are used to check project progress and results. Indicators are ‘measures’ that demonstrate progress and results to project staff and volunteers, to the beneficiary community, and to the donors. In most projects there are two types of indicators: one type indicates the project’s stage of implementation – the progress in completing planned activities. These are called process indicators. They indicate how much work has been completed. The other type of indicators describes the level of change achieved through the activities. These are called change indicators. They are also referred

to as results indicators since they indicate the results that are achieved through the project's intervention. Indicators are, therefore, used to track progress and change.

Coupal, F. (2001) points out that while it may be tempting to forego the use of participatory approaches to setting indicators due to lack of time and other resources, it is important to take a long-term perspective that considers the benefits of participatory M&E. These benefits include: flexibility of the process, increased ownership of the M&E process by community members and other stakeholders, better quality evaluation outcomes, strengthened evaluation capacities, and improved program impacts.

2.3.5 Participatory Project Identification

Participatory Project Management (PPM) ensures inclusion of the community members in making key decisions of every phase of the project. Community members take active role in the identification, planning, execution, monitoring, and control as well as in closure phase. Participation in this context is where groups, organizations and individuals decide to take an active role in decision-making on issues that affect them (Usadolo and Caldwell, 2016)

PPM also includes project needs identification. During project needs identification, people take part in pointing out their felt needs and ranking them in terms of the most pressing. If people are involved in these processes, they end up owning the project as their own and manage it effectively. Participatory development is effective because it starts an empowerment process that allow the beneficiaries of the project to assume responsibility for developing and designing initiatives, executing them and ensuring high levels of project success are maintained. Participation is a goal by itself and can be seen as an empowerment

process in which people acquire knowledge, skills and experience to pursue greater accountability for their development (Barasa & Jelagat, 2013).

The stakeholder approach has been described as a powerful means of understanding the projects and the environment where they are being deployed. (Oakley, 2011). This approach is intended to broaden the management's vision of its roles and responsibilities beyond the profit maximization function (Mansuri & Rao, 2004) and stakeholders identified in input-output models in the course of the project, to also include interests and claims of non-stockholding groups. Patton (2008) elaborated that the stakeholder model proposes that all persons or groups with legitimate interests engaging in an enterprise do so to obtain benefits and that there is no pre-set priority of one set of interests and benefits over another (Karl, 2007). Associated corporations, prospective employees, prospective customers, and the public at large, needs to be taken into consideration.

Stakeholder PM&E influence success in Maternal Health project. The Involvement of project-affected stakeholders in monitoring health projects led to success in this projects and has been embraced as a good practice. In relation to any type of stakeholder involvement in project monitoring, care should be taken in the choice of representatives and the selection process should be crystal clear and transparent. Stakeholder Involvement in Participatory Monitoring and Evaluation has significant influence on the project outcome. The impacts of stakeholder Involvement are equally reflected on the performance of projects. Coulter (2010) focuses on organization issues in his analysis which play crucial role in project outcome. Stakeholder Involvement is an element of organizational capability that deals with stakeholder-related decision making, in the context of programme

performance. Colter asserts that decision making through Involvement with stakeholders affects firm's project performance positively.

Glass (2010) noted that a PM&E strategies and actions leads to increased communication performance, develop a reputation for responsible behavior and achieve set objectives within a stipulated time. Involvement of stakeholder through PM&E in health projects enhances identifying challenges around performance. Senior leaders in organizations can adopt stakeholder Involvement as an opportunity to influence other organizations and create alignment to structures and processes to support the vision and mission of project performance (Katiku, 2011).

Stakeholder Involvement process builds a pre-emptive two-way process between the organization and the stakeholder. The communication, views and proposals flow in both directions and the organization which can change its behavior as a result of Involvement. This process is not actually linear; rather it is an iterative process in which an organization learns and improves its ability to perform meaningful stakeholder Involvement through developing relationships of mutual respect, in place of one-off consultations. Holmes and Moir (2009) observed that stakeholder's Involvement in environmental control project in construction is a formal process of relationship management through which clients, contractors and sub-contractors engage with a set of primary and secondary stakeholders, in an effort to align their mutual interest to reduce risk in projects.

2.4 Summary of Literature

The foregoing reviewed literature has pointed to the stakeholders' Involvement on Maternal Health project performance. Likewise, stakeholders such as locals residents targeted by the projects, health management consultants, contractors, governmental and

non-governmental organizations, Project managers, Monitoring and evaluation officers a have influence on maternal health project success. The objectives of engaging stakeholders in planning include analyzing, anticipating, scheduling, coordinating and controlling and information management under which all influences success of the health projects. Need assessments, Project Performance indicators, and project identification have been discussed as other items which influence performance of maternal health projects.

2.5 Knowledge Gap

Going forward, need for participatory monitoring and evaluation is key for the community based project as well as other funded projects to ensure that well utilization of resources, timely completion of these projects as well as delivery of the expected outcome as per the need assessment. A big knowledge Gap exist on how effective is Participatory monitoring and evaluation on the growth of maternal health Projects hence a need to bridge the Gap.

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter covered discussion of the research design, methodology to be adopted by the study, description of the research design, target population, sampling procedures, data collection procedures, data collection instruments and data analysis.

3.2 Research Design

A research design provides a specified plan on how the research will be executed as the researcher strives to answer the questions that it contains. According to Kothari (2004), research design is a conceptual structure which guides a research study and plays the role of a blue print for the collection, measurement and analysis of data. Mugenda and Mugenda (2007), state that research design is the plan or scheme outline used to generate responses or answers in a research problem. The study adopted a descriptive survey design. According to Donald and Pamela (2011), a descriptive research design is concerned with determining how, who, what where, when and how much variables affect each other. Descriptive survey design was appropriate for this study as it allows coverage of a wide population. The aim of a descriptive study is to describe phenomena associated influences of participatory monitoring and evaluation on projects. The advantage of the chosen survey method is the cost implication and relevance of the method in collecting the required information. Moreover, the design is preferred because it has the capacity to elicit standardized responses where standard questions are asked to the participants as asked by the researcher. This is consistent with what Levin & Gelles (1999).

3.3 Research Site and Rationale

This study was carried out within Kajiado North constituency and conducted in all wards. This constituency is quite relevant to this study since it is the area where maternal death has been experienced as well as most of maternal health project have been started and are on-going.

3.4 Target Population

Target population refers to the population which the researcher intends to use to conduct a study from which generalized conclusion about the entire population was made. Lavrakas (2008) defines a population as any finite or infinite collection of subjects for the purposes of an inquiry. The target population for this study was **2572** health clerks and community health workers within Kajiado County who were purposively selected due to their nature of work in maternal health projects and have a clear understanding of how inclusivity is effected in this projects.

3.5 Sampling procedures

This part presents the sample size to be selected and the sampling procedures to be used for the study. Sampling techniques are also strategies used by researchers during the statistical sampling process. The researcher employed convenience sampling techniques to gather data in this study

3.6 Sample Size

A sample size is a representative from a given subject population. According to Kothari (2004), a sample is a collection of units chosen from the universe to represent it. Out of a total of 2572 health clerks and community health workers in Kajiado north constituency

whom were suitable for health projects, 255 were randomly selected which is informed by Mugenda and Mugenda (1999).

Sampling is a procedure, process or technique of choosing a sub-group from a population to participate in the study (Ogula, 2005). The sample was selected at Random sampling and convenience random sampling was used. Convenience sampling enabled the researcher to draw the sample from the available members of the study population at the available time and place the research seeks response.

Table 3. 1 Distribution of the Sample Size

Category	Target population	Sample Size
Central Keekonyokie	126	13
Isinya	82	8
Kiserian	226	22
Kitengela	237	23
Magadi	63	6
Mosiro	44	4
Nkaimoronya	502	50
Ngong	220	22
North Keekonyokie	169	17
Oldonyo Nyoike	34	3
Olkiramatian	102	10
Oloolua	247	25
Ongata Rongai	332	33
Olturoto	69	7
Shompole	77	8
South Keekonyokie	42	4
Total	2572	255

Source: Author (2019)

3.7 Data Collection Procedures

The researcher collected primary data from the identified sample through random sampling and convenience sampling. To begin the process, the researcher first sought to have all the necessary letters, approvals and permits ready before getting into the actual task of data collection. The researcher started by obtaining permission letter from Africa Nazarene University to carry out the study. The researcher used three research assistants and five community guides who first underwent induction training on how they were to carry out the exercise. Research assistants helped in administering of questionnaires while community guides assisted with the familiarization of the study area.

3.8 Research Instruments

Primary data was used in the study. Questionnaires, which contained close ended questions were administered to the 255 respondents. The questionnaire were self-administered. Structured questions are easier to analyze and administer because each item is followed by alternative answer. They are economical to use in terms of time and money and during coding. Respondent were compelled to answer question according to the designed answer against each question.

3.8.1 Piloting of the Instruments

The questionnaire were pilot tested in Kajiado North constituency, and Ngong Ward was selected for the study where most of this Health Project headquarters are located and this seemed to be the ideal environment where 20 residents were randomly selected. The research were conducted by issuing a few questionnaires to few individuals whom were randomly selected from the target population. The questionnaire included a statement at the end requiring the participants to suggest any improvement that they think need to be

done on the questionnaire. Based on the feedback in terms of how the respondents answer the included questions and any possible suggestion made on how to make the questionnaire more appropriate, the necessary changes were made. This helped to ensure that the administered questionnaire to be used to collect data for the required findings is relevant and applicable in realizing the desired objectives.

3.8.2 Validity of the Study Instruments

A research is only valid when it studies what it set out to study. Kothari (2009) argues that validity is critical as an indicator to the degree by which the survey instrument measures what it is actually supposed to measure. Validity may also be said to be the extent to which a concept, measurement or conclusion were well founded and level of correspondence to the real world. Mugenda and Mugenda (2003) define validity as the extent to which an instrument used in a study was to measure what it is designed to measure. While it may be hard to measure the validity of a research instrument, inference to the same was made. The researcher relied on the professional judgment of the supervisor on the extent to which the research instrument was valid. The researcher, with the help of a trained research assistant issued 18 questionnaires to respondents in the specific areas under study. The respondents, after filing the questionnaires, the respondents were asked to give their opinion on areas that they would suggest improvements based on the content, constructs, language and possible face validity. Relevant suggestions were incorporated in the final questionnaire.

3.8.3 Reliability of the Study Instruments

When an instrument is reliable, administration of the measure to a subject twice over duration of time yielded the same results. According to Zuckmand (2000), Reliability is an indicator of the consistency and stability with which a data collection instruments is

capable of measuring a concept. Since a measure is said to have a high reliability when it provides similar result under separate conditions, the researcher was split the pilot sample into two and use split-half reliability procedure. This involved testing the consistency using the odd and even numbers of the questions in the questionnaire. The entire instrument were then be administered to a sample of respondents during the pilot testing exercise. For each randomly divided half score were calculated. Reliability coefficient was computed using the scores obtained by applying the formula below:

$$\text{Reliability of scores on total test} = \frac{2 \times \text{reliability for half test}}{1 \times \text{reliability for half test}}$$

3.9 Data Collection Procedure

The researcher obtained letter of authorization to conduct the study from Africa Nazarene University. Upon receipt of the letter of Transmittal, the researcher also obtained a Nacosti permit so as to be allowed to conduct the research to the selected sample. The researcher worked with the help of Research assistants who helped in data collection. The research assistant were trained on how to collect the data and were required to understand the expected responses. Research questionnaires were administered to the respondents and collected on the following day after they are issued. Where necessary, the researcher and with the help of the research assistant helped the respondents where the questions require technical assistance or where the respondents have language barrier problems or poor writing skills. Each questionnaire were attached to an introduction letter explaining the purpose of the study as well as the authorization letter as prove of permission to conduct the research.

3.10 Data Analysis Techniques

Prior to data analysis, data processing is conducted. This involved carrying out editing with the aim of detecting errors, omissions and classification of data in common categories where possible. The above authors also state that descriptive statistics enable the researcher to describe the data meaningfully in describing the distribution of the study object. The data to be analyzed, especially in terms of quantities, was presented statistically using frequency distributions, proportions and percentages of the sampled population demographics. Data was presented in tables and necessary descriptions given where the data collected was descriptive in nature.

3.11 Ethical Considerations

Ethical considerations require that a researcher must systematize, understand and defend concepts of right and wrong conduct. The considerations entails the principles within which the researcher must adhere to while conducting a research. The researcher obtained permission and authorization to conduct the study from Nazarene University. Due to sensitiveness of some data to be collected, the respondent were guaranteed of their privacy and confidentiality was to be observed. The researcher did not make any promises of incentives or gifts to coerce or encourage participation in obtaining feedback from the respondents. Data and information collected was treated with utmost propriety and was not to be used for any other unauthorized purposes. Moreover, the researcher ensured that the findings of the research are general and not specific to an individual or an organization in particular. Finally, where permits or necessary authorization is required to collect data, the researcher ascertained that all requirements are met.

CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter contains data analysis presentation, findings, and discussion pertaining to the research study in line with the predetermined objectives. The study, in general, was aimed at pointing out the participatory monitoring and evaluation and successful implementation of maternal health projects within Kajiado County, Data were collected from primary sources using descriptive statistics and the results presented in form of frequencies, percentages and means of tables. This chapter is organized in that it starts with demographic characteristics and then presentations of the findings based on the study objectives

4.2 Demographic Information

Several demographic related questions were included in the questionnaire in the section involving general background information. These included the gender, marital status, age, place of residence and level of education attained. Part of the general background questions asked was significantly helpful in the classification of the data for analysis during the study.

4.2.1 Questionnaire Return Rate

The return rate for the questionnaire was 100% because the researcher delivered them in person for data collection. The questionnaires were collected the same day and counter checked to ensure all the items for the questionnaire were completed. Therefore questionnaires from 255 respondents were used in data analysis.

4.2.2 Distribution of respondents by Gender, Age and Highest level of Education

Table 4.1 presents the gender of the PM&E Officers who participated for the study in Kajiado County. The study involved both male and female respondent. 64.7% of the respondents were female while 35.3% were male. This shows that there is a higher share of women participating in the labor market than men.

Table 4.1 Distribution of respondents by gender age and highest level Education

Gender	Frequency	Percentage
Female	165	64.7
Male	90	35.3
Total	255	100.0

Source: Author (2019)

4.2.3 Age bracket (years) of the Respondents

The findings presented in table 4.2 shows the distribution of the respondents targeted in the study in terms of age bracket 18% were between age 20 and 30, 44% were of age between 31 and 40, 35% were between the age of 41 and 50, while 3% were of age 51 and above.

Table 4.2 Age bracket of the respondents

Age	Frequency	Percent
20-30	47	18
31-40	113	44
41-50	48	35
51- Above	7	3
Total	255	100

Source: Author (2019)

4.3.3: Level of Education Attained by the Respondents

The findings on the level of education attained by the respondents were categorized and presented in table 4.3 below. The results show that 10.2% (26 out of 255) of the respondents had attained a postgraduate level of education. 39.6 % which was (101 out of 255) had high acquired a degree. 22.4% indicated to have attained a diploma level of education. 26.6 indicated to have only secondary school level of education and the least was 1.2% of whom were only 3 that indicated to have a primary school level of education. All the participants had basic education that enabled them to fill the questionnaire which was necessary for the purpose of this study.

Table 4.3 Level of education attained by the respondents

Education level	Frequency	Percent
Primary	3	1.2
Secondary	68	26.6
College	57	22.4
University	101	39.6
Post graduate	26	10.2
Total	255	100

Source: Author (2019)

4.2.4 Prior Participation to Project Monitoring and Evaluation

The project also sought to establish if the participants had prior knowledge and experience on monitoring and evaluation. 95.2 % indicated that they had participated in project while 3.8% indicated to have not participated in monitoring and evaluation. This was a clear

indication that the sample selected for the study had prior knowledge and experience on monitoring and evaluation as indicated in table 4.4

Table 4.4 Prior participation to project monitoring and evaluation

Prior participation in M&E	Frequency	Percentage
Yes	243	95.2
No	12	4.8
Total	255	100

Source: Author (2019)

4.2.5 Length in Years of M&E Participation

The study also sought to investigate for how long the participants were involved in monitoring and evaluation, it was established that 4.7 % had less than five years' experience, 48.2 % had 5 to 10 years' experience, 45.9 % had 11 to 15 years, and 1.2% had an experience of 15 years and above in Monitoring and evaluation. This showed that the sample was well equipped with knowledge of monitoring and evaluation.

Table 4.5 Length of participation in Monitoring and Evaluation

Length of Participation in M&E	Frequency	Percentage
<5	12	4.7
5-10	123	48.2
11-15	117	45.9
Above 15	3	1.2
Total	255	100

Source: Author (2019)

4.3 Participatory need assessment on successful implementation of maternal health projects

This was the first objective that the project aimed at achieving, the respondents were to rate the statements using the following scale, 1 (strongly agree), 2 (agree), 3 (Neutral), 4 (disagree) and 5 for (strongly disagree). The results are as shown on tables below

4.3.1 Need Assessment and Means of Collecting Information during Need Assessment Phase

The study sought to investigate the first objective on what are the popular means of collecting information from residents on maternal health projects in Kajiado. From table 4.6 below, it was discovered that variety of means are used during need assessment, Interviewing the residents on project needs was at 2% which was (5 out of 255). Discussion forums were found established to have a 3.1 %. Direct observation on site of activity was found to have 91.4% which is (233 out of 255), and lastly was comparison with other projects which was found to have 3.5 %. This was a clear indication that participatory need assessment was minimal and the implementing agency just do the need assessment with no local inclusivity.

Table 4.6 Need assessment and means of collecting information from resident

Means of collecting information from Residents	Frequency	Percentage
Interviewing resident individuals on project's need	5	2%
Discussions forums	8	3.1%
Direct observation of site activities	233	91.4%
Comparison with other projects	9	3.5%
Total	255	100%

Source: Author (2019)

4.3.2 Respondents view on elements of Participatory Need assessment

The research intended to achieve the first objective on establishing the effect of participatory need assessment and maternal health project, the respondents were to rate the statements using the following scale, 1(strongly agree), 2 (agree), 3 (Neutral), 4 (disagree) and 5 for (strongly disagree). The results are as shown on tables 4.7 below

Table 4.7 Respondents view on Participatory Need assessment

	Strongly agree	agree	Neutral	Disagree	Strongly disagree
Do you think there is participative research on need assessment	84%	10%	2%	9%	5%
Assessment in to the project inputs, financial resources and leadership is essential	93%	2%	4%	1%	0%
There is a need of a continuous supervision of the need implementation process.	89%	7%	0%	3%	1%
There is need for adequate time allocation at initial need assessment process.	2%	77%	0%	15%	6%
Impacts expected need to be well outlined as a result of participatory need assessment	86%	5%	3%	5%	1%
Conformity of end results (output) of health projects are as a result of participatory research on need assessment.	90%	2%	6%	2%	0%

Source: Author (2019)

It was established that participatory research on need assessment was crucial since majority of respondents, 84%, strongly agreed to that proposition. Assessment into project inputs at initial stage was strongly supported with a 93% strongly agreeing to, 2% agreed making it a total of 95% supporting that proposition. Further, the research sought to identify if there

is need for a continuous supervision of the need implementation process and a 96% agreed while only 4% disagreed to the statement. This showed that a majority of the sampled respondents believed in continuous assessment of implementation process so as to track if the project implementation conforms to need assessment and implementation plan outlined. Time was equally considered as an important factor in the need assessment. 2% strongly agreed and 77% agreed to adequate time allocation of maternal health projects based on outcomes of need assessment. On the contrary, a total of 21% disagreed to adequate time allocation citing that projects should be completed within the shortest time possible to allow the community reap the expected benefit soonest. Output was considered key and based on the need assessment, the outcome should conform to the initial need assessment result and deliver expected outcome as evident by the total of 92% of respondents agreeing to the fact that health projects are expected and should deliver the results of participatory need assessment, while 2% strongly disagreed. This showed that a majority of the respondents felt that projects should always be a product on initial participatory need assessment, and this concurs with (MatiwaneI & TerblanchéI, 2019), who maintains that the needs identification exercise should be a participatory process because it is the beneficiaries who must identify their needs before they organize themselves to do something about their situation.

4.4 To Assess the Influence of Participatory Project Identification on Successful Implementation of Maternal Health Projects Within Kajiado County.

The project further sought to assess the influence of participatory project identification on successful implementation of maternal health projects within Kajiado County. The respondents were to rate the statements using the following scale, 1 (strongly agree), 2

(agree), 3 (Neutral), 4 (disagree) and 5 for (strongly disagree). The results are as shown on table 4.8 below:

Table 4.8 influence of participatory project identification on successful implementation of maternal health projects within Kajiado County

	Strongly agree	agree	Neutral	disagree	Strongly disagree
Is Preliminary problem analysis important?	93%	2%	3%	2%	0%
Should a project have a defined purpose?	95%	1%	0%	0%	1%
Participatory setting of objectives, mission and vision is key	67%	25%	6%	2%	1%
Any maternal health project should adhere to accountability assessments and analysis.	78%	18%	1%	2%	1%
There should a participatory identification of a target group that the project aims at benefiting	56%	15%	22%	5%	2%
Risk assessment should be conducted for maternal health projects	87%	3%	6%	2%	2%
Should there be alternative options to accomplish the project.	67%	14%	9%	7%	3%
Project resources should be clearly indicated	93%	4%	1%	2%	1%
A participatory project identification project should clearly indicate what is to be done and by who.	47%	32%	11%	3%	7%

Source: Author (2019)

Preliminary problem analysis was established to be important with a majority 93 % strongly agreeing and 2% agreeing to that statement. The remaining 3% and 2% were neutral and disagreed respectively. The respondents further responded to project having a clearly defined purpose with 95% strongly agreeing and 2% agreed to that statement, with

only the remaining 3 % being neutral to the same statement. This was a clear indication that during participatory project identification, holding a preliminary problem analysis is important to determine what problem to solve and the project should as well have a clearly defined purpose that it intends to solve.

The research further established that there is a need to participatory setting of project objectives, mission and vision. This was evident by 67%, who, strongly agreed, 25% agreed, 6% were neutral to the statement and only 1% who strongly disagreed and from this observation, the research suggested that a need towards an all-inclusive team in setting project objectives, mission and vision. In addition, the projects identified were suggested to have a strict adherence to accountability assessment with a 78% strongly supporting the statement, and a 21% supporting while only 1% who were neutral to the sentiment. On statement, need to identify target group or the beneficiary group in a locality, it was observed that 56% strongly agreed to that fact, with a 15 % agreeing to that statement. 22% of the respondents were neutral to the question and a total of 7% were on the negative side. Risk assessment during project identification statement was posed to the respondents, a total of 90% agreed to the statement, while 10% were neutral, this showed that a great majority felt that having a risk assessment at initial stage would enable maternal projects seal loopholes or future hindrances to any successful completion. Need to an inclusive/participatory resource identification and reporting was as well investigated and a total of 93% were in strong support and 2% of the respondents disagreed. This showed that there was need for transparency and accountability in resource use and this resonates with (Naidoo, 2011), who claims that at both the strategic and operational level, M&E requires and amplifies concepts of transparency, accountability and improvement, which resonate

with the tenets of good governance and resource utilization. Finally, the questions sought to establish if participatory project identification project should clearly indicate what is to be done and by who, and a 47% were found to strongly agree, 32% agreed while 11% were neutral on that statement, 3% disagreed and 7 % strongly disagreed. This showed that a project should clearly indicate who plays what role to avoid conflict and overlapping of roles in maternal health projects. This resonates with, (Fall, 2001), who argues that potential for conflict in development projects is usually high because it involves individuals from different backgrounds and orientations working together to complete a complex task and hence a need to define the roles and task so as to avoid conflict occurrences.

4.5 To Establish the Influence of Participatory Stakeholder Identification on Successful Implementation of Maternal Health Projects Within Kajiado County.

The third objective of the study was to investigate the influence of participatory stakeholder identification on successful implementation of maternal health. The respondents were to rate the statements using the following scale, 1 (strongly agree), 2 (agree), 3 (Neutral), 4 (disagree) and 5 for (strongly disagree). The results are as shown on table 4.9 below.

Table 4.9 stakeholder identification on successful implementation of maternal health projects

Question	Strongly agree	agree	Neutral	disagree	Strongly disagree
Need to conduct a preliminary stakeholder analysis	67%	13%	10%	3%	7%
Need to establish stakeholder roles in developing vision and mission of the project	65%	23%	5%	2%	5%
Need to build voice of the marginalized	25%	23%	2%	23	27
Need to maintain a feedback relation	45%	23%	12%	12%	8%
There is need to identify stakeholder management strategy	23%	11%	24%	32%	10%
Need to hold debriefing sessions and discussions which enhances Participation	54%	23%	12%	10%	1%
Need to Capacity building to influence participatory M&E	67%	25%	15%	2%	1%

Source: Author (2019)

On stakeholder involvement, the study sought to investigate if there is need to conduct a preliminary stakeholder analysis, and 67% strongly agreed, 13 % agreed, 10% were undecided, 3% disagreed while 7% strongly disagreed. From the results, the study established that stakeholder analysis is an efficient and effective tool in realizing positive influence towards effective maternal health projects. The study further sought to identify the influence of responsibility delegation or establishing stakeholder roles, 65% of the respondents strongly agreed, 23% agreed 5% were neutral and undecided, 2% disagreed and 5% strongly disagreed. From the results, delegation of duties and roles in defining the vision and mission influenced maternal health projects. This concurs with (Small Business

Resource Centre, 2006) which urges that managers that attempt or dare to practice delegation to decrease their workload and give a chance to opportunities for growth and challenge for their subordinates have reaped benefits of delegation.

The study sought to investigate further if the projects needs to build the voice of the marginalized, 35% strongly agreed, 23% agreed, 2 were neutral, 23% dis agreed, and 17% strongly disagreed. This showed that maternal health project just like other projects aimed at enhancing participatory influence to the projects so as to realize much benefit to the beneficiaries. Further the study investigated on need to maintain a feedback relation, 45% strongly agreed, 23% agreed, 12% were neutral, 12% disagreed and 8 % strongly disagreed. This result showed for sustainability of PM&E, feedback relation is essential in maternal health project.

Further, the study sought to investigate impact of regular debriefing and discussion on enhancing stakeholder participation, 54% strongly agreed, 23% agreed, 12% were undecided, 10% disagreed and 1% strongly disagreed. From the results, it showed that regular questioning on the progress and the multiple discussion held strengthen stakeholders participation and Evaluation hence support to project sustainability.

Finally, the study sought to investigate the need for capacity building on stakeholders. 67% strongly supported, 25 agreed, while 18% were undecided. From the result is showed that capacity building, training and stakeholders forums are all essential to enhance problem solving, encourage participation and create confidence in stakeholders participation on the maternal health projects as (Charles, 2019) argues that the participatory aspect of Monitoring and evaluation requires training and capacity building to enable the solutions to come from the participants and give voice to those most affected by research decisions.

4.6 To Determine the Influence of Participatory Indicator Definition on Successful Implementation of Maternal Health Projects Within Kajiado County

The third objective that the study sought to achieve as the factors and contribution of participatory indicator definition and successful. This was to establish if it was necessary to have performance evaluated and what expected outcome it would have on maternal health. The respondents were to rate the statements using the following scale, 1 (strongly agree), 2 (agree), 3 (Neutral), 4 (disagree) and 5 for (strongly disagree). The results are as shown on table 4.10 below

Table 4.10 Participatory Indicator Definition and Successful Implementation health projects

Question	Strongly agree	agree	Neutral	disagree	Strongly disagree
Community score cards should be available as a mean to monitor performance	62	25	4	5	4
Should a maternal project have regular progress review?	71	13	1	9	6
Should the results be pertinent to overall goal?	63%	30%	0%	5%	2%
Is it important to project the number of Residents expected to benefit from the project?	23%	18%	4%	15%	30%
Quality of maternal health should improve as an indicator of positive performance	57%	11%	2%	27%	3%
Implemented projects on maternal health should have a verifiable progress in terms of performance?	77%	11%	10%	1%	1%
Are there notifiable magnitude of positive change as a result of Participatory monitoring of performance indicators?	65%	2%	4%	17%	4%
Are timelines adhered to when Participatory Indicator definition is practiced?	23%	12%	12%	43%	10%

Source: Author (2019)

Availability of community score cards was well rated with a total majority of 87% agreeing to the opinion of having community score cards to evaluate performance of maternal health projects. 4% were neutral while a total of 9. Disagreed. This showed that the Community believed in participatory evaluation of performance where all units within the community are involved. In addition, the study sought to establish if the regular evaluation of

performance should be available, 72% strongly agreed, 13% agreed, 1% were neutral, 9% disagreed and 6% strongly disagreed. The results too were also established that they should in line with the overall goal, as a total of 93% agreed while a total of 7% were on the contrary. This was a clear indication that performance should be regularly monitored to evaluate if projects are striving to achieve their expected outcome and to remain pertinent to their predefined goals. This concurs with HRSA, who asserts that Evaluating performance brings objectivity to the analysis of performance and identifies the strengths and weaknesses of a health care organization.(HRSA,2011)

Further, the study sought to investigate the influence of identifying the beneficiaries expected to benefit from maternal health projects, 23% strongly agreed, and 18% agreed to that statement while 3% were undecided.15% disagreed while 30% strongly disagreed. This showed that there was no consensus and in details, those who disagreed showed that a project is expected to serve the targeted unit in a community and its entirety and should serve with no discrimination.

The study examined if quality of maternal health was meant to improve if Participatory M&E is practiced in maternal health,57% strongly agreed,11% agreed, while 2% were undecided.27% disagreed and 3% strongly disagreed and from these findings, it shows that empowering Participation in Performance evaluation led to better quality of service in maternal health.

The results on whether projects on maternal health should have a verifiable progress in terms of performance revealed that 77% strongly agreed,11% agreed, 10% were neutral and undecided while 2% disagreed. Further, the research investigated further to establish if there are noticeable change in case regular evaluation is conducted and the result

showed that 65% strongly agreed,2% agreed,4% were undecided while 17% disagreed and 4 %strongly disagreed. The result reveled that evaluation of performance on maternal health projects should be open to the public and verifiable based on the initial set plan. Regular evaluation on this project too proved to have a great impact in that regular and noticeable change is realized.

Finally, the study sought to establish if there is strict adherence to timelines when evaluating performance of Maternal health,23% strongly agreed,12% agreed, 12 % were undecided while a great majority of 43% and 10% disagreed and strongly disagreed respectful. The results revealed that despite everyone's expectation to have projects completed with short deadlines, it created much risk in that, staff undertaking the projects lacks ample time to pause, reflect and modify plans when need be and this makes projects to always lag behind the schedule as shown. (SHRM, 2014) assert that Project Managers should have the freedom to set goals any time during the year and for any duration. This means that goals do not need to be formally documented in an automated HR system if doing so would interfere with the ability to set frequent goals and change them as conditions change.

CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSION AND RECCOMENDATION

5.1 Introduction

This chapter contains a summary of the findings and conclusion on the influence of participatory monitoring and evaluation on successful implementation of maternal health in Kajiado county.it further gives policy and research recommendation.

5.2 Summary of the Finding

The summary of the findings has been presented according to the objectives that guided this study. First, study sought to investigate the influence of participatory need assessment on successful implementation of maternal health projects. The findings revealed that participatory research influenced to a large extent maternal health projects by knowing the right inputs, set of activities, resources, and constraints in the course of the projects. The study also found that ample time allocation should be allocated to allow time to pause reflect and modify plan in the course of project implementation. Finally, the study established that impact expected need to be well outline at the initial stages of the projects.

To assess the influence of participatory project identification on successful implementation of maternal health projects within Kajiado County, the study established that problem analysis was key in the helping identifying new opportunities and bottlenecks that may be turned into objectives within the project identified. Further the study established that health project presented as an explicit part of overall mission and strategies as a result of Participatory monitoring and evaluation, this delegation in defining mission and vision influenced project sustainability. The results correlates with the study finding of

Germandia (2014) that having projects implemented in line with set mission results to sustainability of health projects.

The project further established that risk assessment was crucial factor to be considered. It was established that with a participatory project identification, wide public dissemination helps place risk control in the hands of communities and mitigation of risk is made easier. Finally, once projects start as a result of participatory consultation with local communities, it ensures that community stay informed, receive feedback on resources utilization since resources need to be coordinated so as to achieve maternal health objectives.

Stakeholder identification too was established as an important factor of PM&E since it laid approaches on how to work with community stakeholders and have an equal footing, skills and availability was an important factor that should be established when conducting stakeholder analysis. The role of stakeholders was identified too as an important factor and in the study agreed that these roles can be designed as the project progresses, these roles identified in forums include sub-contractors, delivery agency, or even enabling agency.

Workshops, debriefing contributed highly to participatory involvement of community in maternal health projects, it was in these briefings that the community knows what the progress of the projects is and gives to reflect or change plan of action. The study further established that regular questioning on the progress of development projects influence project sustainability on maternal health projects.

Indicator definitions were meant to evaluate performance, results from the study established that community score cards which are developed with lots of consultation were the best tools to evaluate performance at each and every stage of the project. It was found that the performance indicators in these Maternal Projects in Kajiado County were as a result

of wide consultation on elements to be evaluated. In addition, regular progress reviews were important so as to give room for consultative fine tuning and this strengthened participation in maternal health projects leading to sustainability in maternal health project.

5.3 Discussion

Stakeholder identification too was established as an important factor of PM&E since it laid approaches on how to work with community stakeholders and have an equal footing, skills and availability was an important factor that was should be established when conducting stakeholder analysis. The role of stakeholders was identified too as an important factor and it the study agreed that this roles can be designed as the project progresses, this roles identified in forums include sub-contractors, delivery agency, or even enabling agency.

Workshops, debriefing contributed highly to participatory involvement of community in maternal health projects, it was in this briefings that the community knows what the progress of the projects is and gives to reflect or change plan of action. The study further established that regular questioning on the progress of development projects influence project sustainability on maternal health projects.

5.4 Conclusion

The study concludes that maternal health projects needs proper need assessment so as to identify the gaps that need to be bridged, all necessary inputs should as well be established at the very Initial stages to enable minimal wastage of resources. Financial resources was noted to affect negatively the performance as well as quality PM&E. Further the study concludes that there is a need for continuous supervisory to this projects so as to ensure that they are continually thriving to achieve the set targets.

The study concludes that stakeholder's involvement in setting, defining, implementation, of mission and vision influenced the sustainability of the maternal health projects. Therefore for the maternal health projects in Kajiado County to thrive, community, primary stakeholders, donors should be proactively involved. This ensured that the projects are able to meet the predefined need during need assessment.

Finally, the study concluded that there is need to have de-briefing sessions, review discussions, capacity building, proper training on PM&E and appropriate tools to inhibit PM&E sustainability. Feedback relation needs to be maintained in the whole process of project implementation to ensure project delivers what it is meant to deliver as well as resource utilization is reasonable.

5.5 Recommendations

Based on the study findings, the study recommends that the county government should come up with policy that to govern the implementation of maternal health projects and the policy should encourage communal participatory practice. In addition, the study recommends that before implementation of any developmental project, all stakeholders should be actively involved in setting the objectives, vision, mission and expected outcomes of the projects. This encouraged participatory monitoring and evaluation in all communal development projects. Finally the study recommends that there should be participatory set of action in all stages of a project development to ensure that there is sustainability of this projects is realized.

5.6 Areas of further studies

The study makes the following recommendations that similar study be conducted in other parts of Kenya and compare the finding so as to provide an empirical evidence that can be

used to improve the performance of maternal health projects. In addition, a study be carried out to investigate factors that influence mobilization of communities to participate PM&E

REFERENCES

- Ajakaiye, O and Mwabu, G. (2009). The Causal Effect of Socioeconomic Status and Supply Side Factors on Health and Demand for Health Services: A Survey of Methods and Findings.
- Bosire Boniface (2013). Kenyan Hospital Slow to Comply with Waived Maternity Fee Directive " [http:sabahionline.com](http://sabahionline.com)”
- Bousey, G. Moge, S. Warfa, H. Njeru,R, Muriithi,J and Estambale, B.A (2009). Nomadic clinic and health care provision to the nomadic population of northeastern province, ministry of health, Kenya.
- Brief No. 9 - June 2010.A publication of the National Coordinating Agency for Population & Development
- CAHR. (2014). Maternal Mortality in Central Asia and West Africa: Central Asia Health Review.
- Central Bureau of Statistics (CBS) [Kenya]. (2013).., Ministry of Health (MoH) [Kenya], ORC Macro Kenya Demographic and Health Survey. Calverton, MD: CBS, MoH, and ORC Macro; 2012.
- CIDA (2011). cida.gc.ca/acdicida/ADCI-CIDA.nsf/eng/JUD-41183252-2NL. Comprehensive Public Expenditure Review, EYE on Budget, Spending for Results (2013).
- Creswell, J.W. (2012). Educational Research: Planning, Conducting, and Evaluating Quantitative and Qualitative Research. Upper Saddle River, NJ: Prentice Hall

- EC/UNFPA (2012). Making Pregnancy and Childbirth Safer [fact sheet]. EC/UNFPA Initiative for Reproductive Health in Asia in cooperation with the German Foundation for World Population.
- EDS. (2011). "Introduction: Preventing Maternal Mortality: Evidence, Resources, Leadership, Action," in *Safe Motherhood Initiatives: Critical Issues*. (Reproductive Health Matters, 2009),
- Elizabeth, S. (2011). *Stemming the tide: A study of technical and perceived quality of care and their associations with maternal health determinants*. An abstract of a thesis submitted to the Faculty of the Rollins School of Public health of Emory University.
- EC/UNFPA. (2012). *Making Pregnancy and Childbirth Safe; Initiative for Reproductive Health in Asia in cooperation with the German Foundation for World Population*. Chicago: .
- Elkins, C. (2006). *Monitoring and Evaluation (M&E) for Development in Peace-Precarious Situations*. The North South Divide and International Studies 47th Annual ISA Convention. San Diego: RTI International.
- Estrella, M., & Gaventa, J. (2009). *Who Counts Reality?: Participatory Monitoring and Evaluation: A literature Review*. International Workshop on Participatory Monitoring and Evaluation. Brighton: Institute of Development Studies Working Paper 70.
- Estrella, M., Blauert, J., & Dindo, C. G. (2000). *Learning from Change: Issues and experiences in participatory monitoring and evaluation*, p. 255.
- Filippi, Veronique; et al. (28 October 2012). "Maternal health in poor countries: the broader context and a call for action". *The Lancet* 368: 1535–1541.
- Fotso JC, Ezeh A, Madise N, Ziraba A, Ogollah R (2010). *What does access to maternal health care mean among the urban poor? Factors associated with the use of*

appropriate maternal health services in the slum settlements of Nairobi, Kenya.

Maternal Child

- Guijt, I., & Gaventa, J. (2008). Participatory Monitoring & Evaluation: Insitutte of Development Studies (IDS) Policy Briefing Issue 12. Policy Briefing Issue.
- Guijt, I., & Gaventa, J. (1998, November). Participatory Monitoring & Evaluation. Insitutte of Development Studies (IDS) Policy Briefing Issue 12.
- Guijt, I., Arevalo, M., & Saladores, K. (1998). Participatory Monitoring and Evaluation: Tracking Change Together. London: IIED. [Afsana K, Rashid S F. (2010). The challenges of meeting rural Bangladeshi women's needs in delivery Care. Reproductive Health Matters 2010, 9(18):79-89.
- Gerald, J. P. (2010). Health Economics: demand for health capital. University of Linz & n colabor& welfare State; Lecture Notes, summer term, 2010.
- (GOK, 2012) .Maternal and Child Health Status in Kenya, Health Policy Paper, and September 2012 Maternal Deaths on the Rise in Kenya: A Call to Save Women's Lives. A Policy
- Gwamaka, S. (2012). Utilization and Factors Affecting Delivery in Health Facility among Recent Delivered Women in Nkasi District. Master of Public Health Dissertation, Muhimbili University of Health and Allied Sciences.
- Heston, P. (2012). Use of maternal health care among African women in South.SA Journal of Demographic; 8(1).
- Hou X, Ma N. (2011).Empowering Women: The Effect of Women's Decision-Making Power on Reproductive Health Services Uptake -Evidence from Pakistan. © World Bank.

- Izugbara, C.; Ngilangwa, D. (2010). "Women, poverty and adverse maternal outcomes in Nairobi, Kenya". *BMC Women's Health* 10 (33) Health. 2010; 13:130–137. Doi: 10.1007/s10995-008-0326-4. [Pub Med] [Cross Ref].
- Fourth Annual Progress Report. (2011; 2013). On implementation of the First Medium Term Plan of Kenya Vision 2030.
- Maine, D., Akalin, M., Ward, V., & Kamara, A. (2018). The Design and Evaluation of Maternal Mortality Programs. In *The Design and Evaluation of Maternal Mortality Programs*. New York: Center for Population and Family Health, Columbia University;. Retrieved from Maine D, Akalin MZ, Ward VM, Kamara A, 2017. <https://www.mailman.columbia.edu/sites/default/files/pdf/designevalm-en.pdf>.
- Maine D, Akalin MZ, Ward VM, Kamara A, 2017. *The Design and Evaluation of Maternal Mortality Programs*. New York: Center for Population and Family Health, Columbia
- Simon, K. K., Musah, B. A., & Sulemana, M. (2018). An Assessment of Stakeholder Participation in Monitoring and Evaluation of District Assembly Projects and Programmes in the SaveluguNanton Municipality Assembly, Ghana. *Participatory Monitoring and Evaluatio*, 2-3.
- Paper Presented at the AERC Health, Economic Growth and Poverty Reduction in Africa Framework Workshop, Accra, and April, 2009.

APPENDICES

APPENDIX I: RESEARCH QUESTIONNAIRE

I would appreciate your help by answering the following questions using the scales indicated. Please tick (χ) for your answer or write in the provided spaces.

Section A: General Information

1. Please indicate your gender

Female	<input type="checkbox"/>
Male	<input type="checkbox"/>

2. 2. Kindly Indicate your age bracket

20-30 yrs	<input type="checkbox"/>
31-40 yrs	<input type="checkbox"/>
41-50 yrs	<input type="checkbox"/>
51 and above	<input type="checkbox"/>

3. Kindly indicate the highest level of education attained

Primary level	<input type="checkbox"/>
Secondary level	<input type="checkbox"/>
College	<input type="checkbox"/>
University	<input type="checkbox"/>
Postgraduate	<input type="checkbox"/>

4. Have you ever participated in long term projects management or evaluation practices?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

5. For how long have you been involved in Project management or Monitoring and evaluation of projects?

Less than 5 years	<input type="checkbox"/>
5 to 10 years	<input type="checkbox"/>
10 to 15 years	<input type="checkbox"/>
Above 15 years	<input type="checkbox"/>

PART II: Participatory need assessment on successful implementation of maternal health projects.

6. What are the popular means of collecting information from residents on maternal health projects in Kajiado?

Interviewing individuals

Discussions forums

Direct observation of site activities

Comparison with other projects

7. indicate what are your feelings to the following elements of need assessments:

(Where 1-strongly agree, 2- agree, 3-Neutral, 4 –Disagree and 5 – strongly disagree)

Question	1	2	3	4	5
Do you think there is participative research on need assessment					
Assessment in to the project inputs, financial resources and leadership is essential					
There is a need of a continuous supervision of the need implementation process.					
There is need for adequate time allocation at initial need assessment process.					
Impacts expected need to be well outlined as a result of participatory need assessment					
Conformity of end results (output) of health projects are as a result of participatory research on need assessment.					
Participatory need assessment enhances projects implementation					

8. To what extent are need assessment of importance to projects?

i. Very great extent

ii. Great Extent

iii. Moderately Extent

iv. Less Extent []

v. No Extent []

PART III: To determine the influence of participatory indicator definition on successful implementation of maternal health projects within Kajiado County

9. The following statements below are meant to assess influence of participatory indicator on maternal health projects, indicate your response against each question (Where 1-strongly agree, 2- agree, 3-Neutral, 4 –Disagree and 5 – strongly disagree)

Question	Strongly agree	agree	Neutral	disagree	Strongly disagree
Community score cards should be available as a mean to monitor performance					
Should a maternal project have regular progress review?					
Should the results be pertinent to overall goal?					
Is it important to know the number of Residents expected to benefit from the project?					
Quality of maternal health should improve as an indicator of positive performance					
Are, the implemented projects on maternal health, progress verifiable in terms of performance?					

Are there notifiable magnitude of positive change as a result of Participatory monitoring of performance indicators?					
Are timelines adhered to when Participatory Indicator definition is practiced?					

10. How often local residents are normally involved in the maternal health projects during monitoring and evaluation?

- Much Often
- Often
- Neutral
- Not at all

11. How many progress review meetings are held every year?

- Less than 5
- 6 to 10
- 11 to 15
- Above 15

PART IV: To establish the influence of participatory stakeholder identification on successful implementation of maternal health projects within Kajiado county

1. Indicate the extent to which stakeholder identification and involvement affects maternal health project implementation (Where 1-strongly agree, 2- agree, 3- Neutral, 4 –Disagree and 5 – strongly disagree)

Question	Strongly agree	agree	Neutral	disagree	Strongly disagree
Need to conduct a preliminary stakeholder analysis					
Need to establish stakeholder roles					
Need to build voice of the marginalized					
Need to maintain a feedback relation					
There is need to identify stakeholder management strategy					
Need to hold debriefing sessions and discussions					
Need to Capacity building					
Participatory stakeholder identification enhances project sustainability					

Assessing the influence of project identification on successful implementation of maternal health

2. Indicate the extent to which project identification on successful health project implementation influence project performance? (Where 1-strongly agree, 2- agree, 3-Neutral, 4 –Disagree and 5 – strongly disagree)

	Strongly agree	agree	Neutral	disagree	Strongly disagree
Is participatory preliminary problem analysis important?					
Should a project have a defined purpose?					

Participatory setting of objectives, mission and vision is key					
Any maternal health project should adhere to accountability assessments and analysis.					
There should a participatory identification of a target group that the project aims at benefiting					
Risk assessment should be conducted for maternal health projects					
Should there be alternative options to accomplish the project.					
Project resources should be clearly indicated					
A participatory project identification project should clearly indicate what is to be done and by who.					
Problem analysis enhances project sustainability					