MONITORING AND EVALUATION TENETS AND PERFORMANCE OF COUNTY FUNDED BRICK AND MORTAR HEALTH PROJECTS IN BUSIA COUNTY – A CASE OF TESO NORTH SUB COUNTY.

ALICE CHEPCHIRCHIR KOIMUR

A Project Submitted in Partial Fulfilment of the Requirements for the Award of the Degree of the Master of Monitoring and Evaluation in the department of Monitoring and Evaluation and the school of Business of Africa Nazarene University

July 2024

DECLARATION

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

Signature: -------  ------- Date: 12/06/2024

Name of student: Alice Chepchirchir Koimur

ADM No.: **17S03DMME004**

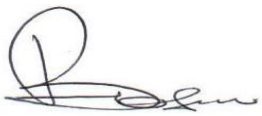
SUPERVISOR'S DECLARATION

I/ confirm that the work reported in this applied research project was carried out by the candidate under my supervision.



Signature: ---------- Date 17th June , 2024

Name of Supervisor: Dr. Wanjiru Nderitu



Signature: ---------- ---- Date 17th June 2024

Name of Supervisor: Dr. Boscow Okumu

AFRICA NAZARENE UNIVERSITY,

NAIROBI, KENYA

DEDICATION

This study is dedicated to my family for their unwavering financial, emotional, and spiritual support, without which my academic achievement would not have been possible.

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ABSTRACT

Monitoring and Evaluation of projects tenets are very crucial in determining whether the project is in progress to meet the set goal or not. The proposed study was on monitoring and evaluation tenets and performance of county funded brick and mortar health projects in Teso North sub county in Busia county. The specific objectives were to establish how the level of competence in Monitoring and evaluation, resource allocation for Monitoring and evaluation, and stakeholders' participation in Monitoring and evaluation affected the performance of county funded health projects. The study was centered on the Stakeholder's theory, expectancy theory and theory of planned behavior. A descriptive research design was used. A sample of 314 respondents was reached across all the wards in Teso North sub county using stratified Random sampling. Data was collected using Questionnaires and Key informant interviews. The quantitative data was analyzed using descriptive statistics and inferential statistics in the form of the Pearson's Correlations and regression. Qualitative data was analysed thematically to illuminate emerging issues on the subject. Hypothesis test results p=0.933 for objective one led to failure to rejecting the null hypothesis for the first study objective stating that there was no significant relationship between competency in M&E and performance of health projects. However, Hypothesis test results for the second and third study objectives p= 0.037 and p=0.000 respectively resulted to rejecting the null hypotheses for both objective two and three of the study hence concluding existence of a significant relationship between both availability of resources for M&E and stakeholders' participation in M&E and performance of health projects. The study concludes that all the three factors under study; level of competency, availability of resources for M&E and stakeholders' participation in M&E have a significant relationship with performance of health projects in Teso North sub county in Busia, Kenya. The study recommends policy action on allocation of adequate resources through consideration of determining the minimum proportion of project budgets for M&E. stakeholders' participation framework needs to be strengthened for effective community participatory M&E. There is need for further research on other related factors unaccounted for by the study. Further research is required on effectiveness of stakeholders' participation in the M&E context in public health projects.

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LIST OF ABBREVIATIONS

B&M- Brick and Mortar

CDF- Constituency Development Fund

CIDP- County Integrated Development Plan

CIME- County Integrated Monitoring and Evaluation System

M & E- Monitoring and Evaluation

NACOSTI- National Commission of Science Technology and Innovation

NHSSP- National Health Sector Strategic Plan

NGOs- Non-Governmental Organizations

SCH- Sub County Hospital

SCHMT- Sub County Health Management Team.

TBP- Theory of Planned Behavior

USA- United States of America

DEFINITION OF TERMS

Brick and mortar health projects: This is the physical facility or building where health care providers meet and serve patients through providing various treatment and health services.

Evaluation: Is the process of using a set of data and information to judge the extent in terms of effectiveness and efficiency to which a project achieved or failed to achieve set goals, targets or objectives.

Level of Competence in M&E: Refers to the combination of knowledge, skills and experience of personnel assigned M&E duties and responsibilities.

Monitoring and Evaluation Tenets: Refers to the principles and standards upon which Monitoring and Evaluation as a practice is built and implemented.

Monitoring: Refers to processes of continuous collection and analysis of data and information for the purpose determining the progress of a project against set targets or deliverables.

Performance of health projects: Refers to the extent to which health projects including health facilities effectively and efficiently carry out set tasks to provide or support delivery of health care services against pre-determined standards and quality.

Resource availability in M&E: Refers to the extent to which financial, human, and material resources are accessible and adequate to effectively plan, implement, and assess the performance and impact of projects or programs.

Stakeholders participation: Participation is providing feedback or sharing of an individual's or group opinion in forums, dialogue, processes, design and decisions in terms of ideas, opinions, desires and aspirations of stakeholders regarding a particular issue

CHAPTER ONE: INTRODUCTION AND BACKGROUND

1.1 Introduction

Monitoring and evaluation entail the process of collecting data on specific indicators frequently and in a systematic manner for tracking of program progress and performance (Chen et al, 2019). They further describe the role of monitoring as collecting data meant to refine and redesigning project approaches based on whether or not the project is achieving its intended objectives in line with the allocated funds. M&E serves as a systematic and ongoing process of collecting, analyzing, and interpreting data to assess progress towards project objectives, identify challenges and opportunities, and make informed decisions for project improvement (Ssebale & Sempiri, 2024).

When effectively implemented, the M & E process results in a reporting upwards to project management, funders and development agencies and downwards to local communities and stakeholders. Monitoring is therefore a review of the implementation of a project from the outset to the end. Evaluation is meant to assess the overall performance of an ongoing or completed project. It is often done to check on the design, implementation and the output of a project (Mokua et al, 2022). It can always be done in phases in which the project has been set.

Being that resources are scarce and there is serious competition for resources in various projects, more attention has been drawn to the need of continuously monitoring and evaluating health projects to ensure the intended results are achieved. This process is imperative in ensuring that resources are allocated equitably depending on the need and that management and accountability is achieved in delivering health expectations. Therefore, an effective and efficient monitoring and evaluation system should be able to assist policy makers, project implementers and all other stakeholders to learn and know how best to implement health projects. The stakeholders should learn the most effective strategies to employ and areas of improvement during implementation. This will ensure the resources are targeted towards ensuring achievement of the health objectives of the projects. Monitoring and evaluation is therefore paramount in the health sector since the sector is indispensable in any economy.

1.2 Background of the Study

Globally countries such as the United States of America through their decentralized government systems relied on reporting monitoring and evaluation as drive to achieve success in development projects such as school feeding programs in public schools (Turner et al, 2021). Kanyamuna et al (2019) posit that the practice and commitment in monitoring and evaluation as a structure to enhance performance and demonstrate results to stakeholders is more evident in developed than in developing countries. in Africa most projects were centralized through the national government since independence of the member states in different years. Furthermore, the political landscape stifled advancement of monitoring and evaluation due to corruption which was characterized by kickbacks and shortcuts. This led to the need for an alternative system of government that may work better among some African States. Other regions of the world such as Europe and North America have had their countries adopting a decentralized form of government which has primarily been successful.

The centralized form of government in Kenya also experienced difficulties in monitoring and evaluation due to tedious bureaucratic processes (Gaibo, 2019). However, with the enactment of new constitution, Kenya adopted a decentralized form of government. The National Treasury and Planning through the Monitoring and Evaluation Department has been coordinating the implementation of the National Integrated Monitoring and Evaluation System (NIMES), a nationwide system responsible for tracking the implementation of government policies, programs and projects. To support M&E in the Counties, the Department in collaboration with Council of Governors developed guidelines for the County Integrated Monitoring and Evaluation System (CIMES) to guide tracking the implementation of county government policies, programs and projects across all departments. Within the health sector, the provisions of healthcare services were also officially transferred to the County Governments on August 9th, 2013, with a budget of Ksh. 210 billion allocated for those services in the 2013/2014 budget (Barker, Mulaki, Mwai, & Dutta, 2014). However, the effectiveness of the health service delivery has been poor, with a poor monitoring and evaluation structure leading to lack of enough facilities, human resource and inadequate supply of drugs. In addition,

monitoring and evaluation has been weak characterized by lack of enough funds, poor leadership, lack of technological innovation and poor organizational culture.

Monitoring and evaluation plays a pivotal role in adaptive management system which entails an understanding the effects of past actions to provide critical information for learning in order to inform and update future decisions (Waylen et al, 2019). Kabeyi (2019) states that Monitoring and Evaluation (M&E) is a process whose main aim is to help improve project Performance and achieve expected or planned results. The author further states the objective of M&E as to improve current and future management of inputs, outputs, outcomes and impact in projects and that it can be a powerful accountability tool for project managers and decision-makers.

1.2.1 Performance of County Brick and Mortar Funded Projects

Brick and Mortar health projects refer to physical buildings constructed specifically and exclusively to serve as hospitals or clinics for the purpose of providing health care services to clients. In an effort to improve the delivery of health services in the country, a decentralization strategy was established under the National Health Sector Strategic Plan (NHSSP) of the government of Kenya (Ministry of Health, 2018). The main aim of the NHSSP II through the County Government health service provision system was to reduce the inequalities associated with the negative results from outcome indicators on health-related impacts in this new structure, the county government was identified as forming the central supporting structures for the public health system.

Performance is regarded as the extent to which organizational systems can effectively and efficiently carry out a set of activities against the expected or standard results or outcomes. There are a number of methods used for assessing the performance of health care services. The first model measures performance using soft methods. It is based on the need to evaluate the performance of health care services in terms of progression from start to finish and it utilizes qualitative descriptions. The second strategy uses the hard method of performance measurement. The models used for the latter are divided into two sub-categories: financial prediction on failure theories and the theories of performance.

1.2.2 Monitoring and Evaluation Tenets

Monitoring and Evaluation (M&E) as a key component in management and implementation of projects, has fundamental tenets that act as pillars upon which the goal and objectives of M&E are established. Some of the tenets include competency of the M&E team, resources for M&E and stakeholders' participation in M&E. An article by Eval Community (2024) state that the tenets of monitoring and evaluation are essential for ensuring that programs and interventions are effectively implemented and achieving their intended outcomes.

1.2.2 .1 Level of Competence in M&E

The capacity of staff and officers charged with Monitoring and Evaluation duties and responsibilities plays a critical role in determining how the M&E processes, systems and procedures contribute to the overall performance of a particular project. Monitoring and evaluation systems are used by organizations or governments to measure, track progress, and evaluate the outcomes of projects (Mleke and Dida, 2020). The acquisition of the skills should be developed in a structured manner and needs educational systems to identify core competencies in M&E teaching. This idea is supported by Victoria (2019) who state that capacity building must begin with an assessment of the M&E knowledge and abilities of the implementing organization and its staff. Muchiri et al. (2021) concluded that lack of capacity building outline for Monitoring and Evaluation staff in Kirinyaga County in Kenya had a negative effect in the performance of public funded projects in the County. This calls for a well-designed performance evaluation system that ensures continuous capacity building of the M&E staff through training and skills development. Further, Mleke and Dida (2020) assert that managers should indeed aspire to achieve quality in all the aspects and processes, including quality monitoring team, to achieve project success. Kissi, et al. (2019) contend that M&E practices showed a positive statistical significant relationship with success of construction projects. However, Niyivuga et al (2019) argued that even though there were some indications of influence of M&E practices on academic staff motivation, it was not strong enough to permit one-way final conclusion about the effect of any of the M&E practices to academic staff motivation.

1.2.2.2 Resource Availability for M&E

Programs and projects need to allocate adequate human and budgetary resources for an effective M&E system. An article by intrac (2019) posit that the amount of money available for M&E significantly influences how an M&E system is designed and implemented. The budgetary resources are invested towards supporting various aspects of M&E including technological systems, equipment and innovations of data management, training and developing and implementing data quality policies, procedures and processes. All these aspects play a critical role in the success of M&E which is significant in results and performance based monitoring of development projects. There is great need for members of staff to be equipped with the relevant knowledge and skills for performance M&E roles (Kaberia and Mburugu, 2019). Tengan et al. (2018) posit that there is a need for a critical approach to budgeting and allocating funds for M&E. Further, the authors study findings established that budgetary allocation for M&E was among the top five determinants of effective Monitoring and Evaluation System.

1.2.2. 3. Stakeholders' Participation in M&E

Stakeholder participation is a key aspect in monitoring and evaluation especially because it ensures that the processes of identifying, defining and addressing social issues are inclusive and involve all stakeholders with special consideration to how the interventions respond to the target communities. Effective stakeholder participation in M&E entails ensuring stakeholders are involved through being provided with periodic updates and information on project progress, being involved in providing feedback on how the projects in question address or fail to address their community needs including any changes in terms of context and community dynamics in relation to the project. Kabonga (2019) assert that communities must be able to participate in assessing impact, efficiency, effectiveness, relevance, and sustainability of the development intervention. The process leads to monitoring the extent the project can adequately address particular social problems or issues with participatory periodic and progressive monitoring of outcomes and impacts.

1.3 Statement of the Problem

Monitoring and evaluation (M&E) of health projects' performance play a crucial role in enabling countries to make significant strides toward achieving key milestones in the health goals of the global Sustainable Development Goals. Effective M&E ensures

that health projects are efficiently and effectively undertaken. Since the inception of the county government system in Kenya in 2013, the Kenyan government has introduced and funded numerous health projects in counties, including Busia County. Despite the presence of M&E systems, frameworks, and staff, the devolvement of health to counties continues to face numerous challenges, notably the poor performance of health projects.

Busia County, as an established county under the constitution of Kenya, is responsible for health projects within its boundaries. According to the Busia County Health Services Act, 2016, the county has the sole responsibility for the provision, promotion, and protection of health and healthcare services (Busia County Government, 2016). In the fiscal year 2017/2018, Busia County Health Sector was allocated Ksh 1.6 billion, with several ongoing projects from previous budgets. However, the M&E system has been weak, hence unable to effectively assess the performance of health projects funded by Busia County. Despite the establishment of a monitoring and evaluation framework in 2019 to track project progress, the performance of health projects remains subpar, often taking longer than planned or necessary to accomplish.

The persistent gaps in health project performance suggest inadequacies in the M&E processes and systems. Several studies, including those by Ivan (2019), Macharia (2020), and Mbithi (2020), have examined the influence of various M&E activities and systems on project performance in Uganda and Kenya. These include M&E planning, M&E training, baseline surveys, strength of the M&E team, M&E approach, and budgetary allocation. To contribute to this ongoing debate, this study will specifically focus on M&E tenets and their effect on the performance of health projects in devolved units. Notably, no study has been conducted in Busia County to assess how the level of competence in M&E, resource availability, and stakeholders' participation in M&E influence the performance of health projects in the county.

1.4 Purpose of the Study

The purpose of this study will be to examine the effect of monitoring and evaluation on the performance of county funded health development projects in Kenya with focus of Busia County.

1.5 Objectives of the Study

This section clearly describes the general and specific objectives of the study.

1.5.1: General Objective of the Study

Monitoring and evaluation tenets and performance of county funded brick and mortar health projects in Busia County – a case of Teso North sub- County health projects

1.5.2 Specific Objectives

i. To establish how level of competence in monitoring and evaluation affect performance of brick and mortar health projects funded by Busia County
ii. To determine how resources availability for monitoring and evaluation affect performance of brick and mortar health projects funded by Busia County
iii. To determine how stakeholder's participation in monitoring and evaluation affect performance of county funded brick and mortar health projects in Busia County

1.6 Research Hypothesis

H_{01}: There is no significant relationship between competence in monitoring and Evaluation and performance of health projects funded by Busia County.

H_{02}: There is no significant relationship between resources availability for monitoring and evaluation and performance of health projects funded by Busia County.

H_{03}: There is no significant relationship between stakeholder's participation in monitoring and evaluation and performance of health projects funded by Busia County.

1.7 Significance of the Study

This study will significantly contribute useful knowledge in establishing proper and efficient governance of public resources in Busia County health services projects. The lessons acquired from this study will be utilized by both internal (Busia county government) and external (Kenyan government users who include staff in the county government, local stakeholders, M & E strategists, policy makers as well as government and non-government actors). The Busia government will benefit from the findings and recommendations and integrate them when implementing its plans and commitments for Vision 2025. The government of Kenya and key funders for the health projects in Busia

County will find the data effective in assessing the efficiency of the projects. The study will similarly be resourceful for scholars seeking to undertake similar studies.

1.8 Scope of the study

The study shall cover Teso North sub-County which is one out of the seven sub counties in Busia. The reason for focusing on one sub County and not extending to the other sub counties is due to time and budget constraints.

1.9 Delimitation of the study

The study shall focus on county funded brick and mortar health projects in Teso North sub-county. The projects under observation shall be for the period starting 2013 with the inception of county government to August 2022. The study shall exclude the other 6 sub Counties in Busia county and any projects funded by other partners apart from the County government.

1.10 Limitation of the study

The study limitation include inability of some respondents to fluently express themselves in the language used during the interview. This limitation shall be overcome by engaging research assistant who understand the local language.

1.11 Assumptions of the Study

This study assumes that the respondents will be available for the study and will volunteer to participate in answering the questionnaire. The study similarly makes the assumptions that respondents will make truthful and honest answers and that they will deliver the questionnaires in good time.

1.12 Theoretical Framework

This study relies on three theories: the theory of planned behavior; the expectancy theory and the stakeholders' theory, these theories are applicable in the study as they influence M & E on the performance of health services in county funded health development programs.

1.12.1 The Theory of Planned Behavior

The Theory of Planned Behavior (TPB), developed by Icek Ajzen in 1985, identifies three primary factors that influence a person's behavior: subjective norms, perceived behavioral control, and attitude. This theory serves as a robust model for forecasting behavior, behavioral intentions, and attitudes (Madden, Ellen, & Ajzen, 1992). At its core, TPB posits that individual behavior is driven by behavioral intentions, which are influenced by attitudes toward the behavior, subjective norms, and perceived behavioral control.

Attitude toward the behavior refers to the degree to which a person has a favorable or unfavorable evaluation of the behavior in question. In the context of public health management services, this could encompass a project manager's or staff member's positive or negative feelings about implementing M&E processes or health interventions. A positive attitude towards these activities can significantly enhance the likelihood of their successful implementation.

Subjective norms involve the perceived social pressures to perform or not perform a particular behavior. Within a public health setting, these norms could include the expectations and influences of peers, superiors, and community stakeholders regarding the importance and execution of M&E activities. The perception that these activities are valued and supported by important others can strongly motivate individuals to engage in them.

Perceived behavioral control pertains to the perceived ease or difficulty of performing the behavior and is assumed to reflect past experiences as well as anticipated impediments and obstacles. For public health professionals, perceived control might relate to their confidence in their ability to conduct effective M&E given the resources, training, and support systems available to them. A high level of perceived control can empower staff to undertake M&E activities with greater confidence and efficacy.

TPB is crucial in understanding and predicting how these three factors—attitude, subjective norms, and perceived behavioral control—interact to shape the behavioral intentions and actual behaviors of individuals involved in public health projects. In the context of public health management services, TPB provides valuable

insights into the stimuli that can alter the behavior of staff members or project managers. For example, performance appraisals aimed at enhancing productivity can be examined through the lens of TPB to understand how they influence attitudes, perceived control, and subjective norms among staff.

The relevance of TPB to monitoring and evaluation (M&E) processes cannot be overstated. M&E strongly relies on the ability to predict and influence behavior, making TPB an essential theoretical framework for this study. By leveraging TPB, we can better understand how to shape the behaviors of public health workers and project managers to improve M&E outcomes. This involves several key strategies.

Firstly, improving attitudes towards M&E is critical. This can be achieved through targeted training programs and awareness campaigns designed to highlight the importance of M&E activities in achieving health goals and improving service delivery. By fostering a positive attitude, staff members are more likely to engage enthusiastically in M&E tasks.

Better resource allocation is fundamental to enhancing perceived behavioral control. Ensuring that adequate resources are available can make staff feel more capable of conducting thorough and effective M&E. This includes providing the necessary financial, human, and material resources to support M&E activities. Competence development through continuous professional development and skill-building initiatives is vital. Strengthening the perceived control and boosting the confidence of staff members in their ability to perform M&E effectively can lead to better implementation of M&E practices. This can be achieved through ongoing training, mentorship, and support.

1.12.2 The Expectancy Theory

Developed by Victor Vroom in 1964, the expectancy theory posits that individuals' actions are largely influenced by their attitudes or perceptions and the anticipated results of those actions. This theory is grounded in the idea that a person's behavior is motivated by expected outcomes, which in turn influence their willingness to act. According to Vroom, the theory is based on three key components: expectancy, instrumentality, and valence.

Expectancy refers to the belief that one's effort will lead to the desired performance level. Within an organizational context, this means that employees are more likely to be motivated to perform a task if they believe that their efforts will result in the successful completion of that task. For instance, a staff member might engage diligently in monitoring and evaluation (M&E) activities if they are confident that their efforts will yield accurate and useful data, thus enhancing project outcomes. This confidence in the relationship between effort and performance is critical in motivating employees to put forth the necessary effort to achieve desired results.

Instrumentality is the belief that achieving a certain level of performance will lead to specific outcomes or rewards. This aspect of the theory suggests that employees need to perceive a clear linkage between their performance and the rewards they expect to receive. In the case of M&E, employees might be more inclined to participate actively if they believe that high-quality M&E work will result in tangible benefits such as promotions, bonuses, or professional recognition. The perceived connection between performance and rewards plays a crucial role in determining whether employees will be motivated to perform at their best.

Valence refers to the value an individual places on the expected rewards or outcomes. This is highly subjective and varies from person to person. In the context of M&E, if an employee values professional development and views participation in M&E as a means to gain new skills or enhance their career prospects, they are more likely to be motivated to engage in M&E activities. The personal significance of the rewards or outcomes to the individual can significantly impact their motivation to engage in certain behaviors.

The expectancy theory further emphasizes that an individual's preferences and the desirability of the expected outcomes significantly influence their actions. For example, the prospect of receiving a positive outcome or reward can create an expectancy index, which an individual uses to evaluate whether to undertake a particular action. If the perceived rewards are attractive and achievable, the individual is more likely to engage in the corresponding behavior. This expectation of a positive outcome drives individuals to take actions that they believe will lead to desired rewards.

In an organizational setting, this theory elucidates how employees' perceptions and attitudes towards rewards and outcomes influence their behavior and motivation. It provides a framework for understanding why employees may be motivated to undertake certain actions when they recognize that these actions can lead to desirable rewards or benefits. This reasoning ties the expectancy theory directly to the objectives of this study, particularly in examining the factors that influence employee engagement in M&E activities.

The expectancy theory is particularly relevant to monitoring and evaluation processes as it addresses the concerns of how attitudes and motivations of employees influence their engagement in M&E. For instance, participation in M&E may be driven by the anticipated attainment of personal and professional development. Employees who perceive that engaging in M&E activities will enhance their skills, increase their knowledge, and potentially lead to career advancement are likely to show higher levels of commitment and effort in these tasks. The perception that M&E activities can lead to valuable outcomes motivates employees to actively participate and contribute to the success of these processes.

Moreover, organizations can leverage the expectancy theory by creating a work environment where the links between effort, performance, and rewards are clearly communicated and understood. This involves ensuring that employees understand what is expected of them in terms of performance and how their efforts will contribute to successful M&E outcomes. Additionally, there should be a transparent and consistent connection between high performance in M&E activities and the rewards or recognition that follow. By making the performance-rewards linkage clear, organizations can motivate employees to strive for excellence in their M&E tasks.

Furthermore, it is essential that the rewards offered are valued by the employees. This could include monetary incentives, professional development opportunities, recognition, or career advancement prospects. By offering rewards that are meaningful to employees, organizations can enhance their motivation to engage in effective M&E activities. When employees see that their efforts in M&E are recognized and rewarded in ways that matter to them, they are more likely to be motivated to put forth their best efforts.

1.12.3 The Stakeholders Theory

Fontaine et al. (2006) referred to Freeman as the ‘father of the stakeholder theory,’ defining a stakeholder as any group or individual who can affect or is affected by the achievement of the organization's objectives. Dr. Edward Freeman, a Professor at the University of Virginia, introduced this theory through his landmark book, "Strategic Management: A Stakeholder Approach." The stakeholder theory posits that organizations operate within a complex web of relationships involving various individuals and groups, each with their own interests and influences. This theory emphasizes the importance of understanding and managing these relationships to achieve organizational success.

Stakeholder theory focuses on the individuals and groups that interact within a system, analyzing their interactions and the operational structures that define these interactions (Patton, 2008). It highlights the intricate relationships that exist within an organizational structure and explores how managers engage with their staff and other stakeholders. The theory asserts that stakeholders are not merely external entities but integral components of the organizational ecosystem, contributing to and being impacted by organizational activities and decisions.

This theory is particularly relevant in the context of strategic management because it advocates for the inclusion of stakeholders in the decision-making process, recognizing their potential to influence the organization’s success. It argues that organizations can achieve significant growth and development by establishing effective relationships with stakeholders and considering their interests and concerns. This perspective is supported by several studies, which agree that potential growth can be realized through the establishment of effective stakeholder relationships and the inclusion of diverse management ranks (Raniga & Simpson, 2012).

Freeman’s stakeholder theory advances the notion that stakeholder participation is crucial for business growth. It suggests that by actively engaging stakeholders, organizations can create value and foster a sense of shared purpose. This approach not only enhances the organization’s ability to achieve its strategic objectives but also contributes to building trust and loyalty among stakeholders, leading to long-term success.

In the context of this study, the stakeholder theory is fitting as it underscores the importance of stakeholder engagement in achieving strategic goals. It provides a framework for understanding how different stakeholders, including employees, customers, suppliers, and the community, can impact and be impacted by the organization's activities. By applying this theory, the study aims to explore how stakeholder participation can enhance organizational performance and contribute to the effective implementation of strategic initiatives. Furthermore, the stakeholder theory aligns with the principles of corporate social responsibility (CSR), emphasizing that organizations have a duty to consider the broader impact of their actions on all stakeholders, not just shareholders. This holistic approach encourages organizations to adopt sustainable practices that benefit not only the organization but also the wider community and environment.

1.13 Conceptual framework

A conceptual framework is the total, logical orientation and associations of all that forms the underlying thinking, structures, plans and implementation of the entire research project, (Kivunja, 2018). In this research, the dependent variable is performance of county Brick and Mortar health funded projects measured by timeliness of completion of projects, projects completed as per required quality and projects completed as per allocated cost.

As illustrated in figure 1.1, this study will have a set of three independent variables: level of competence in M & E; resource availability in M&E and stakeholder participation in M & E. These variables are regarded as having a directly proportional effect on the performance of health development projects funded by the county as the dependent variable. In this study, the socio-political environment of the government and government policies possess the potential of affecting the relationship of the dependent variables.

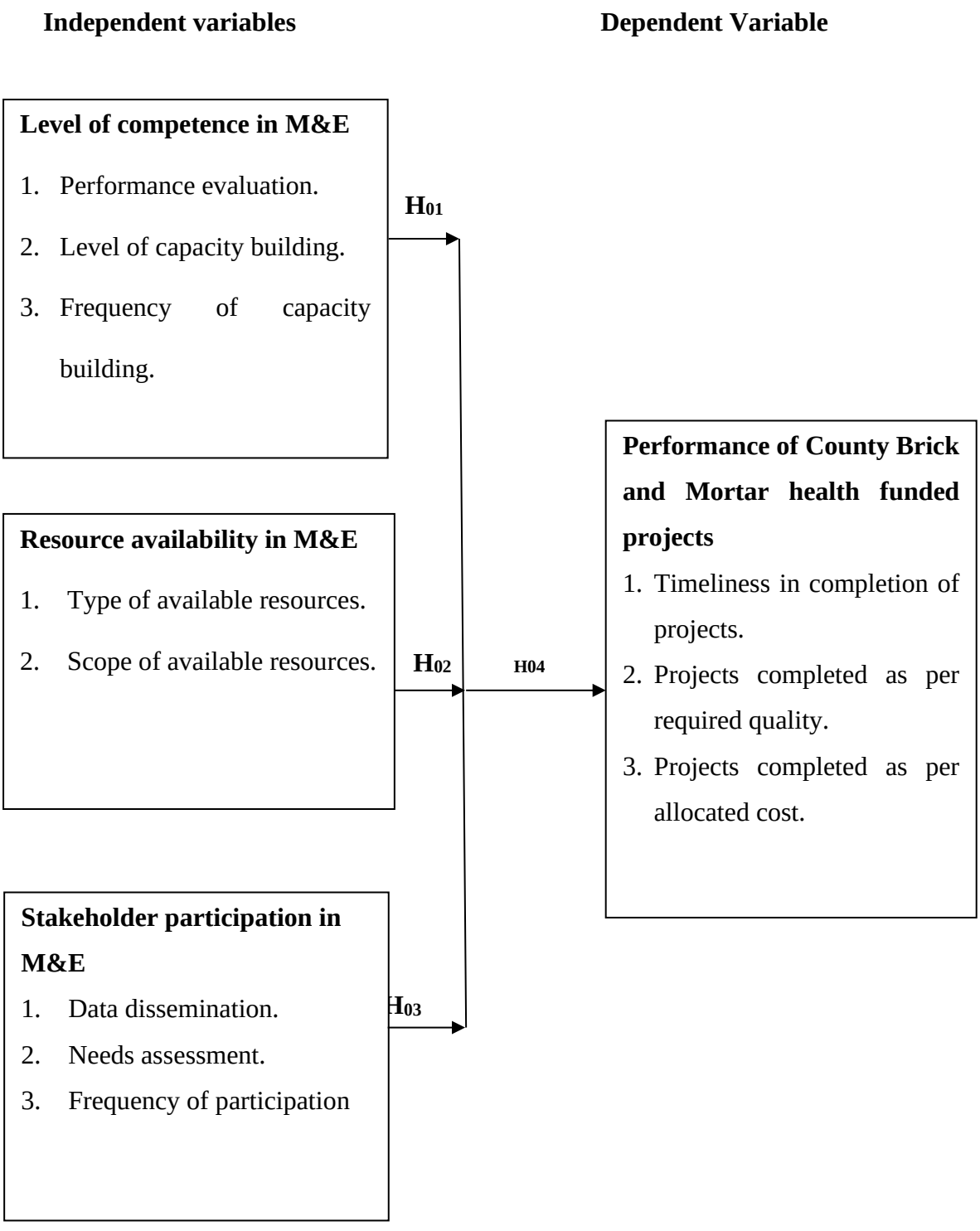


Figure 1.1: Conceptual Framework: source (Author, 2024)

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

Chapter two presents a critical review of empirical literature from various authors in relation to the study. The chapter establishes and provides a summary of the knowledge gap which the study aims at contributing to on the subject. The evaluation of the literature covers a thorough investigation of the influence of Monitoring and Evaluation tenets on the performance of county funded brick and mortar health projects in Busia County.

2.1 Performance of County funded Brick and Mortar (B&M) health projects

Abeysinghe et al. (2022) Found factors associated with completion time of public funded projects including shortage of skilled subcontractors or suppliers. Gwivaha (2022) in a study on factors affecting timely Completion of Local Government Development Projects concluded that two aspects of Monitoring and Evaluation tenets; resource allocation and project monitoring had a positive correlation with timely completion of projects which was a key performance measurement of project performance.

2.2 Monitoring and Evaluation tenets

Literature was reviewed on the three tenets of Monitoring and Evaluation and performance of County funded B&M health projects. The tenets are; Level of competence in M&E, resources availability for M&E and stakeholders' participation on M&E.

2.2.1 Level of Competence in Monitoring and Evaluation

The level of competence of organizational staff in M & E is crucial as it is a strong indicator of the performance of M & E. In addition, the level of competence is significant as it helps organizational projects that struggle with the challenges of equity and profitability. In a study by Yussuf (2020) on the influence of Monitoring and Evaluation Practices on the Performance of County Government Projects, technical expertise in M&E was one of the factors that influenced performance of County Government projects in Mandera Central Sub County. However, other drivers including involvement of

stakeholders and the perceptions of the general public towards county projects were not included in the study.

Okafor (2021) conducted a study on influence of Monitoring and Evaluation system on the performance of projects. The study adopted a descriptive survey research design and targeted all the 32 employees working on the RANA Project because of the limited number of employees. Study results indicated that M&E skills and M&E Information management system showed a statistically significant correlation to the performance of projects in Katsina State of Nigeria. However, this study sample was so small in terms of statistical sufficiency. The proposed study provides a larger sample to enable conducting statistic

Adhan and Mutuku (2023) conducted a study on the influence of Monitoring and Evaluation staff competency on performance of community water projects in Mandera, Kenya. The study used descriptive design to describe the relationship between competencies of employees and the performance of community projects. Data was collected using a structured questionnaire from a sample of 110 staff who were purposively selected from a population of 14 project managers and 319 staff of community water projects. The study found a significant influence between M& E staff competency and project performance and concluded that one of the most common tasks of a Project M&E Officer was to develop the monitoring and evaluation skills of project personnel and partners. While the study points to a significant relationship between level of competency in M&E and project performance, it was carried out in a sector with deferent operational and structural factors compared to County funded Mortar and Brick health projects which is the scope of this study. Further, the study did not include the perspectives of community members who are basically the users of water services and how they rate the performance of the community water projects. The purposive sampling of the water project staff to participate in the study may have reduced representativeness of the target population.

Farhiya and Pedo (2022) conducted a study using a descriptive design on monitoring and evaluation practice and performance of health projects in Isiolo county in Kenya. The study used census technique where all the 61 staff including managers, directors and project officers in the department of health were sampled. They investigated

the influence of Monitoring and Evaluation planning, stakeholder engagement, staff training and adoption of information systems influenced health projects performance. They established a moderate significant correlation between both M&E planning and staff training and health projects performance while both stakeholder engagement and adoption of information systems had a strong significant relationship with health projects performance. This study was limited to County staff in the department of health and did not include the perspectives and opinion from other stakeholders in the subject of influence of M&E on health projects performance. This study will add knowledge on the subject by including the perspectives of the stakeholders including community members.

In a study conducted by Adeola and Adebiyi (2020), the effects of training and development on the performance of pharmaceutical firms in Lagos State, Nigeria, were examined. Using a stratified sampling technique, the study surveyed 250 operational staff across five major pharmaceutical companies. The findings revealed that continuous professional development programs significantly enhanced employees' competencies in M&E, leading to improved organizational performance. The study concluded that investment in employee training directly correlates with better monitoring and evaluation practices, which in turn drive organizational success

A recent study by Mwangi and Karimi (2021) examined the relationship between monitoring and evaluation (M&E) systems and the performance of donor-funded health projects in Nairobi County, Kenya. The study employed a descriptive survey and correlation design to investigate how different aspects of M&E systems, such as human resource capacity, stakeholder involvement, and information systems, influence project performance.

Using a census sampling approach, the study included all 120 staff members involved in the implementation of the health projects. The findings revealed a strong positive correlation between human resource capacity and project performance, highlighting that adequately trained and supported M&E personnel significantly enhance project effectiveness. The study also explored the perspectives of various stakeholders, including project managers, M&E officers, and community representatives, to provide a comprehensive understanding of the factors affecting project performance.

Muindi (2018) using a census approach conducted research on influence of Monitoring and Evaluation on performance of county funded social development projects in Makueni County in Kenya. The study gathered data from 105 respondents represent County Government staff and project management committee. Level of competency in M&E and the performance of county funded social development projects had a significant negative relationship. The study generally looked at Monitoring and Evaluation on social development projects which may have different dynamics and aspects compared to Brick and Mortar Health projects which is the scope of this study.

Minyiri and Muchelule (2018) conducted descriptive survey design study on the influence of water project performance in Migori County in Kenya. The study target population were 288 stakeholders and water company staff with Taro Yamane's formula of sampling used to derive the study sample of 145 respondents. The study findings revealed that Monitoring and Evaluation has statistically significant influence on water project performance. However, unlike this proposed study, the researchers did not focus on the specific aspects or tenets of Monitoring and Evaluation and test their relationship as specific variables to water project performance.

2.2.2Availability of Resources for Monitoring and Evaluation

The decentralization of public health resources is crucial as it allows for an efficient system whereby adequate resources trickle down to local government while allowing for less bureaucratic M & E processes. Results based Monitoring and Evaluation approach has proven to be successful in developed nations like the USA and Russia. The Canadian monitoring and evaluation too has had a very long history; however, commitment and dedication at both senior and operational levels have played an important role to ensure sustainability through the long period of development and implementation of M&E (Gayithri, 2019).

Waititu (2022) conducted a case study at World vision Kenya using descriptive design on resource allocation and performance of Monitoring and Evaluation system of child protection projects in Kenya. Data was collected among project staff from a sample of 141 respondents using a questionnaire and results analyzed using descriptive and statistical tests and analysis. The study concluded that financial management approach in the organization had a strong relationship with the Monitoring and Evaluation activities.

However, the study did not cover the broad aspect of the extent to which resource allocation in M&E influenced performance of the child protection projects in terms of effectiveness and efficiency towards achieving set project goals which this study seeks to establish.

A study by Akinyemi and Akindele (2020) examined the impact of resource availability on the effectiveness of monitoring and evaluation (M&E) systems in public health projects in Lagos State, Nigeria. The study utilized a descriptive survey and correlation design to assess how the availability of financial, human, and material resources influences M&E practices and project performance.

The research included 150 respondents selected through stratified sampling from various public health projects. The study's findings indicated a significant positive correlation between resource availability and the effectiveness of M&E systems. The study demonstrated that adequate budgetary allocations, sufficient staffing, and the availability of necessary materials and equipment are critical for the successful implementation of M&E activities. The statistical analysis provided robust evidence supporting the argument that resource constraints are a major barrier to effective M&E implementation.

A study by Kamau and Njoroge (2019) focused on the challenges of M&E in the agricultural sector in Kenya. Using a descriptive survey and correlation design, the study surveyed 120 agricultural project managers and M&E officers. The results showed that limited financial resources and inadequate training for M&E staff were significant impediments to effective M&E. The study provided statistical evidence of a strong correlation between resource constraints and poor M&E outcomes, emphasizing the need for increased investment in M&E resources to enhance project performance. Similar to Waititu (2022), this study was limited to allocation and availability of financial or budget resources and not the wider scope of resources beyond financial resources.

2.2.3 Stakeholder Participation in Monitoring and Evaluation

Nabibya et al (2023) conducted a study on the influence monitoring and evaluation of stakeholder participation on implementation of infrastructure projects in public secondary school in Kenya. They used a pragmatic paradigm and descriptive survey research design with a sample of 316 respondents derived from various public secondary

schools' stakeholders including school principals and chairpersons of board of management and parents teachers associations in Kakamega County in Kenya. The study use stratified and purposive sampling to select the respondents. The study concluded that monitoring and evaluation of stakeholders was among factors which had a significant influence on implementation of infrastructure projects in public secondary schools in the County. Despite the significance of this study results, there is still need to examine the relationship that exists between the participation of stakeholders in M&E processes and performance of projects.

A study by Achieng and Muturi (2021) focused on government-funded infrastructure projects in Kisumu County, Kenya. The study employed a descriptive survey and correlation design, sampling 150 respondents from a target population of 1,000. The research found that stakeholder involvement significantly influences the effectiveness of M&E processes. The study's statistical analysis showed that projects with higher levels of stakeholder participation had better performance metrics, including timely completion and adherence to budgets.An empirical study was conducted on the impact of stakeholders' involvement on the performance of Isiolo County Constituency Development Fund (CDF), the project found that the participation of stakeholders is essential to ensure good results on performance indicators during M & E (Mwangi & Wambua, 2019). The study further observed that in most public health projects, the public are never involved in the projects' implementation and execution resulting in massive challenges and negative outputs. Similar to other related studies, this study by Mwangi & Wambua (2019) focused on the influence that stakeholders' participation had on the performance of subnational development funds.

2.3 Summary and Knowledge gaps

The reviewed literature emphasizes the significant role M&E practices and tenets plays in performance of development projects in various sectors including water, health, manufacturing, child protection construction, road infrastructure and marine and fisheries research. The authors recognize aspects of M&E such as M&E resources including financial and human and their effect on not only the completion of development projects but also the quality standards of delivered projects as compared to the design, objectives and purpose. Muindi (2018) and Minyiri and Muchelule (2018)

covered the broad subject of Monitoring and Evaluation while the scope of this study is focused on Monitoring and Evaluation tenets. At the same time, the review brings up knowledge gaps which this study will aim to expand knowledge in terms of the subject matter.

However, most of the reviewed literature on the subject used qualitative methods which limited inferential statistics to reliably determine the significance of relationship between M&E tenets and practices and the performance of development projects. Additionally, the qualitative methods used in these studies utilized small sample sizes to draw conclusions on the subject matter. This study will use both quantitative and qualitative methods to enrich the knowledge on the subject matter including providing inferential statistics to test and measure the hypothesis and relationships on the study variables.

Okafor (2021), and Adhan and Mutuku (2023) looked at general employee competence in terms of skills, knowledge and capacity in managing M&E systems and how this influenced project performance. While these studies concluded that staff level of competence and skills had a significant influence on project performance, they did not focus on the actual performance evaluation processes and capacity building in M&E and how these aspects affected project performance. These two are key objectives in this study. Farhiya and Pedo (2022) and Mwangi and Karimi (2021) staff training and human resource capacity.

Waititu (2022), Tengan and Aigbavboa (2016) and Umwari et al (2021) covered financial resource and budgetary allocation and its effects on both implementation and performance of the M&E system. The studies were limited to allocation and availability of financial or budget resources and not the wider scope of resources beyond financial resources. While Gwivaha (2022) concluded that resource allocation and project monitoring had a positive correlation with timely completion of projects the study did not focus on the other aspects of performance of the projects. Additionally, the study by Abeysinghe et al. (2022) also just focused on project completion time and established that other factors associated with completion time including shortage of skilled subcontractors or suppliers.

Most of the studies including, Farhiya and Pedo (2022) Mwangi and Karimi (2012), Muindi (2018), Adhan and Mutuku (2023) and Waititu (2022) did not include other stakeholders other than the staff. Mwangi and Wambua (2019) only focused on the influence stakeholders' involvement on development projects but not on monitoring and evaluation. These studies did not statistically evaluate the influence of stakeholders' participation as a key Monitoring and Evaluation tenet on the performance of development projects.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction

This chapter covers the research methods used in this study and discusses the research design of the study, data analysis and tools as well as the project validity and reliability.

3.1 Research Design

Descriptive study design was used to capture a wide scope of knowledge on the subject matter (Morris & Wood, 1991). This type of study design is effective in answering the what, why and how questions while providing proper explanation. The descriptive study design also allows for the seamless integration of both the qualitative and quantitative data sets. Key Informant Interview (KII) were used to collect the respondents' opinions on effects of monitoring and evaluation on the performance of health development projects funded by Busia county government. Semi-structured questionnaires were administered to obtain quantitative data such as resource availability and stakeholders' attitude on county funded health projects

3.2 Research site Description

The study was conducted in Teso North Sub County, Busia County which is one of the sub counties in Busia county, western Kenya. It borders Bungoma county and Uganda and is located at the northern parts of the county. With an area of 261km^2 and a population of 138,034 as projected by the Kenya National Bureau of Statistics (KNBS) (2019). The study drew the study sample size from the county and sub county department of health staff to provide the relevant information. The Sub County is mostly inhabited by the Teso community and serves as a frontier end to Uganda at Malaba town (Busia CIDP, 2013-2017). Teso North was purposely chosen as a study area due to a number of factors. First, due to its sparse population, rough terrain and inaccessible roads, Teso North has often been faced with health challenges that span from emergency to perennial. Referral services are hard to access in the far flanked parts of Changara. With devolution, a lot of development have been taken to Teso North to increase access

to quality health and accessibility; hence the need to assess the performance of health projects and service provision in Teso North.

3.3 Target Population

Table 3.1

Target Population for the Study

Category of Respondent	Number
Health staff at County and Sub county level	2345
County and SCHMT members	15
Health facilities committees	11
Total	2380

Source: Health Sector strategic plan 2018-2023, Busia County

The target population for the quantitative aspect of this study, as shown in Table 3.1, comprised staff in the Department of Health at the county and sub-county levels in Teso North Sub County. The total number of workers in the Department of Health was 3,241, including healthcare workers at both facility and community levels (Health Sector Strategic and Investment Plan, 2018-2023, County Government of Busia, 2018). The study aimed to draw a sample from these health department workers to provide relevant information on the subject.

For the qualitative aspect of the study, the research targeted three categories of stakeholders in health projects as key informants. The first category was the sub-county health management team of Teso North Sub County, consisting of 12 members and 3 county-level officers. This group was selected due to their supervisory role in health projects. The second category included the relevant heads of departments, such as Human Resources, Finance, and M&E, who were engaged to provide their informed opinions on resource availability for performance monitoring and evaluation. The third category comprised health facilities committee members from health facilities located in the six wards. These groups were identified as key stakeholders capable of providing comprehensive qualitative data for the study.3.4 Study Sample

This section entails the actual sample size of the study and how the sample was determined.

3.4.1 Sample Size

The study used the Cochran's formula to determine the most appropriate sample size for the quantitative aspect of the study. Masuku and Singh (2014) affirm that the formula is suitable especially on grounds that it enables yielding a representative sample from proportions of large populations. The sample population for the Teso North county was 344 as calculated by Cochran formula as shown below;

The Cochran formula is:

$$n^0 = \frac{Z^2 pq}{e^2}$$

Where:

e is the margin of error),

p is the (estimated) proportion of the population that has the attribute in question, and

q is 1 – p.

z-value is found in a Z table.

The assumption that p = 0.5;95% confidence, and a precision of + or -5. A 95 % confidence level translates to Z values of 1.96, per the normal tables. With these assumptions

$$Sample = \frac{1.96^2 x\ 0.5\ x\ 0.5}{0.05^2}$$

= 344 persons

Therefore 344 persons in our target population were randomly sampled to participate in the quantitative aspect of the study. 13 Respondents for the qualitative aspect of the study will be purposively selected from the two categories of respondents; Subcounty health management team (SCHMT) and County health department officials.

3.4.2 Sampling Procedure

A stratified random sampling approach is considered suitable for this research especially because the target population was derived from the six administrative wards of Teso North Sub-county with each ward making one stratum. Teso North Sub-County is comprised of six wards namely: Malaba South, Malaba Central, Malaba North, Ang'urai East, Ang'urai South and Ang'urai North.

3.5 Data Collection

The research used the following instruments to collect data: a questionnaire and a key informant guide as presented in the following section.

3.5.1 Data Collection Instruments

The study used two instruments to collect data and information. A structured questionnaire was used to gather both quantitative and qualitative data from the 344 community members. The questionnaire contained information on demographic data, education level, other sources of income, knowledge and attitude towards county funded health projects and level of stakeholders' participation in project monitoring and evaluation. This method will enhance attainment of specific information from the respondents, using both open and closed-ended questions. The closed-ended questions of the questionnaire use Likert scales where participants will be required to respond to a series of statements; indicating their level and extent of agreeing or not agreeing with the statements.

A key informant interview guide was used to gather the opinion of the SCHMT, key health department heads and health facility committees on the monitoring and evaluation process for projects funded by the county. Key Informant Interviews involve interviewing people who have particularly informed perspectives on an aspect of the program being evaluated (Mugenda & Mugenda, 2003). Because information comes directly from knowledgeable people, key informant interviews often provide data and insight that cannot be obtained with other methods. Key informants may offer confidential information that would not be revealed in other settings. They may tell of incidents, local happenings, or conditions that explain implementation problems.

3.5.2 Pilot testing of research instruments

Carrying out a pilot study to test research instruments before actual research data collection is critical in ensuring areas of ambiguity are detected and evaluation of the responses on their extent to achieving the study objectives. A pilot of the instruments was conducted on similar respondents in Teso South using a 10% threshold of the study sample size. Teso South was suitable due to the close socio-demographic similarities with the study location. 35 questionnaires were administered where the findings were used to further refine the questions in terms of clarity and corrections.

3.5.3 Instrument reliability

Pilot study will help in the reliability of the research instruments for the study. The results from the pilot test will effectively assist in streamlining the consistency of the instruments. Reliability concerns the extent to which a measurement of a phenomenon provides stable and consistent results. The research tools will be tested to prove their capability of providing the same findings when used under the same conditions. Cronbach coefficient alpha by Amirrudin (2021) remains a critical reliability tool for sound measurement, will be used to test the reliability of instruments in this research. The reliability of the instruments to measure internal consistency was ensured using Cronbach's alpha accepted at a value of 0.70. From the data provided in table 3.3, the tool passed the reliability test by the high Alpha value of 82.6%.

Table 3.2: Reliability Statistics

Cronbach's alpha	**Value**
Level of Competency in M&E	0.819
Availability of resource for M&E	0.896
Stakeholders' performance	0.898
Performance of health projects	0.724
Overall Cronbach's Alpha	**0.826**

Source: Author(2024)

3.5.4 Instrument validity

To piloting of the instruments helped ascertain the validity and construct of the research instruments used in this study. The instruments were revised to ensure that they

captured the variable data accordingly (Kothari 2014). Heale and Twycross (2015) assert that validity relates to the extent to which a concept is accurately measured in a quantitative study. The research instruments were tested to accurately measure the research variables in terms of content validity and face validity.

3.5.5 Data collection procedure

Data was collected from all the categories of respondents by the researcher and a team of research assistants who were taken through a short training to ensure they fully understand the assignment and how to administer the research instruments. The training emphasized on the importance of upholding research ethical principles of confidentiality, autonomy of respondents, respect and 'do no harm'.

3.6 Data Analysis Techniques

Qualitative data was grouped and analysed thematically. The quantitative data from the instruments were coded classified and analyzed through the use of the descriptive statistics including of percentages, standard deviations, means and frequencies. Study hypotheses were tested using Pearson's Correlations and regression.

A coding scheme that assigned numerical codes to particular responses was developed and coded. The results were presented in a variety of ways, including graphs, tables, and charts. The information was examined and divided into thematic categories as per the study objectives.

3.7 Ethical Considerations

The researcher took responsibility to uphold ethical standards to protect the rights of the study participants. To ensure accountability and responsibility of the researcher, a research license from the National Commission for Science, Technology and Innovation (NACOSTI) was acquired authorizing the study in terms of compliance to ethical standards. Informed consent was sought from the respondents through a consent form with details on the purpose of the research, and their freedom of choice whether to participate in the research or not and choice to opt out at any stage of the data collection. There was no financial inducement to participants during the research as they were informed on the overall benefit of the research contributing to additional knowledge on

an issue of interest to them. Collected data did not include the names or other personal identification attributes of the participants to ensure confidentiality of the research data.

The consent helped to address fears and concerns on disclosure and conflicts of interests when interacting with the respondents. The researcher also ensured the anonymity of the study respondents.

CHAPTER FOUR: DATA ANALYSIS AND FINDINGS

4.1 Introduction

Results of the study from the analyzed data are presented in this chapter. The analysis entails both descriptive and inferential statistics of the study variables. Findings are presented in form of figures and tables claims of the study objectives and study questions. Demographic characteristics of the respondents including age, gender, level of education and duration working in the project are also presented.

4.2 Characteristics of the respondents

The characteristics of the respondents who participated in the study was as follows;

4.2.1 Response rate

The quantitative aspect of the study reached 314 respondents which translates to a response rate of 91.3% of the total target of 344 sample size of community members who are heath projects beneficiaries. The researcher deemed 91.3% as good enough and above the 75% threshold for statistical analysis to address the study objectives (Reinisch et al, 2016). 85% response rate was achieved for the qualitative data where 11 of the 13 targeted key informants were reached and accepted to participate in the study.

4.2.2 Respondents gender

A total of 187 respondents were female while 127 were male translating to 59.6% and 40.4% female and male respectively.

Table 4.1:

Respondents reached per ward by gender

Ward	Male	%	Female	%	Total
Malaba South	27	45.8%	32	54.2%	59
Malaba Central	23	44.2%	29	55.8%	52
Malaba North	22	41.5%	31	58.5%	53
Ang'urai East	17	34.7%	32	65.3%	49
Ang'urai South	26	44.1%	33	55.9%	59
Ang'urai North	12	28.6%	30	71.4%	42
Total	**127**		**187**		**314**

Table 4.1 provides details of proportion of respondents reached by gender in each of the 6 administrative wards. The highest proportion of male respondents was reached in Malaba South at 45.8% while the lowest was in Ang'urai North at 28.6%.

4.2.3 Respondents age

As shown in table 4.2 majority of the respondents at 31.5% (n=99) were in the 36-45 years age category followed closely by respondents aged 26-35 years and 46 to 55 years at 29% (n=91) and 26.4% (n=83) respectively.

Table 4.2:

Respondents age category by gender.

Age category	Male	%	Female	%	Total	%
18-25	9	7.1%	7	3.7%	16	5.1%
26-35	28	22.0%	63	33.7%	91	29.0%
36-45	47	37.0%	52	27.8%	99	31.5%
46-55	36	28.3%	47	25.1%	83	26.4%
55+	7	5.5%	18	9.6%	25	8.0%
Total	**127**		**187**		**314**	

Majority of men in the 36 to 45 years age category participated in the study at 37% (n=47) followed by men in the 46 to 45 age category at 28.3% (n=36). Generally, 70.9% (n=90) of male study respondents were aged above 36 years. However, the case

was different with female participants where most of the participants were in the 26 to 35 years age category at 33.7% (n=63) followed by female aged 36-45 years at 27.8% (n=52). This translated to a higher proportion of younger female respondents aged between 18 to 35 years participating in the study at 37.7% as compared to their male counterparts under the same age band at 29.1%. Majority of the respondents at 31.5% were aged 36-45 years followed by respondents in the 26 to 35 years age category at 29% while the lowest proportion were respondents in the 18 to 25 years at 5.1%. This translates to 65.6% (n=206) of the study respondents being aged between 18 to 45 years while the remaining 34.4% were aged 46 years and above.

4.2.4 Respondents level of education

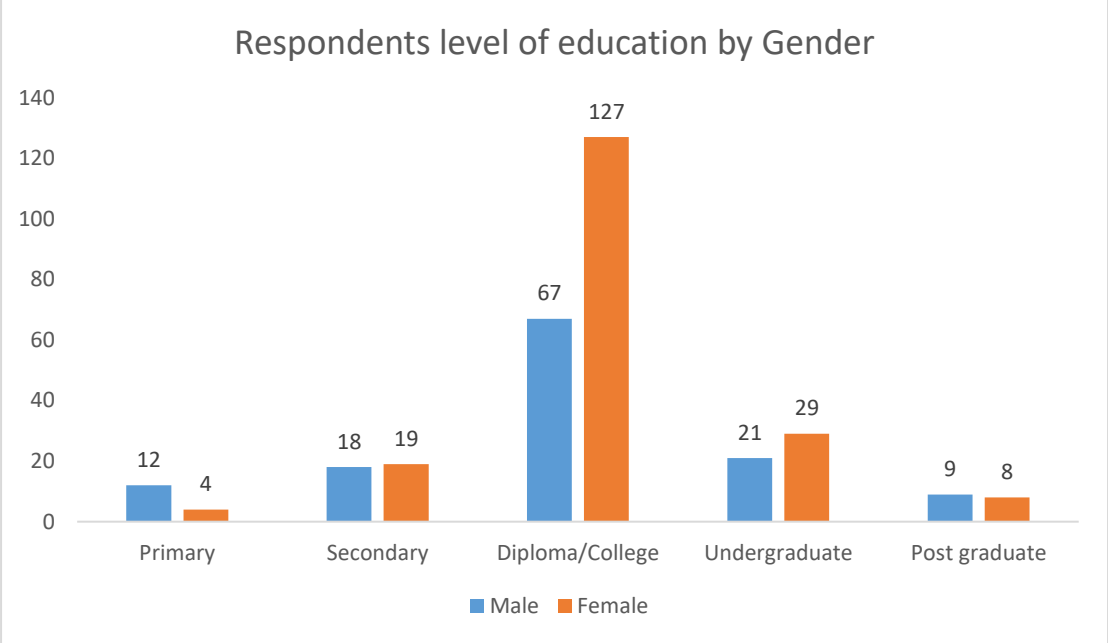


Figure 4.1 Respondents level of education by gender.

As shown in figure 4.1, majority of the respondents had Diploma or college level education at 61.8% (n=194) followed by respondents with undergraduate level education at 16.9% (n=53). Small proportions of respondents had primary and post graduate level education at 2.2% and 7.3% respectively while 11.8% had secondary level education. 2.1% female respondents had primary level education compared to 2.4% male respondents. 67.9%(n=127) of female respondents had diploma or college level education which was higher that 52.8(n=67) of male respondents with the same academic qualification.

4.3 Diagnostic Tests

Normality and Multicollinearity tests were conducted to check the reliability and accuracy of the models and their extent in terms of statistical analysis and interpretation.

4.3.1 Normality test

The Shapiro-Wilk test at 5% level of significance was used to evaluate whether the sample was drawn from a normally distributed population. Results as shown in table 4.3. indicate that the variables have a normal distribution with p-values greater than 0.05 ranging from 0.21 to 0.93.

Table 4.3 Normality test Results

Variable Description	Test Statistics (w)	Df	Sig
Competence in M&E	0.8977	314	0.05
Resources for M&E	0.2157	314	0.05
Stakeholders participation in M&E	0.8964	314	0.05
Performance of health projects	0.9365	314	0.05

4.3.2 Multicollinearity test

A VIF value of less than 0.1 or greater than 10 implies Multicollinearity while a tolerance value tending to Zero implies existence of Multicollinearity and value tending to 1 implies no Multicollinearity. Table 4.4 for the Multicollinearity test shows tolerance levels for all variables above 0.7 which is tending to 1 implying no Multicollinearity.

Table 4.4 Multicollinearity test Results

Variable Description	Tolerance	VIF
Competency in M&E	0.9112	2.19
Resources for M&E	0.7994	1.98
Stakeholders' participation in M&E	0.8743	1.66
Performance of health projects	0.7112	1.71

4.4 performance of County funded health projects

4.4.1 Citizen's satisfaction with the performance of health projects

As shown in table 4.6, a total of 55% of the respondents agreed that citizens' were satisfied with the work done in county funded brick and mortar health projects with 22% strongly agreeing and 33% agreeing. However, 28% disagreed with 18% and 10% disagreeing and strongly disagreeing, respectively. A total of 17% of the respondents remained undecided.

Table 4.5: Opinion on citizens' satisfaction with performance of the health projects

	SA	A	U	D	SD	Total
The reports from citizens shows that they are satisfied with work done	68(22%)	105(33%)	53(17%)	56(18%)	32(10%)	314

4.4.2 Respondents involvement in health projects

Slightly more than a quarter of the respondents (29%) confirmed having been involved in health project committees or forums in their community with the remaining 71% reporting to not have been involved. A higher proportion of the ones who reported to not being involved were female respondents at 66%. Generally, higher proportion of the 91 respondents who had confirmed to having been involved in health project committees or forums were male at 57.1%.

Table 4.6 Respondents involved in health project committees/forums

Involved in health project committees	**Male**	**%**	**Female**	**%**	**Total**	**%**
Yes	52	40.9%	39	20.9%	91	29.0%
No	75	59.1%	148	79.1%	223	71.0%
Total	**127**		**187**		**314**	100

Asked whether they felt represented in the health project committees in their community, 56.7% responded to the affirmative with majority of these being female respondents at 60%. Figure 4.2 shows the type of representation for the 216 respondents who reported that they felt involved in the health projects committees or forums. Majority of the respondents at 49% (n=106) stated that they felt represented by the community groups in the health committees and forums while and equal proportion of 25.5% (n=55) reported being represented by local leaders and community committees.

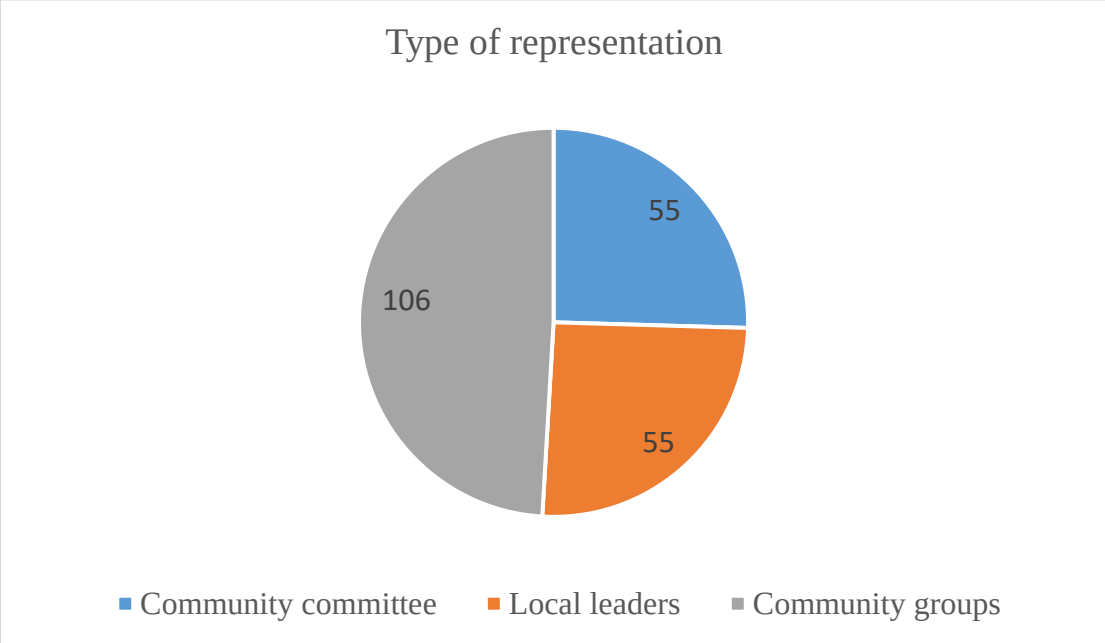


Figure 4.2: Type of representation in health projects.

4.5 Competency in M&E and performance of health projects

4.5.1 Descriptive Analysis

The first study objective sought to explore relationship between competency in M&E and performance of health projects. 5 statements were used to gather participants' opinion and perspectives on this objective by use of the Likert scale which had scores from Strongly Agree, Agreed, Neutral, Disagreed and Strongly disagreed. Table 4.7 shows a summary of results of the Likert scale with responses of the five statements on competency in M&E and performance of health projects including calculated means, standard deviation and composite mean and standard deviation of the five statements.

The first statement measured respondents' opinion on the extent of agreeing or disagreeing on training in M&E concepts. 61 (19.4%) strongly agreed, 64 (20.4%) agreed, 12 (3.8%) were neutral, while 106 (33.8%) and 71 (22.6%) disagreed and strongly disagreed, respectively. This translated to a total of 125 (39.8%) agreeing that they were trained in M&E concepts, while a significant 177 (56.4%) disagreed, they were trained on M&E concepts. The mean of this specific item was at 2.803 with a standard deviation of 2.69 which is lower than the composite mean of 3.245 and standard deviation of 1.737 implying that the statement does not positively influence performance of health projects.

Table 4.7: Analysis of competency in M&E and performance of health projects.

Statements	**SD** **f(%)**	**D** **f(%)**	**N** **f(%)**	**A** **f(%)**	**SA** **f(%)**	**Mean**	**SD**
As a Staff/PMC Member, I am trained in monitoring and evaluation concepts	71(22.6)	106(33.8)	12(3.8)	64(20.4)	61(19.4)	2.803	2.690
The skills I have I am satisfied that I am satisfactorily equipped to monitor and evaluate	65(20.7)	81(25.8)	41(13.1)	68(21.7)	59(18.8)	2.920	2.767
The training in monitoring and evaluation I have has made it possible to improve on the performance of county projects	62(19.7)	77(24.5)	35(11.1)	79(25.5)	61(19.4)	3.000	2.840
A significant number of staff/PMC need to improve on M&E competence to avoid unscrupulous contractors of county funded projects doing poor quality work.	11(3.5)	13(4.1)	5(1.6)	189(60.2)	96(30.6)	4.102	3.676
Generally, there has been high level of competence in M&E which has in turn improve project performance	33(10.5)	56(17.8)	35(11.1)	133(42.4)	57(18.2)	3.398	3.121
Composite mean and standard deviation						**3.245**	**1.737**

The second statement measured respondents' opinion on their self-satisfaction with ability to monitor and evaluate health projects. 59 (18.8%) strongly agreed, 68

(21.7%) agreed, 41 (13.1%) were neutral, while 81 (25.8%) and 65 (20.7%) disagreed and strongly disagreed, respectively. A total of 127 (40.4%) agreed that they were satisfied their skills would enable them to monitor and evaluate. However, a higher proportion at 146 (46.5%) disagreed with this statement. Similar to the first statement, the mean of this specific item was 2.92 with a standard deviation of 2.767 which was lower than the composite mean of 3.245 and standard deviation of 1.737 implying that the statement did not positively influence performance of health projects.

The third statement was on whether training in M&E had improved performance of projects in the county. 61 (19.4%) strongly agreed, 79 (25.5%) agreed, 35 (11.1%) were neutral, while 77 (24.5%) and 62 (19.7%) disagreed and strongly disagreed, respectively. A near equal proportion agreed and disagreed with this statement at 140 (44.6%) and 139 (44.3%) respectively. The mean of this specific item was at 3.0 with a standard deviation of 2.84 which is lower than the composite mean of 3.245 and standard deviation of 1.737 implying that the statement did not positively influence performance of health projects.

The fourth statement was on whether there was need for improvement on M&E among county staff for increased efficiency and quality standards of county health projects. 96 (30.6%) strongly agreed, 189 (60.2%) agreed, 5 (1.6%) were neutral, while 13 (4.1%) and 11 (3.5%) disagreed and strongly disagreed, respectively. A total of 285 (90.8%) agreed with this statement while only 24(7.6%) disagreed. The mean of this specific item was at 4.102 with a standard deviation of 3.676 which is higher than the composite mean of 3.245 and standard deviation of 1.737 implying that the statement positively influenced performance of health projects.

The fifth statement was on whether there was a prominent level of competence in M&E which improved health projects in the county. 57 (18.2%) strongly agreed, 133 (42.4%) agreed, 35 (11.1%) were neutral, while 56 (17.8%) and 33 (10.5%) disagreed and strongly disagreed, respectively. Majority of respondents at 190 (60.5%) agreed while only 89 (28.3%) disagreed. The mean of this specific item was at 3.398 with a standard deviation of 3.121 which is higher than the composite mean of 3.245 and standard deviation of 1.737 implying that the statement positively influenced performance of health projects.

4.5.2 Qualitative Analysis on Competency in M&E and performance of health projects.

Many of the interviewed key informants had the same view that M&E capacity and skills played a vital role in performance of health projects in Teso North sub County. Information from key informants concurred with quantitative data results which indicated low training and skills in M&E concepts. One of the key informants reported that; *"Not so many of staff in the county are trained in M&E concepts or even basic skills in M&E*". Another key informant supported this idea by stating that; "*there is generally low capacity especially at sub County level in monitoring and evaluation".*

There was consensus among the key informants that the low capacity in monitoring and evaluation training and skills at sub County level was a big gap in performance evaluation for development projects in Teso North sub County. This position was emphasized by some of the key informants who stated that;

"There are many health projects being launched and implemented in the sub County every financial year but the low capacity in M&E makes it difficult to evaluate how well these projects are being implemented".

"There are not so many trainings on M&E as a discipline and this affects delivery of health projects".

"The few personnel at County and sub County level with M&E training and skills do try to help in monitoring delivery of health projects but there remains a big gap".

Some key informants added their voice by stating that M&E capacity and skills are important and play a big role in ensuring health projects are implemented efficiently and effectively at both county and sub county levels. They pointed out key roles of

M&E health projects including facilitating identification and timely action and decisions on gaps.

"Though there are few staff with monitoring and evaluation skills, they help us to identify gaps and challenges in ongoing projects and the bosses are able to decide what needs to be done quickly".

"If we could have more staff at both county and sub county levels trained in monitoring and evaluation then quality and cost of implementing health projects will improve".

4.5.3 Inferential Analysis of Competency in M&E and performance of health projects

Inferential analysis was conducted through Correlations, regression and hypothesis testing to establish relationship and significance of the relationship between competency in M&E and performance of health projects in Teso North.

4.5.3.1 Correlation Analysis

Correlation tests were performed to establish the strength of linear relationships between variables independently. As shown in table 4.8, correlation testing results indicated a positive correlation between competency in M&E and Performance of health projects in Teso North Sub County. However, the results indicated a weak positive correlation between competency in M&E as the independent variable and Performance of health projects in Teso North Sub County, with $r = 0.378$, $p < 0.01$. This implied that Competency in M&E plays a role in determining the Performance of health projects in Teso North Sub County.

Table 4.8: Correlation Test for competency in M&E and performance of health projects.

Variable		Performance in health projects	Competency in M&E
Performance in health projects.	Pearson Correlation Sig.(2-tailed)	1	0.378
Competency in M&E	Pearson Correlation Sig.(2-tailed)	0.378	1
	N	314	

4.5.3.2 Coefficients

The presented coefficients provide valuable insights into the relationship between competency in M&E and performance of health projects in Teso North. Starting with the constant (intercept) term, it is noteworthy that its unstandardized coefficient is 1.519, indicating that when all predictor variables are zero, the expected value of performance of health projects is 1.519. The associated t-statistic (8.638) is highly significant ($p < 0.001$), suggesting that the constant term is a meaningful component of the model.

Looking at the standardized coefficients (Beta), these coefficients allow for a comparison of the relative importance of each predictor variable in explaining variations in performance of health projects while considering their different scales. However, it is important to note that the competency in M&E variable has a very small and statistically insignificant impact on Service Delivery, as indicated by its near-zero Beta value and non-significant t-statistic.

Table 4.9: Coefficients

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	1.519	0.176		8.638	0
	Competency in M&E	-0.007	0.083	-0.006	-.084	0.933

a. Dependent Variable: Performance of health projects

4.5.3.3 Hypothesis Testing

The first null Hypothesis stated; H_{01}**:** There is no significant relationship between competence in monitoring and Evaluation and performance of health projects funded by Busia County. As shown in table 4.8, the calculated correlation coefficient (R = 0.378) indicates a moderate positive relationship. However, the associated standardized coefficient (B = -0.006) shown in table 4.9 is both small and non-significant (P = 0.933). Consequently, we fail to reject the null hypothesis asserting no significant relationship between Competency in M&E and Performance of health projects.

4.6 Availability of resources for M&E and performance of health projects

4.6.1 Descriptive Analysis

Five statements were used to gather participants' opinion and perspectives on the influence of availability of resources for M&E and performance of health projects. Descriptive results of the statements are shown in table 4.10. A likert scale with scores ranging from 1 to 5 was used;1=Not at all, 2=Low extent, 3=Medium, 4=Great extent and 5 to a very great extent.

The first statement measured respondents' opinion on the extent of availability of resources required for M&E supported performance of health projects. 67 (21.3%) reported very great extent, 64 (20.4%) agreed, 33 (10.5%) were medium, while 106 (33.8%) and 44 (14%) low extent and not at all, respectively. A total of 131 (41.7%) reported that availability of resources supported performance of health projects to a great extent while 106 (33.8%) reported it did to a lower extent. The mean of this specific item was at 3.013 with a standard deviation of 2.832 which was higher than the composite mean of 2.839 and standard deviation of 1.644 implying that the statement positively influenced performance of health projects.

Table 4.10: Analysis of availability of resources in M&E and performance of health projects.

Statements	**NA f(%)**	**LE f(%)**	**M f(%)**	**GE f(%)**	**VGE f(%)**	**Mean**	**SD**
To what extent does the availability of resources required for M&E, (Physically, Financially (Monetary), and human resource) support performance of county funded health projects?	44(14)	106(33.8)	33(10.5)	64(20.4)	67(21.3)	3.013	2.832
To what extent do the financial systems, guidelines and procedures establish by the county	32(10.2)	73(23.2)	11(3.5)	107(34.1)	91(29)	3.484	3.250

government support performance of county health funded projects?							
To what extent do resources get allocated favorably for the sake of minimizing production cost and creating added value for the intended outputs	89(28.3)	99(31.5)	36(11.5)	54(17.2)	36(11.5)	2.519	2.382
To what extent does Information Technology get utilized for standardization of operation and lowering cost for effective performance of county funded health projects?	91(29)	102(32.5)	25(8)	34(10.8)	62(19.7)	2.599	2.525
To what extent are resources available for provision of sufficient budget requirements for performance of county health projects?	103(32.8)	86(27.4)	21(6.7)	47(15)	57(18.2)	2.583	2.525
Composite mean and standard deviation						**2.839**	**1.644**

The second statement had a total of 198 (63.1%) reporting that financial systems, guidelines, and procedures supported performance of health projects in Teso North sub-County to a great extent. 73 (23.2%) reported it did to a lower extent and 32 (10.2%) and 11(3.5%) reported not at all and medium, respectively. The mean of this specific

item was at 3.484 with a standard deviation of 3.25 which was higher than the composite mean of 2.839 and standard deviation of 1.644. This result implied that the statement positively influenced performance of health projects.

The third statement was on the extent resources were being allocated to enhance performance of health projects. A total of 90 (28.7%) reporting that resources being allocated enhanced performance of health projects in Teso North sub-County to a great extent while 99 (31.5%) reported it did to a lower extent. 89 (28.3%) and 36(11.5%) reported not at all and medium, respectively. The mean of this specific item was at 2.519 with a standard deviation of 2.382 which was lower than the composite mean of 2.839 and standard deviation of 1.644 implying that the statement did not positively influence performance of health projects.

The fourth statement was on the extent information technology was being utilized for effective performance of health projects. A total of 96 (30.6%) reporting that resources being allocated enhanced performance of health projects in Teso North sub County to a great extent while 102 (32.5%) reported it did to a lower extent. 91 (29%) and 25 (8%) reported not at all and medium, respectively. The mean of this specific item was at 2.599 with a standard deviation of 2.525 which was lower than the composite mean of 2.839 and standard deviation of 1.644 implying that the statement did not positively influence performance of health projects.

The final statement was on the extent of provision of sufficient budget for performance of health projects. A total of 104 (33.1%) reporting that resources being allocated enhanced performance of health projects in Teso North sub County to a great extent while 86 (27.4%) reported it did to a lower extent. 103 (32.8%) and 21 (6.7%) reported not at all and medium, respectively. The mean of this specific item was at 2.583 with a standard deviation of 2.525 which was lower than the composite mean of 2.839 and standard deviation of 1.644 which implied that the statement did not positively influence performance of health projects.

4.6.2 Qualitative Analysis on availability of resources for M&E and performance of health projects and performance of health projects.

Key informants were asked on the financial and human resources allocated to monitoring and evaluation and their perception on their influence on performance of

health projects. While majority of the key informants were of the view that human and financial resources allocated to M&E were not adequate, they agreed that the county government was making efforts in allocating resources for M&E.

"M&E like many other key functions do not get adequate allocation in terms of financial and human resources due to shortage of qualified and competent staff and budget shortfalls".

"There are very few staff with M&E skills at sub County level".

"The county is trying but is not able to allocate adequate financial resources towards monitoring and evaluation of health projects due to huge shortfall in the entire budget allocated to health".

"The budget is chewed up with all the other priority areas in health leaving very little or nothing for monitoring and evaluation".

4.6.3 Inferential Analysis of Competency in M&E and performance of health projects

Inferential analysis was conducted through Correlations, regression and hypothesis testing to establish relationship and significance of the relationship between resources for M&E and performance of health projects in Teso North.

4.6.3.1 Correlation Analysis

Correlation tests were performed to establish the strength of linear relationships between variables independently. As shown in table 4.11, correlation testing results showed a moderate positive relationship where, $r = 0.525$, $p < 0.05$. This result implied that resources for M&E significantly determines performance of health projects in Teso North sub County.

Table 4.11: Correlation Test for resources for M&E and performance of health projects.

Variable		Performance in health projects	Resources for M&E
Performance in health projects.	Pearson Correlation Sig.(2-tailed)	1	0.525
Resources for M&E	Pearson Correlation Sig.(2-tailed)	0.525	1
N		314	

4.6.3.2 Coefficients

The regression coefficients provide valuable insights into the relationship between resources for M&E and performance of health projects in Teso North. Looking at the standardized coefficients (Beta), these coefficients allow for a comparison of the relative importance of each predictor variable in explaining variations in performance of health projects while considering their different scales. Availability of resources for M&E stands out with a significant positive Beta value of 0.595. This implies that a one-unit increase in the standardized score of Availability of resources for M&E is associated with a 0.595 standard deviation increase in Performance of health projects.

Table 4.12: Coefficients

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	1.519	0.176		8.638	0
	Resources for M&E	0.584	0.71	0.595	8.177	0.000

a. Dependent Variable: Performance of health projects

4.6.3.3 Hypothesis Testing

The null Hypothesis for the second study objective stated; H_{02}**:** There is no significant relationship between resources availability for monitoring and evaluation and performance of health projects funded by Busia County. As shown in table 4.11, the calculated correlation coefficient (R = 0.525) suggests a substantial positive relationship with Performance of health projects, and the associated unstandardized

coefficient (B = 0.595) in table 4.12 is both large and statistically significant (P = 0.000). Consequently, we reject the null hypothesis asserting no significant relationship between resources for M&E and Performance of health projects.

4.7 Stakeholders' participation in M&E and performance of health projects

4.7.1 Descriptive analysis

The third study objective sought to explore relationship between stakeholders' participation in M&E and performance of health projects. 5 statements were used to gather participants' opinion and perspectives on this objective by use of the Likert scale which had scores from Strongly Agree, Agreed, Neutral, Disagreed and Strongly disagreed. Table 4.13 shows a summary of results of the Likert scale with responses of the five statements including calculated means, standard deviation and composite mean and standard deviation of the five statements.

The first statement measured respondents' opinion on whether stakeholder participation was important for efficient performance of health projects. 122 (38.9%) and 155 (49.9%) respondents strongly agreed and agreed respectively. 21 (6.7%) respondents were neutral, while 11 (3.5%) and 5 (1.6%) disagreed and strongly disagreed respectively. The mean of this specific item was at 4.204 with a standard deviation of 3.76 which is higher than the composite mean of 3.941 and standard deviation of 1.885 therefore implying that the statement positively influenced performance of health projects

Table 4.13: Analysis of stakeholder participation and performance of health projects

Statements	SD f(%)	D f(%)	N f(%)	A f(%)	SA f(%)	Mean	SD
Stakeholders participation in M&E is important for efficient county funded health projects' performance	5(1.4)	11(3)	21(5.8)	155(42.8)	122(33.7)	4.204	3.764
All relevant stakeholder significantly participate in monitoring and evaluation	5(1.4)	11(3)	17(4.7)	177(48.9)	104(28.7)	4.159	3.713
Their participation has help improve county health projects' performance	2(0.6)	7(1.9)	22(6.1)	179(49.4)	104(28.7)	4.197	3.732
The participation frequency can also be considered significant (at least once a month)	45(12.4)	110(30.4)	21(5.8)	67(18.5)	71(19.6)	3.029	2.861
Generally, the stakeholders' participation in M&E has been significant and has improve performance of county funded health projects.	6(1.7)	21(5.8)	12(3.3)	166(45.9)	109(30.1)	4.118	3.695
Composite mean and standard deviation						**3.941**	**1.885**

The second statement was on whether all relevant stakeholders significantly participated in M&E. 104 (28.7%) and 177 (48.9%) respondents strongly agreed and agreed respectively. 17 (4.7%) were neutral, while 11 (3%) and 5 (1.4%) disagreed and strongly disagreed, respectively. The mean of this specific item was at 4.159 with a standard deviation of 3.713 which is higher than the composite mean of 3.941 and standard deviation of 1.885 hence implying that the statement positively influenced performance of health projects.

The third statement was on whether stakeholders' participation had helped improve performance of health projects in Teso North sub County. 104 (28.7%)

respondents strongly agreed while 179 (49.4%) agreed. 22 (6.1%) were neutral, while 7 (1.9%) and 2 (0.6%) disagreed and strongly disagreed, respectively. The mean of this specific item was at 4.197 with a standard deviation of 3.732 which is higher than the composite mean of 3.941 and standard deviation of 1.885 implying that the statement positively influenced performance of health projects.

The fourth statement was on whether participation frequency could be considered significant in performance of health projects in Teso North sub County. 71 (19.6%) respondents strongly agreed and 67 (18.5%) agreed. 21 (5.8%) were neutral, while 110 (30.4%) and 45 (12.4%) disagreed and strongly disagreed, respectively. The mean of this specific item was at 3.029 with a standard deviation of 2.861 which is lower than the composite mean of 3.941 and standard deviation of 1.885 implying that this statement did not positively influence the performance of health projects.

The fifth statement was on whether M&E was significant and had improved performance of health projects in Teso North sub County. 109 (30.1%) and 166 (45.9%) respondents strongly agreed and agreed respectively. 12 (3.3%) were neutral, while 21 (5.8%) and 6 (1.7%) disagreed and strongly disagreed, respectively. The mean of this specific item was at 4.118 with a standard deviation of 3.695 which is higher than the composite mean of 3.941 and standard deviation of 1.885 denoting that the statement positively influenced the performance of health projects.

4.7.2 Qualitative analysis on Stakeholders participation and performance of heath projects.

In terms of stakeholders' participation, key informants were asked on their opinion on how the community got involved in monitoring and evaluation of public health projects and whether they had channels to express their needs in the health projects. A key informants reported the following on the question of community involvement in monitoring and evaluation;

> *"The community has representatives who take part in health committees at county and sub county levels where reports on ongoing projects are made". They are allowed to ask questions in these committees. However, this faces challenges*

because you have the same people attending the forums and sometimes one cannot be sure they are taking the information down to the community".

The key informants were also in agreement of community involvement in receiving progress reports of the projects by the county government including health projects in the sub county through participation in public gatherings by the leaders at village or ward levels. In terms of whether the community had channels to express their needs, the key informants stated health committees and public gatherings as two key channels that were available for the community members to express their needs.

However, the key informants expressed challenges and gaps in stakeholder participation in M&E of health projects in Teso North sub County.

"We do not have enough resources to hold frequent meetings at village and ward levels which is a big gap".

"At times, the discussions and progress reports presented in the meetings are quite technical for community members to understand and actively participate or express their opinion".

"It is not easy to get representation of all groups in the community which is required for effective, inclusive and people driven development. Some of the community members required to attend the sessions are not usually available when the meetings are held because they are caught up sourcing for their families".

4.7.3 Inferential Analysis on Stakeholders participation and performance of heath projects.

4.7.3.1 Correlation Analysis

Correlation tests were performed to establish the strength of linear relationships between stakeholders' participation and performance of health projects. As shown in table 4.14, correlation test between Stakeholders' participation and Performance in health projects demonstrated a weak positive relationship where, $r = 0.204$ $p < 0.05$ which similarly implied that Stakeholders' participation to some extent determined Performance of health projects in Teso North sub County.

Table 4.14: Correlation Test for Stakeholders' participation in M&E and performance of health projects.

Variable		Performance in health projects	Resources for M&E
Performance in health projects.	Pearson Correlation Sig.(2-tailed)	1	0.204
Stakeholders' participation in M&E	Pearson Correlation Sig.(2-tailed)	0.204	1
N		314	

4.7.3.2 Coefficients

The regression coefficients provide valuable insights into the relationship between stakeholders' participation in M&E and performance of health projects in Teso North. Looking at the standardized coefficients (Beta), these coefficients allow for a comparison of the relative importance of each predictor variable in explaining variations in performance of health projects while considering their different scales. Conversely, Stakeholders' performance has a negative standardized coefficient of -0.119, indicating that a one-unit increase in the standardized score of Stakeholders' participation is associated with a 0.119 standard deviation decrease in Performance of health projects.

Table 4.15: Coefficients

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	1.519	0.176		8.638	0

Stakeholders Participation in M&E	-0.123	0.59	-0.119	-2.09	0.037

a. Dependent Variable: Performance of health projects

4.7.3.3 Hypothesis Testing

The third null Hypothesis stated; H_{03}**:** There is no significant relationship between stakeholders' participation in M&E and performance of health projects funded by Busia County. As shown in table 4.14, the calculated correlation coefficient (R = 0.204) indicates a weaker positive relationship with Performance of health projects. The unstandardized coefficient (B = -0.119) shown in table 4.15 is significant (P = 0.037), although smaller in magnitude therefore leading to rejecting the null hypothesis.

CHAPTER FIVE: DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This final chapter presents discussions on the study results and findings for each objective. The discussion includes contrasting with available knowledge on the subject from other authors. The chapter concludes by providing a summary of main findings, conclusions, and recommendations about financial performance as regards micro enterprises.

5.2 Summary of Study Findings

This section summarizes the study findings on the study objectives with close attention to significance of the relationships between the three study independent variables; level of competency in M&E, resources availability in M&E, and stakeholders' participation in M&E and the dependent variable; performance of county funded brick and mortar health projects in Teso North sub County.

5.2.1 Effect of level of competency in M&E on performance of health projects in Teso North sub County.

Both Descriptive and qualitative analysis findings established that level of competency in M&E affect performance of health projects. However, the hypothesis test results led to the failure to reject the null hypothesis which stated no significant relationship between competency in M&E and performance of health projects. The correlation analysis results indicated a weak positive correlation between level of competency in M&E and Performance of health projects in Teso North Sub County. This implied that Competency in M&E played a role in determining the Performance of health projects in Teso North Sub County. The hypothesis test resulted to failure to rejecting the null hypothesis asserting no significant relationship between Competency in M&E and Performance of health projects.

5.2.2 Effect of availability of resources for M&E on performance of health projects in Teso North sub County.

The descriptive study findings established that availability of resources for M&E affect performance of health projects. However, key informants reported that as much as the County was making efforts in resource allocation for M&E, it was still falling short of what was required for M&E of health projects. The Correlation between Availability of resources in M&E and Performance of health projects showed a moderate positive relationship. This result implied that resources for M&E significantly determines performance of health projects in Teso North sub County. The hypothesis test resulted to rejecting the null hypothesis.

5.2.3 Effect of stakeholders' participation in M&E on performance of health projects in Teso North sub-County

The study findings established that stakeholders' participation in M&E affect performance of health projects. The correlation test between Stakeholders' participation and Performance in health projects demonstrated a weak positive relationship while the hypothesis test resulted to rejecting the null hypothesis that stated there was no significant relationship between stakeholders' participation in M&E and performance of health projects.

5.3 Discussions of the Study Findings

This section discusses the findings under each study objective.

5.3.1 Level of competency in M&E and performance of health projects in Teso North sub County

Descriptive results for the first statement under objective one, pointed that level of competency in M&E affected performance of health projects with the mean of the particular statement being higher than the composite mean hence demonstrating the statement positively influenced performance of health projects. This finding supports findings by Adhan and Mutuku (2023) which established that there

Correlation test on competency in M&E and performance resulted to a weak positive correlation between competency in M&E which disagrees with the findings by Muindi (2021) who established a significant negative correlation between level of

competency in M&E and performance of county funded social development projects. The correlation slightly differ with Farhiya and Pedo (2022) in terms of strength of the relationship with their study establishing a moderate significant correlation even though their study focused on M&E planning which is an important aspect of competency in M&E.

However, the findings concur with findings by other authors including Yusuf (2020); Okafor (2021); Adhan and Mutuku (2023); Farhiya and Pedo (2022) and Minyiri and Muchelule (2018) with all establishing a significant relationship between level of competency in M&E and performance. Further, the study findings concur with findings by Yusuf (2020) in as far as relevance of technical expertise in M&E as a key influence to performance of projects.

Qualitative data pointed to gaps in human resource capacity with most of the key informants reporting that there were only a few staff members trained in M&E to effectively monitor health projects. Respondents added that the low frequency in training on M&E affected delivery of health projects in the county. This position support study finding by Mwangi and Karimi (2021) who established a strong positive correlation between human resource capacity and performance of MHPs in terms of project effectiveness.

The study findings shed more light to the findings by Okafor (2021) who suggested a statistically significant correlation between M&E skills and performance of projects in Katsina State of Nigeria considering that the study used a small sample which could be considered statistically insufficient. Lastly, this study brings to light aspects of need for skills improvement among staff for increased efficiency and quality standards of county health projects which had not been covered by the reviewed literature. This item had a mean and standard deviation higher than the composite mean implying that the statement positively influenced performance of health projects.

5.3.2 Availability of resources in M&E and performance of health projects in Teso North sub County

The study findings established a statistically significant relationship with hypothesis test result led to failure to reject the study hypothesis hence concluding that that availability of resources for M&E significantly influenced performance of health

projects in Teso North sub County. Descriptive results for the first statement on the extent availability of resources including financial resources influenced performance of health projects pointed to a higher mean and standard deviation than the composite mean and standard deviation translating that the item positively influenced performance. This position supports qualitative findings by Tengan and Aigbavboa (2016) who cited limited budgetary allocations for M&E as one of the key challenges that hinder success during project implementation.

Similarly, descriptive results for the second statement on whether financial systems, guidelines, and procedures supported performance of health projects resulted to a higher mean and standard deviation compared to the composite mean and standard deviation. This position supports Waititu (2022) who concluded that financial management approach in the organization had a strong relationship with the Monitoring and Evaluation activities.

Descriptive results on the statement investigating the extent resources were favorably being allocated had a lower mean and standard deviation compared to the composite mean and standard deviation. This results supports findings by Kamau and Njoroge (2019) who also established that despite budgetary allocation being a critical driver of project performance, M&E activities were not being allocated adequate budget.

The study findings are critical because a broader perspective of resources for M&E is investigated compared to most of the review literature that predominantly focus on financial and budgetary resources available for M&E activities. The perspective on utilization of information and technology as a resource adds knowledge especially with the descriptive analysis which pointed low utilization hence not improving effectiveness of project performance.

5.3.3 Stakeholders' participation in M&E and performance of health projects in Teso North sub County.

The study findings established a statistically significant relationship between stakeholders' participation in M&E and performance of health projects in Teso North sub County. The hypothesis test resulted to rejection of the null hypothesis and

concluded that stakeholders' participation in M&E influenced performance of health project.

Descriptive results on the first and fifth statements whether stakeholders' participation was important and has been significant for improvement and efficient performance of health projects had both a higher mean and standard deviation than the composite mean and standard deviation translating that the two statements positively influenced performance of health projects. This position supports findings by Nabibya (2023) which concluded that monitoring and evaluation by stakeholders was among factors which had a significant influence on implementation of infrastructure projects in public secondary schools in the County. The results also concur with Achieng and Muturi (2021) who established that stakeholders' involvement was an important factor that can boost effective monitoring and evaluation of government funded water projects.

Descriptive analysis results on whether all relevant stakeholders significantly participated in M&E had a higher mean and standard deviation than the composite mean and standard deviation. This study finding differ with the conclusion by Mwangi & Wambua (2019) who observed that in most public health projects, the public are never involved in the projects' implementation and execution resulting in massive challenges and negative outputs. This study finding is critical pointing to a possible general improvement over the years in terms of stakeholders' participation and engagement in public funded health projects.

These study findings add knowledge on aspects of stakeholders' participation including relevance of frequency of participation in the performance of health projects. The statement had a mean and standard deviation lower than the composite mean and standard deviation which implied that the statement did not positively influence performance of health projects in Teso North sub County. Finally, qualitative findings of the study generally brought up capacity and resources gaps in terms of adequately facilitating the public to effectively participate in M&E for public health projects.

5.4 Conclusion

From the findings of the study it can be concluded that all the three factors under study; level of competency, availability of resources for M&E and stakeholders'

participation in M&E have a significant relationship with performance of health projects in Teso North sub County in Busia, Kenya. This means that each of the three variables impacts on performance of health projects in Teso North sub County and indicates opportunity for greater improvement in performance of health projects as a result of enhancement of competency in M&E, increased resource allocation for M&E and improved stakeholders' participation in M&E.

5.5 Recommendations

5.5.1 Recommendations for Policy

From the study findings, there is need for policy action on allocation of adequate resources through consideration of determining the minimum proportion of project budgets for M&E. This will support increased competency of staff in M&E for health projects at County and sub County levels. This will enhance facilitation of staff trainings on M&E skills and increasing the human resource to support M&E.

In as much as study findings pointed at an existing platform for stakeholders to participate in M&E at Teso North sub County, there is need for a robust stakeholders' participation framework which will ensure increased capacity for effective community participatory M&E.

5.5.2 Recommendation for Practice

There is need for increased capacity for community members to effectively participate in monitoring and evaluating health projects which can be useful in bridging the human resource and skills gap at county and sub county health department.

5.6 Areas of Further Research

Based on the study findings under the regression analysis results, the three independent variables investigated in this study collectively accounted for only approximately 28.6% of the variance in performance of health projects pointing for need for further research on other related factors unaccounted for in this study.

Only slightly more than a quarter of respondents reporting to have been involved in health projects committees or forums. This points to a need for further research on effective involvement of community members in stakeholder participation and engagement forums for health projects in the context of M&E of the projects.

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APPENDICES

APPENDIX 1: NACOSTI approval

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **861788**

Date of Issue: **22/May/2024**

RESEARCH LICENSE



This is to Certify that Ms.. Alice Koimur of Africa Nazarene University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Busia on the topic: MONITORING AND EVALUATION TENETS AND PERFORMANCE OF COUNTY FUNDED BRICK AND MORTAR HEALTH PROJECTS IN BUSIA COUNTY – A CASE OF TESO NORTH SUB COUNTY. for the period ending : 22/May/2025.

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APPENDIX 2: ANU NACOSTI Authorization

AFRICA NAZARENE UNIVERSITY

30th April 30, 2024

E-mail: researchwriting.mba.anu@gmail.com/ monitoringandevaluation@anu.ac.ke

NACOSTI: registry@nacosti.go.ke Tel. 0202711213

Our Ref: 17S03DMME004

The Director,

National Commission for Science,

Technology and Innovation (NACOSTI),

P. O. Box 30623, 00100

Nairobi. Kenya

Dear Sir/Madam:

RE: RESEARCH AUTHORIZATION FOR: ALICE CHEPCHIRCHIR KOIMUR *17S03DMME004*

ALICE CHEPCHIRCHIR is a postgraduate student of Africa Nazarene University in the Master ARTS IN MONITORING AND EVALUATION (MME) program.

In order to complete her program, Alice is conducting a research entitled: " **MONITORING AND EVALUATION TENETS AND PERFORMANCE OF COUNTY FUNDED BRICK AND MORTAR HEALTH PROJECTS IN BUSIA COUNTY – A CASE OF TESO NORTH SUB COUNTY. "**

Any assistance offered to her will be highly appreciated.

Yours Faithfully,

Dr. Wanjiru Nderitu

MME, Coordinator, School of Business, Africa Nazarene University.

APPENDIX 3: Consent Form

Consent Form **Code: ……**

Introduction: (Self-introduction by researcher)

My name is Alice Chepchirchir Koimur, a Masters student in school of Business department of Monitoring and Evaluation of Africa Nazarene University. I am conducting a study on the effects of Monitoring and Evaluation on county funded health projects' performance in Busia County, Kenya. The purpose of this research is purely academic and the information provided shall not be used for any other purpose. I am requesting you to participate in the research by responding to questions on the questionnaire/ key informant guide. The process will take about 30 minutes to complete.

It is important to inform you that the information you will provide shall only be used for the research purposes only and your identity or personal information will not be shared with any other entity or person. The final report with findings of the research shall not include names and identities of the any of the study participants.

You are free not to participate in the study. Further, you are also allowed to stop the interview at any stage even after beginning; if you so wish.

I kindly request that you answer the questions as honestly and openly as possible since this will help give an accurate representation of the issues necessary for the research purpose.

By signing this consent form indicates your acceptance to participate in the study.

Signature……...

Date……....

APPENDIX 4: Questionnaire

This questionnaire is designed to obtain information for purely academic purposes on the effects of Monitoring and Evaluation on county funded health projects' performance in Busia County, Kenya. The purpose of this research is purely academic, and the information provided will be treated with complete confidentiality. Your participation in the study is voluntary, and it is your right to decline or even stop at any point of the interview. We shall not record your name as a participant. Overall, this discussion is set to take approximately 30 minutes.

Your participation in this study will not be used in any way to change or disadvantage the current benefits or opportunities you are receiving from county funded health projects.

Thank you!

PART ONE: Demographic Data

1. What is your gender?
   (a) Male [ ] (b) Female [ ]
2. What is your age?
   (a) 18-25 years [ ] (b) 26-35 years [ ] (c) 36-45 years [ ] (d) 46-55 years [ ]
   (e) Over 55 years [ ]
3. Please indicate your highest level of education attained
   (a) Primary [ ] (b) Secondary [ ] (c) Diploma [ ]
   (d) Undergraduate Degree [ ] (e) Post Graduate Degree [ ]
4. Have you been involved in Teso North Sub- County health projects committees or forums?
   (a) Yes [ ] (b) No [ ]
5. If No, in 4 above; do you feel represented in Teso North Sub-County health projects' committees or forums?
   (a) Yes [ ] (b) No [ ]
6. If Yes, in 5 above; Please state what type of representation you have ……..

PART B: County funded Health Projects' Performance

(b) Show how far you agree or disagree with the following statements. Specify by ticking [ ] your opinion on the matter at hand. SA – Strongly agree [5], A –Agree [4], U – Undecided [3], D – Disagree [2], SD – Strongly Disagree [1]

	SA	A	U	D	SD
	5	4	3	2	1
So far almost all the County government funded Projects have been certified top quality					
The reports from citizens shows that they are satisfied with work done					

(c) In your opinion are there any other project performance issues with County Government funded Health projects?

Yes [ ] No [ ] If Yes Please indicate below

……

……

……

……..

PART C: Level of Competence in M&E and County funded Health Projects' Performance

(d) Show how far you agree or disagree with the following statements. Specify by ticking [ ] your opinion on the matter at hand. SA – Strongly agree [5], A –Agree [4], U – Undecided [3], D – Disagree [2], SD – Strongly Disagree [1]

	SA	A	U	D	SD
	5	4	3	2	1
As a Staff/PMC Member, I am trained in monitoring and evaluation concepts					
The skills I have I am satisfied that I am satisfactorily equipped to monitor and evaluate					

The training in monitoring and evaluation I have has made it possible to improve on the performance of county projects

A significant number of staff/PMC need to improve on M&E competence to avoid unscrupulous contractors of county funded projects doing poor quality work.

Generally, there has been high level of competence in M&E which has in turn improve project performance

(e) What other level of competence issues influence performance in the County Funded Health Projects?

……
……
……
……...

PART D: Resource availability for M&E and County funded Health Projects Performance

(f) To what extend do you consider the following resources for monitoring and evaluation issues affect county health funded projects performance? (Kindly tick the relevant box for each). 1 = Not at all, 2 = Less Extent, 3 = Moderate, 4 = Great Extent and Finally, 5 = Very Great Extent

	VGE	GE	M	LE	NA
	5	4	3	2	1
To what extent does the availability of resources required for M&E, (Physically, Financially (Monetary), and human resource) support performance of county funded health projects?					
To what extent do the financial systems, guidelines and procedures establish by the					

county government support performance of county health funded projects?

To what extent do resources get allocated favorably for the sake of minimizing production cost and creating added value for the intended outputs

To what extent does Information Technology get utilized for standardization of operation and lowering cost for effective performance of county funded health projects?

To what extent are resources available for provision of sufficient budget requirements for performance of county health projects?

(g) Kindly list down the resources availed for monitoring and evaluation of county funded health projects.

……

……

PART E: Stakeholders Participation for M&E and Performance of County funded Health Projects

(h) Answer the following questions under stakeholders' participation in M&E

	SA	A	U	D	SD
	5	4	3	2	1
Stakeholders participation in M&E is important for efficient county funded health projects' performance					
All relevant stakeholder significantly participate in monitoring and evaluation					
Their participation has help improve county health projects' performance					

The participation frequency can also be considered significant (at least once a month)

Generally, the stakeholders' participation in M&E has been significant and has improve performance of county funded health projects.

APPENDIX 5: Key Informants Interview Guide

(Interview Guide for the County and SCHMT, Health facilities committee members)

Duration in years as a member of the County/SCHMT/Health facilities committe team: ……

1. What is general opinion on how monitoring and evaluation influences the duration of completion of public health projects?
2. What is general opinion on how monitoring and evaluation influences the quality of services at public health projects?
3. What is general opinion on how monitoring and evaluation influences the cost at which public health projects are implemented?
4. What's your opinion on the effect of performance evaluation on the overall performance of public health projects?
5. What insights can you give in relation to level of capacity building in M&E and how do you think this affects performance of the public health projects?
6. What are your thoughts on the financial resources allocated to Monitoring and evaluation?
7. Please share your thoughts on the human resources allocated to monitoring and evaluation. What's your opinion on the number of M&E staff available, their qualifications, training and skills? How do you think this affects performance of health projects?
8. How is the community involved in monitoring and evaluation of public health projects at the various levels (planning, Decisions, construction budgeting, progress updates? What's the frequency of the involvement?

9. Does the community have a channel to express their needs? Do we conduct needs assessments? If so, how is this feedback used to enrich the quality of the public health project.

Thank you for your time.

APPENDIX 6: Map of Busia County, showing Teso North Sub-County

