

**INFLUENCE OF ESSENTIAL BUILDING BLOCKS ON
INSTITUTIONALIZATION OF FUNCTIONAL SECTORAL
MONITORING AND EVALUATION SYSTEM IN HEALTH SECTOR,
COUNTY GOVERNMENT OF MERU, KENYA**

BY

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DECLARATION

This Research Project is my original work and has not been presented for a degree or any award in any other University.

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DEDICATION

This Research Project is dedicated to my Mum Esther Moraa and my late dad Dr. Stephen Orayo Misiani (RIP) who saw me through my coursework. I also dedicate it to my daughter Precious Kerubo and wife Marjorie Bochere for their tireless inspiration during the period of write up. They have been my source of strength and support throughout my studies.

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ABBREVIATIONS AND ACRONYMS

CDF:	Constituency Development Fund
CECs:	County Executive Committees
CGM:	County Government of Meru
CHMT:	County Health Management Team
CHSIP:	County Health Sector Strategic and Investment Plan
CIDPs:	County Integrated Development Plans
DCCs:	District Development Committees
EAWS:	East Africa Wildlife Society
ERS:	Economic Recovery Strategy
GOK:	Government of Kenya
KHSSP:	The Kenya Health sector Strategic Plan
M&E:	Monitoring and Evaluation
MED:	Monitoring and Evaluation Directorate
MOH:	Ministry of Health
NIMES:	National Integrated Monitoring and Evaluation System
PER:	Public Expenditure Review
PHC:	Primary Health Care
PMECs:	Provincial Monitoring and Evaluation Committees
RBV:	Resource Based View

SEM: Structural Equation Modelling
TWGs: Technical Working Groups
WEF: Women Enterprise Fund
YEDF: Youth Enterprise Development Fund

ABSTRACT

A growing number of governments in developing countries are working to improve their performance by advocating for systems that ensure efficiency and effectiveness in service delivery. To realize these, an integrated Monitoring and Evaluation (M&E) system is supposed to be institutionalized in the existing key departments. An integrated system requires that every pertinent department or development program to have an M&E unit. To design and institutionalize a functional Monitoring and Evaluation (M&E) system requires a clear understanding of the essential building blocks that facilitate efficiency and effectiveness ultimately achieving the desired results. The goal of this study was to determine the influence of essential building blocks on institutionalization of functional M&E system in the health sector of county government of Meru, Kenya. The objectives were to: determine the influence of structure and institutional alignment on institutionalization of functional M&E system in the department of health, establish how Human Resource Capacity influence institutionalization of M&E system in the department of health, explore the influence of M&E partnership on institutionalization of M&E system in the department of health, and determine the influence of M&E Plans on institutionalization of functional M&E system in the department of health, all in Meru County. The target population for the study was 588 respondents of whom a sample of 176 was randomly selected. Out of the 176 questionnaires dispatched, a total of 158 were able to respond. The identified respondents were those in charge of facilities and community units in the department of health. Collected data was analyzed using SPSS version 20.0 and both descriptive and inferential analysis carried out. The five percent significance level enabled the study test the necessary hypothesis. From the study findings, it was established that Structure and Institutional Alignment, Human Resource Capacity for M&E and M&E Partnership had a positive influence on institutionalization of functional M&E system in Meru County Government in Kenya. On the other hand, M&E plans had a negative influence. Specifically, Structure and Institutional Alignment and Human Resource Capacity for M&E significantly raised the likelihood of institutionalizing a functional M&E system by 81.9 percent (p-value=0.000) and 48 percent (p-value=0.000) holding other factors constant respectively. Based on the study results, significant alignment is required to ensure broad-based leadership support towards a functional M&E system; develop leadership vision for M&E where leadership support and advocacy will be at the center in establishing a functional M&E system; establish an M&E function in the county structure/organograms; county government should ensure development of Human Resource Capacity in M&E unit; and lastly, there is need for counties to develop a costed Human Resource Capacity building plan, a workforce development plan, M&E career paths, and ongoing technical capacity building for staff at all levels as a roadmap towards ensuring successful institutionalization of a functional M&E system in their respective departments of health.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

A growing number of governments in developing countries are working to improve their performance by advocating for systems that measure and lead to better understanding of the respective performance of their services and policies (Mackay, 2007). While ensuring efficiency and effectiveness in service delivery, there is also evidence of a growing number of countries pursuing the path of results orientation by building or strengthening their government Monitoring and Evaluation (M&E) systems (Mackay, 2006). According to Passia (2004), M&E are distinct but complementary. Monitoring ensures that implementation is moving according to plans and if not, the project manager takes corrective action. Monitoring enhances project management decision making during the implementation thereby reducing risks, uncertainties and thus increasing the chances of good project performance, (Crawford and Bryce, 2003). It also facilitates transparency and accountability of the resources to the stakeholders including donors, beneficiaries and the wider community in which the project is implemented. Monitoring tracks and documents the use of resources throughout the implementation (Passia, 2004).

Evaluation on the other hand, assesses project, program or policy effectiveness in achieving its goals and in determining the relevance and program sustainability (Shapiro, 2004; McCoy, 2005). In order to design, build and implement M&E effectively, there are some critical factors that must be taken into account. These include use of relevant skills, sound frameworks, adequate resources and transparency (Jones et al, 2009). The resources here include skilled personnel and financial resources. Rogers, (2008) suggests the use of multi stakeholders' dialogs in data collection, hypothesis testing and in the intervention in order to allow greater participation and recognize the differences that may arise. All these however must be done within a supportive institutional framework while being cognizant of political influence.

A well-designed M&E system ensures that quality data is regularly collected during and after the implementation of a project/program, as outlined in the strategic plans (Core, 2006). The data collected guides project/program implementation teams and informs decisions to be taken by actors in the health sector. To achieve a sustainable M&E system, competencies and capacities are required and assessed based on the following dimensions: technical skills; managerial skills; existence and quality of data systems; available technology; available fiscal resources; and institutional experience (Kithinji, 2015).

For decades, the need to institutionalize Monitoring and Evaluation (M&E) within the public sector management attracted increased pressures on governments and organizations around the world to be more responsive to the demands of internal and external stakeholders for good governance (Kusek and Rist, 2004). The priority for M&E in both developed and developing nations in particular has been strengthened for decades by the tenacious fiscal and macro-economic forces influencing countries and by ever increasing projections from populations. M&E in Africa has taken on a transformative and social justice emphasis (Whitmore et al., 2006). M&E demonstrates societal transformation in the continent which comes about when there is a greater transparency and accountability of its operations (Ojok, 2016).

Monitoring and Evaluation in Africa has also emerged largely from observations of the practice of M&E in countries outside Africa and was, therefore, a relatively late entrant to Africa (Naidoo, 2009). Ojok (2016) notes that the entry of M&E into Africa has been largely through donor programmes and accompanied by an import of theories and methodologies that are largely northern in origin. In some Sub Saharan African countries, substantial M&E successes on the ground are infrequent (Bratton *et al.*, 1998). However, the rising necessity for ordinary citizens, governments and the international community to make institutional policies effective in growing economic welfare, decreasing corruption, lowering poverty and important of all, improving opportunities for everyone has made M&E evident (Mackay, 2007).

In South Africa, the growth of M&E has taken on a particular emphasis as it is seen as critical to supporting transformation. More emphasis has been put on accountability in the short run than supporting organizational learning in the long run (Naidoo, 2009). This supports Cook (2006) who argued that M&E is seen as supporting the governance function where M&E incorporates the whole management, operating systems and culture of any institution. Engel and Carlesson (2002) argued that a sound M&E system should not just improve compliance; it should also enhance the reflective capacity of organisations, whilst simultaneously increasing transparency, accountability and supporting a culture of learning.

According to Lahey (2005), the experience of those countries that have regularly been considered as leaders in public sector evaluation and performance measurement, reveal that M&E capacity building for example is a long-term and iterative process. For years to come, it can thus be anticipated that there may be great changes in the consumption and apparent usefulness of evaluation especially in the public sector. These shifts maybe associated with a government policy change, broader public sector reforms, a changing political agenda and/or the introduction of a new regime(s). In addition, the key challenges in identifying different approach to evaluation are the sheer number of approach as well as the degree in which they borrow from and develop practices from each other (Price Water House Coopers, 2007). This raises the necessity of recognizing the broad set of players that need to be incorporated in developing and institutionalizing not only functional but effective M&E system. However, for sustainability, M&E capacity building needs to recognize the importance of placing M&E within a broader context than simply a technical one (Kithinji, 2015). This implies that there is a dire need also of recognizing the political support factors required to launch and sustain an effective M&E system (Kimani, Nekesa and Ndung'u, 2009).

Monitoring and Evaluation are intimately linked to policy management functions and as a result there is a lot of confusion in trying to make them work on projects (Crawford and Bryce, 2003). However, Uitto, (2000) identifies advantages of the theory based framework

for M&E to be able to attribute policy outcomes to specific projects or activities and identify unanticipated and undesired programme and policy consequences. In that case, to be effective, M&E needs to be positioned as far more than a technical instrument for change. According to Lahey (2005) it is not enough to simply create a highly trained evaluation capacity and expect that organizations and systems will eventually become more effective. This is particularly true in situations where a broad-based and systematic approach to M&E had not previously existed, as in the case of most developing countries. There is a need to also explore the essential building blocks for a whole M&E system design and consequent institutionalization to enhance existing and future policies.

The objective of M&E especially in developing countries, Kenya inclusive is seen as the improvement of the performance and effectiveness of government and its public service delivery system (Hauge, 2003). The desire for increased institutionalization of M&E system in Kenya spans less than a decade, although project and program - based M&E has featured in Kenya since 1980s (Kithinji, 2015). There has been attempts by the Kenyan government over a period of time, to develop an M&E system as a policy and managerial tool. The effort to entrench this key exercise in the planning process as well, is clearly evidenced in the Kenyan's development plans over the years. The continuous preparation of economic development policies are meant to catalyst economic growth and development of the nation and to improve the welfare of its citizens (Mackay, 2007). One such economic development policy is the current blue print that is the Kenya vision 2030 through which the economic development plans entails Monitoring and Evaluation (Republic of Kenya, 2007).

According to Economic Recovery Strategy (ERS) the government would undertake M&E to track its policies, programmes and projects (Republic of Kenya, 2003). In more efforts to institutionalize M&E systems in the government operations, the National Integrated Monitoring and Evaluation System (NIMES), and the Monitoring and Evaluation Directorate (MED) that leads and coordinates the system were created and later adjusted to the requirements of Kenya's Vision 2030 that replaced ERS in 2008. Centrally executed

M&E across government is a relatively recent phenomenon in Kenya, although various projects and programs incorporated notions of M&E since 1980s (Mulwa, 2008).

The effective M&E system sought by the government was to provide the much needed economic policy implementation feedback and form the basis for a transparent process which the government and the international donor community could undertake a shared appraisal of results (Segone, 2008). Key indicators to be used in measuring efficiency were therefore identified. Similarly, the high priority of M&E findings were based on the four main uses: policy development, evidence based policy making and budgeting, management performance and finally accountability. More recently the Public Expenditure Review (PER) began to benchmark Kenya's economic management against selected peer middle-income countries that the country aspires to emulate (Republic of Kenya, 2013). Nevertheless, the numerous achievements that have been made under NIMES and through the PER, however, Kenya's M&E system still faces challenges (Republic of Kenya, 2012).

M&E system as a whole provides the necessary feedback of economic development and policy interventions for both centralized and decentralized system of governance (Institute, of Economic Affairs, 2010). However, this area has not received much attention in developing countries that practice decentralization (Mackay, 2007; Nduati, 2011). Some policies, due to weak social administrative structures, may not succeed because of the absence of an appropriate legal framework to facilitate decision making and to mobilize resources (Kibua and Mwabu, 2008). The decentralized development in Kenya was not systematic, failed to adopt the M&E requirements and the information generated was not timely and accurate (Nduati, 2011). This points out that all real factors that influence and determine the designing and implementation of M&E system may not have been identified by these policy measures.

Kenya's Constitution that was promulgated in august 2010 led to creation of 47 county governments with fundamental devolved governance structures. Both power and resources were as well devolved with the governor left with the key mandate for further distribution according to the county needs and priorities (Republic of Kenya, 2010). By underscoring

timely and accurate information sharing to support policymaking, the Constitution calls for a stronger nation-wide M&E system (Republic of Kenya, 2012). This provides the greatest strength and opportunity for the M&E system institutionalization across counties in Kenya. Given the adoption of county system of governance and the rising fiscal devolution with respect to development policies and programs in Kenya, there is dire need therefore for a timely and functional M&E system for effective programs and project implementation across counties in Kenya.

The Constitution of Kenya 2010 together with several other policy documents such as Kenya's Development Blue print (The Kenya Vision, 2030), The Kenya Health policy 2014-2030, as well as The Kenya Health sector Strategic Plan (KHSSP 2014-2018) lay emphasis on the need to have strong Monitoring and Evaluation system for improved accountability and efficiency among other things (MOH, 2017). In Kenya, under Article 43 of the Constitution guarantees citizens the right to the highest attainable standard of health, including reproductive health (Republic of Kenya, 2010). Health sector strives to achieve this aspiration by implementing effective and efficient strategies guided by existing relevant sector policy documents.

According to the Kenyan Constitution, County governments were assigned the larger responsibility in the delivery of health services to by dealing with Levels 1-4 facilities (MOH, 2016). This implies that Counties carry a much bigger burden and overall responsibilities for planning, financing, coordinating delivery and monitoring of health services toward the fulfillment of right to 'the highest attainable standard of health' from the community level. The ministry of health classifies the actors at the county level as follows; departments of health, County Executive Committees (CECs) for health, hospitals and lower-level health facilities, including community units (MOH, 2017). On the other hand, the non-state actors at this level include development and implementing partners and private health organizations that are involved in the design, support and implementation of M&E and other projects and programs being implemented across the various tiers/levels of care.

Both state and non-state actors depend on harmonized and synthesized information for decision making (Institute, of Economic Affairs, 2010). The fundamental basis to harmonize sector data and reporting systems is to achieve a single M&E system for the health sector. A common M&E system across the board consequently leads to a stronger partnerships and working relationships with all stakeholders in the health sector so that counties and health programs can achieve their strategic objectives in the health sector (Republic of Kenya, 2014).

The first health sector M&E framework (2014-2018) was developed to monitor the implementation of the health sector strategic plan for the last five years. Despite the various investment efforts, a number of challenges remain to be addressed. For instance, Kenya is yet to develop an overarching M&E policy to guide investments in building and sustaining effective M&E systems for the health sector, which makes it difficult to allocate budgets and to hold leaders to account for the implementation of M&E milestones (MOH, 2017). Hence M&E activities are not often prioritized and depend on unpredictable funding by development partners. This study therefore is focused on establishing the essential building blocks for functional M&E system institutionalization in County Governments in Kenya.

1.2 Problem of the Statement

The urge to improve economic governance in Kenya for the last four decades led to adoption of an integrated system for M&E that would provide a dependable mechanism for measuring the efficiency of government programmes and projects and the effectiveness of public policy in achieving its objectives (Kibua and Mwabu, 2008). A functional M&E system is a key component of any program that aims to continuously improve and provide better outputs and outcomes for its beneficiaries (Jody and Ray, 2004). However, since independence, Mackay (2007) claimed that the M&E systems in Kenya had been done in an *ad hoc* manner, without a coordinated system and mostly it was due to donor demands.

The promulgation of the new constitution and subsequent devolution laws in Kenya provides for the county system of governance with emphasis on institutionalization of

M&E system for implementation of their respective County Integrated Development Plans (CIDPs). The main strategic challenge however facing respective sectors of the county governments in Kenya, health sector inclusive, is to improve public service effectiveness, achieving their desired policy outcomes and strategic objectives. In response, the Ministry of Health (MOH) in 2015 initiated the process of developing the guidelines for the institutionalization of M&E system in the health sector across the counties. These guidelines were intended to assist actors in the health sector (including the MOH departments and health programs, health institutions, county departments of health and both development and implementing partners) to gather, synthesize and analyze data and use this information to improve health sector performance. However, Campo, (2005) acknowledged that it takes time to build and institutionalize an effective monitoring and evaluation system, noting that strengthening of institutions and learning from mistakes plays a key role.

A baseline assessment by the Ministry of Health of M&E capacity in 2015 of 17 counties in Kenya revealed critical M&E challenges, including minimal M&E coordination, weak partnership and governance arrangements, absence of appropriate M&E plans, and minimal advocacy for M&E in the counties, which led to inadequate investments in core M&E activities in the counties' budgets (MOH, 2017). Similarly, the M&E activities were disjointed, with weak structures for partnership and coordination. Inadequate expertise (both in numbers and in the skills mix) greatly obstructed effective implementation of core M&E activities. Both Clinton, (2014) and Kithinji (2015) argues that the prevailing absence of a unified approach to monitoring programmatic and sector performance contributes to duplication of efforts, inefficiencies, lagging capacity in the analysis of sector performance and in the implementation of comprehensive M&E, all of which are reflected in a weak culture of data demand and information use for decision-making.

Available studies mostly focus on the role of M&E in promoting good governance, and performance of the government with less consideration on institutionalization of an effective M&E system (Hauge, 2003; Naidoo, 2011 and Ojok, 2016). For health sector at

the county government level to achieve the goals and objectives that are set out in the policy, strategic as well as in operational documents, a robust and efficient M&E system is crucial (MOH, 2016; 2017). Failure to build and sustain functional M&E systems for the department of health makes it difficult to allocate budgets and to hold leaders to account for the institutionalization of M&E milestones. The essential building blocks of an effective M&E system therefore need to be established to guide the design and institutionalization of functional M&E system in the department of health across the County Governments in Kenya.

1.3 Purpose of the Study

The purpose of this study is mainly focused at assessing the influence of essential building blocks on institutionalization of functional sectoral monitoring and evaluation systems in health sector, County Government of Meru, Kenya.

1.4 Objectives of the Study

To achieve the purpose of this study, the following four objectives were identified to guide the study;

- i) To determine the influence of structure and institutional alignment on institutionalization of functional M&E system in the department of health, Meru County.
- ii) To establish the influence of Human Resource Capacity for M&E on institutionalization of M&E system in the department of health, Meru County.
- iii) To explore the influence of M&E Partnership on institutionalization of M&E system in the department of health, Meru County.
- iv) To determine influence of M&E Plans on institutionalization of functional M&E system in the department of health, Meru County.

1.5 Research Hypotheses

- i. **H₀₁:** There is no relationship between structure and institutional alignment, and institutionalization of functional M&E system in the department of health, Meru County.
- ii. **H₀₂:** There is no relationship between Human Resource Capacity for M&E and institutionalization of functional M&E system in the department of health, Meru County.
- iii. **H₀₃:** There is no relationship between M&E Partnership and institutionalization of functional M&E system in the department of health, Meru County.
- iv. **H₀₄:** There is no relationship between M&E plans and institutionalization of functional M&E system in the department of health, Meru County.

1.6 Significance of the Study

M&E is one of the most important innovations in modern public sector economic policy management (Republic of Kenya, 2013). The Kenyan citizens expect to be informed how much has been achieved in realizing the development goals promised to them each year, particularly on public sector policies and programs they pay taxes for. Through properly constituted M&E units, the county governments could be able to make evidence based policies and to respond swiftly to any policy implementation difficulties and counter on both anticipated risks and economic uncertainties (Republic of Kenya, 2014; MOH, 2017). This is aimed at enhancing government(s) through their respective sectors respond swiftly to emerging challenges in order to accelerate development and improve the overall welfare of the populations. The Kenyan Constitution on the other hand, established M&E as a key component in operationalizing activities to ensure transparency, integrity and access to information, and in promoting accountability principles at all levels of health care service delivery (MOH, 2017).

The target county has only one sector that is health sector with; trained county management team on the M&E institutionalization guidelines; developed draft M&E plans and costed plans, developed a roadmap of establishing and finalizing setting up functional M&E units

and M&E Technical Working Groups (TWGs). Determining building blocks for realization of a functional health sector M&E system at the county government levels therefore may not only be important in ensuring that programs or projects are completed on time and meet the set objectives but also inform the managerial and sectoral policy decision making progress within the counties and in the entire country. Lastly the study may be of significance to enrichment of the literature on building blocks for a functional M&E systems.

1.7 Limitations of the Study

The study encountered a number of limitations; such as the involvement respondents who work at the department of health in different programs and managerial positions where a few of them are directly involved in M&E purely, though the ideal is that they should and identification may be time consuming. Secondly, the area of coverage is as well wide and with some employees being mobile since the programs covers a vast area. Therefore getting them was a challenge requiring more time to organize for a meeting. The data collecting process was not as fast as anticipated and was almost ending up being expensive due to many trips to some facilities across the county. Further, the target county has only one sector with; trained county team on the M&E institutionalization guidelines and thus making it difficult to get respondents at sub-county and facility levels.

1.8 Delimitations of the Study

This study confines itself to the influence of some essential building blocks on institutionalization of M&E system and not all the six key building blocks. The choice of the four essential blocks was guided by the fact that they relate to people, partnerships, and planning support for data production and use (MOH, 2017). According to Gorgens and Kusek (2010) these building blocks constitute the enabling environment for a functional and dependable M&E system. The components show people with skills working together to plan, budget, and cost a well-functioning M&E system and their motivations for maintaining functional components of the system. The study was also confined to the county government of Meru. Despite having other departments in the county, the study

limited itself to department of health because it is the only sector with institutionalization guidelines for building and strengthening M&E systems.

1.9 Assumptions of the study

The study made the following assumptions, first, that the respondents were expected to be available to respond to the study questions and that they are trained or experienced on designing a functional M&E systems. Secondly, we assume that the data collection process would be enhanced through a structured and systematic reflection of the essential building blocks on institutionalization of M&E in health sector which is in line with constructivism learning theory which according to Fosnot, (1996) and Kithinji, (2015) where learning is considered as an active, constructive process where people construct or create their own representations of reality.

1.10 Definition of Significant Terms

The following terms are defined as used in the study. It is acknowledged that they may be used elsewhere to mean different things.

Institutionalization of M&E System: This is a process of how an institution or program may establish and manage a functional M&E system with a budgetary implication at national or county levels (MOH, 2017). This is expected to significantly improve the quality of data available, better analysis of the same and increased demand for data and information use to inform common planning, budgeting and decision-making.

Essential Building Blocks: these are key components that are significant in institutionalization of a common, sound and functional sectoral M&E system, including its organizational structures, staffing and partnerships.

Monitoring and Evaluation Activities; were defined as broad activities in a project that are put in place for the purpose of gathering data, analysing and reporting processes on the status and progress sustainability and impact of a project (Kithinji, 2015).

Institutional structures and alignment: these are effective leadership, coordination and alignment of the county department of health and all players in the health sector M&E through one common goal and by leveraging scarce resources (MOH, 2017).

Human Resource Capacity for M&E: This refers to equipping the staff with the right kind and range of skills that may enable them to implement and deliver the complete package of M&E responsibilities, as explained in this manual (MOH, 2017). This contributes to building M&E professional. This is critical to ensuring a well-functioning M&E system.

M&E Partnership: The M&E partnerships refers to the county support on communication, coordination and harmonization of efforts to achieve the ideals of quality service delivery in the health sector (MOH, 2017). The partnership principles focus on county sectoral ownership, alignment, harmonization, managing for results, and mutual accountability. This approach is anchored on joint planning, budgeting and monitoring frameworks for service delivery.

M&E Plan: This is a document that describes a system which links strategic information obtained from various data collection systems to decisions that improves project/programs (Tilbury, 2007).

1.11 Organization of the Study

Following the first chapter, chapter two presents more insights on the concepts of institutionalization of functional M&E system, as well as both theoretical and empirical literature reviews for the purposes of establishing other variables. Also it presents the conceptual framework and operationalization of the variables. Chapter three also presents details on the research methodology with research design, target population, sampling procedure, research instruments, data collection and analysis, and lastly ethical considerations. Chapter four has the findings of the study as analysed. It presents the descriptive statistics for bio data, main structural variables and hypothesis testing. Lastly

chapter five has been dedicated to discussion of the study findings, conclusion, recommendations and areas for further studies.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The chapter presents concepts on M&E and its respective institutionalization, theories as well as explores the past studies on establishing functional M&E system in both developed and developing countries. This chapter also presented a conceptual framework to show the relationship between the variables under study. Lastly, the chapter presents gaps established from the literature reviewed and a summary of the literature review.

2.2 The Concept of M&E and Institutionalization of Functional M&E System

Monitoring and Evaluation (M&E) are important management tools to track progress and facilitate decision-making (World Bank, 2007). The data and information collected during M&E form part of important base for action by program/project leaders and stakeholders. Both program/project/stakeholders are expected to be in a position of identifying growing problems and determine on significant strategies, corrective measures and revisions to plans and resource allocations pertaining to the activities in question (Ojok, 2016).

The international community agrees that M&E has a strategic role to play in informing policy-making processes. The aim is to improve relevance, efficiency and effectiveness of policy reforms. M&E is associated with improved contribution on organizational learning, improved planning, implementation and effectiveness of projects or programs through utilization of the information that is generated by it (Kithinji, 2015). This makes M&E an important project as well as program management tool. Efficient M&E system is not objectively geared towards production of large volumes of performance data, or a large number of high-quality evaluations but to produce information that is usable in a number of ways (Woodhill, 2005). Therefore an effective M&E system should not be supply-driven but demand-driven to realize its set objectives comprehensively. According to Mackay,

(2007) project sustainability relies on utilization of M&E results arising from good planning, precise implementation and informed decision making.

A functional M&E system is designed in an away that can change in the way an institution or an organization perceives M&E activities to increase demand and supply of M&E processes that produce usable information. According to Kusek and Rist (2004) over the period, the need to institutionalize M&E with the public sector management led to increased pressures on governments and organizations around the world to be more responsive to the demands of internal and external stakeholders for good governance, accountability and transparency, greater development effectiveness, and delivery of tangible results.

On implementation, China institutionalization M&E purposely to assess public programmes with countries including Brazil and Colombia stressing a whole-of-government approach to the setting of programme objectives and the creation of a system of performance indicators as well as rigorous impact evaluations (May et al, 2006). Australia, the United States and the United Kingdom, stressed a broader suite of M&E tools and methods: including performance indicators, rapid reviews, impact evaluations and performance audits (Lahey, 2005). With a closer examination, Hauge, (2003) noted that some countries have succeeded in building and institutionalizing a whole-of-government M&E system, while others have an uncoordinated and disparate collection of separate sectoral monitoring systems.

In 2015, the government of Kenyan through ministry of Health started development of the Guidelines for the Institutionalization of Monitoring and Evaluation (M&E) in the Health Sector that defined a common standard for defining M&E and describe a sound and functional M&E system, including its organizational structures, staffing and partnerships. The purpose of M&E system institutionalization was to ensure improved availability of quality information and its use to improve planning and decisions in the health sector. This was meant to further support the goals of the Government of Kenya to fulfill the right of its citizens to the highest attainable health standards as enshrined in the Kenya health policy

(2014-2030) framework. Mackey (2006) conducted a study on institutionalization of M&E Systems to improve public sector management. It was established that institutionalization of M&E systems for public sector management in Africa required significant support to M&E systems and institutional capacities that have an important part to play in promoting and strengthening good governance. Another study by Hauge (2003) on the development of monitoring and evaluation capacities to improve government performance suggests that M&E is helping to bring greater rationality to public finances and development and providing evidence-based foundation for policy, budgeting and operations which are tenets of good governance.

2.3 Building Blocks for Institutionalization Monitoring and Evaluation System

These are the components that constitute the enabling environment for a functional and dependable M&E system (MoH, 2017). However, it takes years not months to develop the system that is linked to the management and decision making process. Canada has one of the successful M&E system in the world. However, it has taken the Canadian government about 30 years of M&E development to the current status. According to Hanik (2011) and Shah (2007) Indonesia has undertaken major reforms since the 1998 economic crisis. These reforms took place in a highly challenging environment, where the number and type of stakeholders became more complex triggered particularly by county's newly decentralized government structure. Reforms of the planning, budgeting, financial management and reporting systems of the central and local governments. Both argue that current development in Indonesia is very much influenced by those processes such as adoption of national development plans and further translated into more operational guideline.

Developed nations adopted regulations that were based on three fundamental systems that includes; unified budgeting, Medium-Term Expenditure Framework, and performance-based budgeting. These are tested systems which have shifted most nations to a different era of planning and budgeting system thus allowing performance as the basis of budget decision-making process. In the Indonesian case, Shah (2007) claim that these systems have significantly affected the ways in which development is now implemented in the

country. The formal requirement for M&E in the project as well as internal infrastructure affects the success of implementation (World Bank, 2010).

2.4 Structure and Institutional Alignment, and Institutionalization of M&E System

Robust institutional structures for M&E are critical for the realization of a well-functioning M&E system. Organizational structures in M&E provide effective leadership, coordination and alignment of all players in the health sector through one common goal and by leveraging scarce resources. The structures should incorporate effective leadership for M&E, job descriptions for M&E staff, and adequate number of skilled M&E staff with well-defined career paths in M&E. Clear organizational roles and functions must be defined and should include: a well-defined and agreed organizational structure with M&E focal points; well-written mandates for planning, coordinating and managing the M&E system; well-defined M&E roles and responsibilities of key individuals and organizations at all levels; routine mechanisms for the planning and management of stakeholder coordination and incentives for improved performance within the M&E system (MOH, 2017). Organizations in the health sector require a unifying vision of what M&E systems should be established and what it may require to establish them. When leadership support is weak, even the best designed system may lack the resources to implement it and to increase its performance. The leadership must have a shared vision of what an M&E system will look like and what benefits it may bring to the Ministry of Health, county departments of health, health programs and other health sector institutions.

Establishing baseline M&E capacities in the organization: An organization seeking to strengthen its M&E system may need to carry out an assessment of its capacity. The Ministry of Health has adopted the M&E Capacity Assessment Tool and customized to the unique needs of the health sector. It establishes the status of M&E capacities in the health sector disaggregated by staff cadre and level and health organization, department, unit or institution.

Establishing an M&E function in the organizational structure/organogram: In most health sector organizations, M&E functions are implemented by different officers who have other official roles. It is, therefore, imperative that these roles are consolidated and properly aligned with a specific position within the organogram. Organizations or programs seeking to establish an M&E unit/function may need to consider a number of factors, such as: the extent to which formal leadership support has been expressed, availability of a minimum set of skills needed to staff this function among others.

Developing a job description for each post with M&E functions in the organization: Once the structure is formally adopted, it is important to clearly define the M&E roles and responsibilities of officers at different levels of the organization which includes governance, managerial, technical, and operational roles. Further, gain top management approval for the M&E plan and proposed organizational structure: The proposed structure of the M&E system may require the approval of top management. At the national level, the M&E units of government departments and semi-autonomous government agencies (SAGAs) report to the national M&E unit whereas at the county level, M&E units should work in close collaboration and in mutual relationships with the national M&E unit, and have similar reporting channels at the county department of health. At the county level, all departments/directorates of health and non-state actors shall report to the county M&E unit.

In implementing the change management plan and the new organizational structure: People often resist change; and they failure to take into account the main causes of resistance to change could lead to under-performance or weak structures for M&E. When fully implemented, this component guarantees effective leadership support for M&E through established organizational and program M&E system capacities and adequate number of skilled M&E staff with clear and relevant job descriptions that take into account opportunities for career growth. It also ensures that M&E functions are articulated in the organizational structures (possibly an M&E unit is created) and that M&E priorities are integrated into planning and policy documents. This was supported by Campo, (2005) who

asserts that building an effective M&E system is neither quick, nor an easy task but what is paramount is the need to strengthen the institutions besides learning from mistakes.

Mackay, (1998) points out that institutionalization of the M&E system is key in establishment of an effective M&E framework. The ERS, (2003) acknowledged that for a long period of time, M&E in Kenya has been done in an *ad hoc* manner, without a coordinated system and mostly it was due to donor demands. There was therefore the need to improve governance through an integrated system that would provide a reliable mechanism for measuring the efficiency of government programs and the effectiveness of public policy (ERS, 2003).

2.5 Human Resource Capacity for M&E and Institutionalization of M&E Systems

The functioning of an M&E system depends on both the capacity and performance of the people implementing it at different levels. This Human Resource Capacity is critical to ensuring a well-functioning M&E system. The people must, however, be equipped with the right kind and range of skills that may enable them to implement and deliver the complete package of M&E responsibilities.

However, the most important capacity in implementing change lies in Human Resource Capacity development. This entails the development of skills and the effective use of managerial, professional and technical staff and volunteers (for example, through training) to achieve desired results. According to World Bank (2010) technical skills in M&E plays a major role in the success of the economy. It involves identifying the appropriate people to be trained, providing an effective learning environment for training and education, in-service and field supervision for continued skills transfer, and long-term mentoring. According Khan (1998) every person in the organization should have the ability to carry out M&E function as it aids in creation of a culture of conscious monitoring and evaluation, information sharing, seeking internal assistance in case of problem and most of all sharing credit for success and responsibility for failure. Kithinji, (2015) asserts that utilization is improved in project where project staff has taken time to develop their M&E skills.

In the Kenyan context, several professionals are required to establish and sustain a well-functioning M&E system in the health sector. Any professional tasked to undertake M&E functions should have the requisite skills, knowledge and technical capacity to implement M&E activities. Vanessa and Gala, (2011) assert that the technical capacity of the organization in conducting evaluations, the value and participation of its human resources in policymaking process and their motivation to impact decisions can be huge determinants of how the evaluation's lessons are produced, communicated and perceived. Independence is achieved when it is carried out by entities and persons free of the control of those responsible for the design and implementation of the policy development intervention (Briceno, 2010). Lahey (2010) analyzed the Canadian M&E 30 years of existence and found that developing a successful M&E system in an organization is determined by times, human resources and financial resources invested in the process.

A study conducted by Rogito (2010) focused on unearthing the influence of M&E on projects performance, a case study of Youth Enterprise Development Fund (YEDF) in Masani district. The study assessed how training in M&E of project implementers, M&E baseline surveys, and how M&E designs affect the performance of projects. A survey of 79 youth projects was done and found that most of the youth projects implementers (85.8%) had no training on M&E, baseline are highly not done (62%) and most projects don't have M&E plans (74%). The study found out that most of the projects (63%) did not collect M&E data and the goals were not achieved. On the other hand, Mogaka, (2010) assessed the influence of M&E methods on performance of Women Enterprise Fund (WEF) projects in Kisii Central district. The study revealed that the project performance was poor due to weak M&E systems. It was further found that M&E was done mostly by group members and their leaders who were ill informed due to lack of training in the subject and there was no M&E system for WEF projects from the respective Ministry.

2.6 M&E Partnerships and Institutionalization of M&E System

The current health sector partnership framework is guided by the Kenya Health Sector Strategic and Investment Plan 2014-2018, and is intended to improve efficiency and

effective implementation of the interventions/activities for the health sector. The partnership principles focus on country ownership, alignment, harmonization, managing for results, and mutual accountability. This approach is anchored on joint planning, budgeting and monitoring frameworks for service delivery. These principles are harmonized across the health system by the Constitution of Kenya. A common M&E system is one of the key elements of the partnership framework.

The M&E partnerships support communication, coordination and harmonization of efforts to achieve the ideals of quality service delivery in the health sector. The M&E partnerships should be aligned to the Kenyan Constitution 2010 with regards to the provision of universal health coverage. The benefits of M&E partnerships include: a well-structured partnership arrangement, increased communication, and shared accountability; coordination of efforts, harmonization and aligned reporting procedures; description and mobilization of technical and financial support for implementing M&E priorities; commitment to regularity of sharing consolidated feedback within a shorter time frame; and development of strategies to explore possible solutions to challenges and provide support to the health sector.

A health unit, department or sector coordinating forum can establish or support the establishment of partnerships for a strong M&E system. To have a functioning M&E system in place, it is important to build an enabling environment for all stakeholders (i.e. secure staffing and work, secure funding, cultivating an M&E culture and, stakeholder coordination). Stakeholder coordination is one of the critical drivers of convergence in the health sector and is currently articulated through the “three ones” principle that requires all stakeholders to operate within one planning framework, one funding mechanism and one M&E framework.

Engaging partners or stakeholders in discussions about the what, how, and why, of policy and program activities is often empowering them. It promotes inclusions and facilitates meaningful participation by diverse stakeholder groups (Donaldson, 2003). Stakeholder participation means empowering development beneficiaries in terms of resources and

needs identification, policy, planning and budgeting on the use of resources and the actual implementation of policy development initiatives (Chitere, 1994).

Best practice example demonstrates that a central factor facilitating update of evaluations is stakeholder involvement. This involvement must be brought in at the early stages of the system policy design. This assertion was supported by Naidoo (2011) who examined the role of M&E in promoting good governance in a department of Gender in South Africa. The study established that whilst information has been generated through different forms of M&E, without effective follow-through by decision-makers, it generated transparency not accountability. The study further asserted that administrative compliance cannot on its own be tantamount to good governance. The study also confirmed the assertion that M&E promotes good governance. Nyabuto (2010) sought to establish how level of stakeholders' participation, influenced the implementation of M&E system. The study revealed that most of stakeholders (90%) were not involved in the M&E and where they were involved it was mostly during the closure of the project. Most of the project (98.5%) did not have department dedicated to M&E.

2.7 M&E Plans and Institutionalization of M&E System

These two key plans at times may confuse. The M&E plan is a narrative document that describes, in detail, how the M&E system may operate. Therefore, an M&E plan is a fundamental document that ensures accountability and measure of success of a project. Its primary goal is to act as a guide to M&E implementation. An M&E plan is a living document with activities and needs to be adjusted when a program is modified or new information is obtained. All activities are costed and the funding source of those activities are indicated where funds have been committed. The M&E plan is key as it forms the prerequisite in designing a costed M&E work plan is derived from and presents a detailed budget to facilitate activities. In particular, this budget shows the key M&E tasks, responsibilities, time frames, and costs.

Holvoet and Renard (2007) in their study established that there is a very fragmental approach towards M&E planning, and that the focus is overwhelmingly on technical and methodological issues, to the detriment of the overall policy and institutional/organizational set-up. According to Kithinji, (2015) plans are a blue prints to follow towards a desired end. To that effect, Holvoet and Renard (2007) suggest for a diagnosis of the actual state of M&E supply and demand need so as to identify strengths and weaknesses as the starting point in M&E planning in order help mitigate this trend. In an empirical investigation of factors that influenced the M&E projects in NGOs, a case of East Africa Wildlife Society (EAWS). Nyabuto (2010) sought to understand how the M&E budget affected the implementation of M&E. The study found out that 82% of the financial allocation was not enough for M&E during implementation period, while almost all of the projects did not have the allocation for post project evaluation.

2.8 Political Influence and Institutionalization of M&E System

Decentralized projects are inherently political product that ensures service delivery is close to the citizen they serve as such, they have some direct political implications. Political leaders may view it as an investment of their political careers with returns. According to Jowah (2012) project management is heavily infiltrated by politics, as project manager's work in an environment with an authority gap which leaves project managers without much power. The presence of different groups with different personal and organizational goals working in one project, this coupled by the absence of clear leadership on pertinent issues resulting from the authority gap (Jowah, 2012), levels of uncertainty in certain issues in the absence of powerful leadership, and differences of opinion on what is the 'correct way', becomes breeding ground for divergent political formations.

The absence of both power and authority therefore results in a project manager with no stable power base. For example, parliamentary involvement in grassroots projects and in community development according to Baskin (2010) has been growing in many countries including Papua New Guinea, Bhutan, Jamaica, Pakistan, India, Uganda, Tanzania and Kenya. Political will and sustained commitment levels played a major role in the success

of Malaysian economy (World Bank, 2010). According to Kenya Human Rights Commission (2010), influence of politicians is evident during monitoring and evaluation of projects. The politicians have veto power to determine what aspect of project should be monitored and evaluated, which information should be disclose for stakeholder consumption and some areas may be locked out of projects or programs. Therefore, the ranking of programs or projects may not focus on societal benefits but rather on political mileage.

Political goodwill according to Ashaye (2010) is the key to successful institutional projects development and implementation; conditions and participatory frameworks alone cannot render government bodies fully responsible. According to the study, a country like South Africa had to do with inequality and populism. The pressures for clientelistic distribution are the strongest in countries with very sharp class stratification, and where a large number of very poor people are left out of economic growth. Okonta et al (2013) observed political factors have largely been blamed hampering community participation in decentralized project. According to the study bureaucrats and politicians are considered as crucial agent in public project delivery. However, it was noted that public projects frequently completed with poor quality or abandoned leading to loss of billions of dollar every year globally. Due to fights for political survival through skewed choices, Kimenyi, (2005) notes that most the local people may not be aware of fund embezzlement and in cases where they are aware they cannot have the audacity to question the politicians or right channel to lodge their complaint. Further, areas where the politician does not enjoy much political support tend to be sidelined in project prioritization (Wanjiru, 2008).

Infrastructural projects abandonment is evident of political clientele influence (Robinson & Torvik. 2004). It is common in countries where politicians make sound promises for political interest that would benefit them but not their competitors. To get votes, the incumbent are force left project unfinished so that when they are re-elected they can complete them. However, the scenario becomes ugly when the competitor is elected and the unfinished projects are abandoned in favor of new project for their own political

entrepreneurship. Previous studies have shown prioritization of projects by politicians has resulted to budgetary allocation and utilization of funds. Politicians have been found not to prioritize projects that are much need by locals for their political interest (Okongo, 2015; Jemutai, 2014). Also, the appointments in the projects' board of management are met with political influence resulting to incompetent boards (Nikatare, 2015). On the other hand, Wabwire (2010) indicated that there is lack of political will, to effectively disseminate information about resources to the local people, by for instance organizing meetings with members of the public in the constituency. Lack of access to information by the public also breeds ground for misappropriation of the funds by the officials.

Studies have indicated that political influence has mixed outcome on the performance of decentralized projects. In Brazil, Ferraz and Finan (2011) re-election incentives force mayors to cut down on misappropriation of funds set aside for development projects as compared to those mayors who are not after re-election. In India, Iyer and Mani (2012) showed that politicians use their influence to affect bureaucratic assignment in the public institutions. In Nigeria, Rogger (2014) found that politicians who are facing high completion in politics prefer to delegate public project implementations in their political jurisdiction to more independent institutions to increase their chances of political survival. Malala and Ndolo (2014) examined in detail factors that affect the performance of Constituency Development Fund (CDF) projects in Kenya. The results revealed that political interference directly affect CDF project performance which in turn resulted into CDF projects in Kikuyu Constituency being rated by the public as being behind schedule. Ntuala (2010) conducted a study on factors affecting the implementation of CDF funded projects in Tigania East constituency, Meru county and recommended that a regulation to be enforced to block the involvement of the politicians in the activities of CDF implementation.

Further, a study by Tero (2014) exploring the factors influencing performance of CDF funded dispensary projects in Kenya using a case of Nandi County specifically to determine the effect of commitment from political leaders on performance of CDF funded dispensary

projects. The study revealed that there is low level of transparency and accountability in the CDF dispensary projects due to interference by political leaders. Mwangi et al (2015) sought to establish the factors affecting (CDF) projects performance with reference to political influence of CDF projects in Kenya. The study revealed that political influence has significant influence on monitoring and evaluation of CDF projects. Similarly, Kirk (2016) revealed that ethnicity is significant in determining resource allocation. The study established that politicians channeled CDF resources towards their community leaving other communities out.

2.9 Theoretical Framework

The study was anchored on two theories of which resource based theory was key in terms of convergence.

2.9.1 Resource-Based Theory

Werner and Rumelt established Resource based view theory in 1984. According to the theory, each institution or organization has unique resources and capabilities that make them different hence the competitive advantage (Muthuuri, 2014). The theory is credit to Penrose for providing modern foundation of the theory (Roos & Roos, 1997). A firm is constitutes of capital resources, organization resources, physical resources and human capital resources (Barney, 1991). The main tenet of the theory is organization capabilities and resources vary from one firm to another and this difference in variation can aid a firm to attain stability (Hijzen, Görg & Hine, 2005). The main objective of the theory is that the management should appreciate organization valued assets and how these assets can be utilized to improve performance.

The theory recognizes human resource competence, financial resources and past experiences as organization critical success (Hamel & Prahalad, 1996). The performance of an organization depends on how resources and capabilities are mixed as well as the manner of deployment. Organizations with higher performance are able to attract support from various stakeholders to provide resources due to the confidence they have in the

management of the financial or human capital resources. The theory according to Müier and Jugdev (2012) posits that since resources are rare, scarce and limited, organization should find for ways to utilize resources and capabilities in order to accrue maximum returns from existing resources.

The above theory may help in understanding the relationship between structure and institutional alignment, M&E partnerships and M&E Plans in the county health system. The implementation of project M&E under the department of health requires different resources for effective institutionalization. The study considered another theory to bring an understanding on the relationship between human capacity for M&E and institutionalization of M&E system.

2.9.2 Competency Theory

Competency theory is linked to Human Resource Capacity for M&E. The theory was proposed back in 1980s, by McClelland and McBer. They elaborated that competency as the primary feature of an individual that is generally linked to higher performance in a task or condition (Cicmil and Hodgson, 2006). Human Resource Capacity for M&E includes technical skills, interpersonal skills and conceptual skills. The ability to communicate, responsive behavior and tactics of negotiation are what competence is made off.

Professional competency in management of the project M&E is achieved through a collection of information learnt during M&E training, and expertise established through involvement and the use of the gained understanding. In this case, for professionalism in modern practices for project M&E management, there is a need for not only management knowledge but also skills that go beyond the M&E technical aspects. Because M&E projects normally include part of a useful organization, more of the extra information may overlap with the universal functions essential for running M&E initiatives such as operational planning; organizational behavior; personnel supervision; conflict management, personal time management and stress controlling (Abdelnaser et al., 2012).

According to this theory, much relevance to this study based on the fact that it expounds on the importance of having stakeholders that have the required management skills (technical, interpersonal and conceptual) in handling projects in their constituency. Human Resource Capacity include technical skills involving the abilities that are acquired through learning and practice hence their importance to the M&E leads for the supervision of staff working on the M&E projects. Interpersonal skills also may enable the M&E team to properly interact with other health management teams at the county and national levels. Conceptual skills may help the same team to better understand common M&E project concepts, develop ideas that may lead to institutionalization of M&E systems.

2.10 Conceptual Framework

The conceptual framework shows the relationship among the variables that is dependent and independent variables. The dependent variable is effective program M&E system institutionalization while independent variables are the essential M&E system building blocks. The conceptual framework gives a depiction on how the variables are related to one another. The variables defined here are the independent (explanatory) and the dependent (response) variable. An independent variable influences and determines the effect of another variable (Mugenda, 1999).

Independent Variables

Moderating Variable

Dependent Variable

Essential Building Blocks

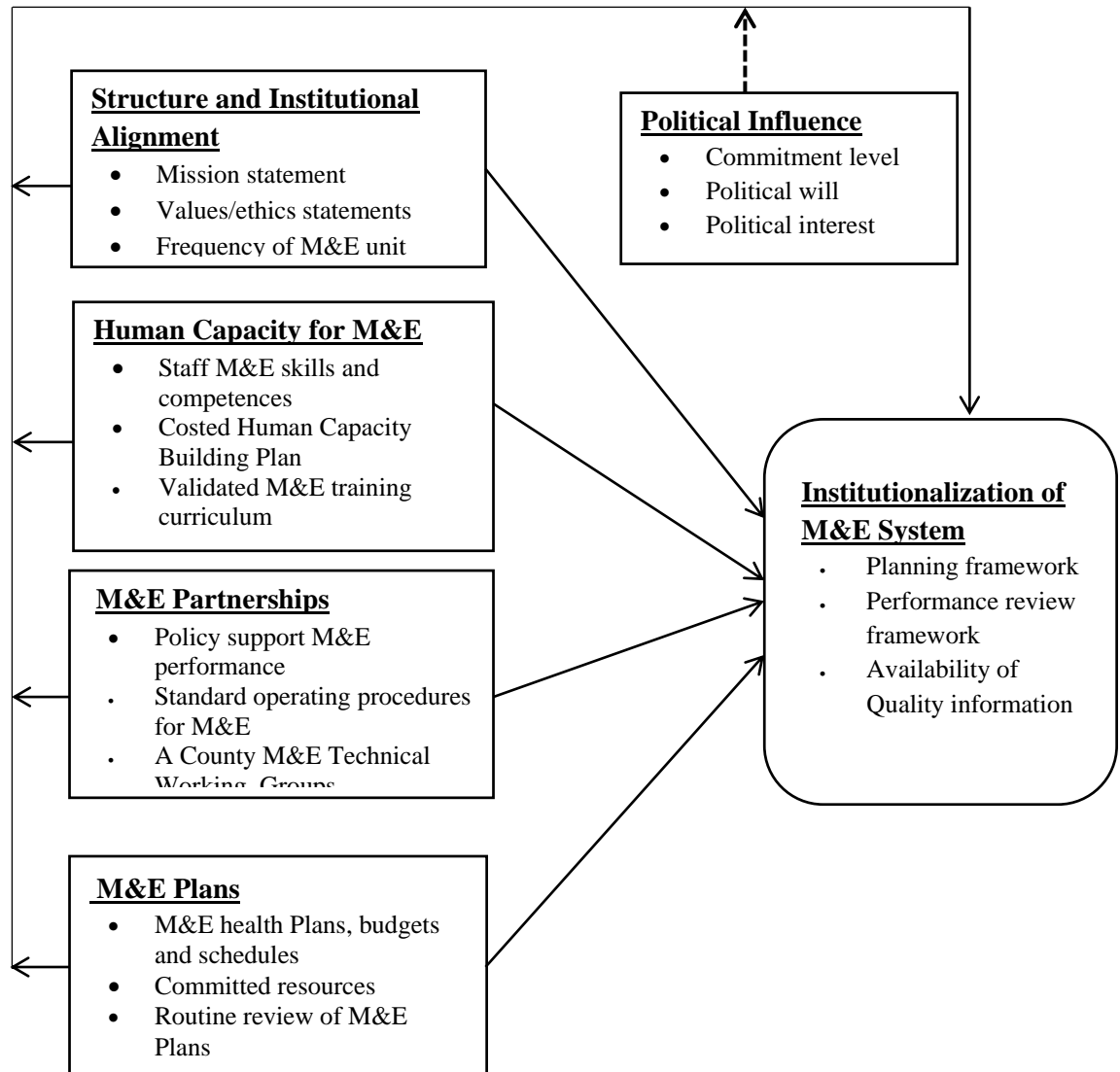


Figure 1: Conceptual Framework

As shown in figure 1, the independent variables in this study include; Structure and Institutional Alignment, Human Resource Capacity for M&E, M&E Partnerships and

M&E Plans. Political influence is used as moderating variable on M&E system. Following presentation of conceptual framework, the descriptions of how variables are linked is as follows: Structure and Institutional Alignment may be evaluated through effective leadership for M&E, job descriptions for M&E staff, and adequate number of skilled M&E staff with well-defined career paths in M&E as well as clearly defined organizational roles and functions. Secondly, Human Resource Capacity for M&E may be operationalized as existence of developed costed Human Resource Capacity building plan, a workforce development plan, M&E career paths, and ongoing technical capacity building for M&E staff at all levels of service delivery.

Thirdly, M&E Partnerships may be described with presence of a well-structured partnership arrangement, increased communication, and shared accountability; coordination of efforts, harmonization and aligned reporting procedures; description and mobilization of technical and financial support for implementing M&E priorities; commitment to regularity of sharing consolidated feedback within a shorter time frame; and development of strategies to explore possible solutions to challenges and provide support to the health sector. Lastly, M&E Plans was measured by existing developed M&E implementation plan, existence of activity-based budget with M&E tasks, responsibilities, time frames, and costs.

The study considers the process of building and implementation a functional M&E system is as political as it is technical. The various actors have interests that need accommodating. This is particularly because the political leaders get elected based on their campaign promises and this forms their social contract with the people. They may therefore endeavor to ensure that their promises to those who elected them are fulfilled. This can be a daunting task and can cause delays in implementation process as politicians may have unrealistic demands based on their prioritization. As a moderating variable, the study operationalized political influence as commitment level, political will and political interest.

2.11 Knowledge Gaps

From the review of literature, only Mackey (2006) explored institutionalization of M&E systems to improve public sector management in Africa, otherwise little empirical investigation has been carried out to establish the essential building blocks for institutionalizing M&E systems, a gap which will be filled by this study. Much of the research done has been on the role of M&E in project management as well as establishing the effectiveness of M&E in promoting good governance. This is attributed to the fact that M&E is still a new phenomenon especially in the public sector and in decentralized systems of governance like in Kenya. Lastly, regardless of the abundance of research that has examined different aspects of project implementation and performance in organizations, exploring M&E in public sector with regard to essential elements of project cycle remains part of the gaps that form the basis for this study. The roles of political influence have been considerably neglected regardless of the much influence it has in establishment of institutions and allocation of resources which also facilitates M&E activities. It is imperative therefore to examine the key essential building blocks that influence and enhance institutionalization of effective monitoring and evaluation system. On the other hand, the study may be enriched by extending the frontiers of research by considering political influence as an antecedent of institutionalization.

2.12 Summary of the Literature Review

The effectiveness of the M&E systems in achieving good governance has been an area of contention and has received much attention as indicated in the literature. Governments have also put in efforts to improve transparency and build a performance culture to support better management and policy-making and to strengthen accountability relationships. This study is guided by two major theories (resource based, and competency theories) which were anchored to the research objectives and therefore, they form the basis of this study.

This chapter mainly reviewed structure and institutional alignment, Human Resource Capacity for M&E systems, M&E partnerships and M&E plans as factors that influence and determine institutionalization of effective monitoring and evaluation system. Most

studies done in Kenya including Nyabuto (2010), Rogito (2010), Mogaka (2010) concentrated at linking training, institutional framework, budgetary allocation, and stakeholder participation to developing monitoring and evaluation framework. They also focuses on specific projects or organization making it difficult to generalize the results on the entire country.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter presents the research design, target population, sample and sampling criteria, methods of data collection, validity and reliability, methods of data analysis, ethical issues, and operationalization of variables.

3.2 Research Design

This study adopted a descriptive survey and exploratory research designs to examine the institutionalization of functional M&E system at the department of health, county government of Meru. According to Mugenda and Mugenda (2003), a descriptive research design determines and reports the way things are. Descriptive survey design was employed because it guaranteed breadth of information and accurate descriptive analysis of characteristics of a sample, which was used to make inferences about population (Orodho, 2004). This design is useful when a researcher wants to collect data on phenomena that cannot be observed directly. Its advantage is that, it allows collection of large amounts of data from a sizeable population in a highly effective, easily and in an economical way, often using questionnaires. Exploratory design helps in clarifying about the phenomenon under study.

3.3 Target Population of the Study

According to Shao, (1999), a population can be defined as the complete set of subject that can be studied: people, objects, animals, plants, organizations from which a sample may be obtained. The target sample population consists of the staff working in various health facilities and community health units, at the department of health in Meru County. Total facilities and community units at the department of health are estimated to be 588 according to County Health Sector Strategic and Investment Plan (CHSIP) 2017-2022. Since this was a facility and community based study, the study will target the facility in charges whereas for hospitals, it will target hospital administrator.

Distribution of the 25 hospitals, 419 Primary HealthCare facilities and 144 community units is as shown in appendix III.

Table 3.1: Target Population

Facilities and Community Units	No. of facilities	Percentage (%)
Hospitals	25	4.25
Primary Health Care (PHC) Facilities	419	71.26
Community Units	144	24.49
Total	588	100

Source: CHSIP (2017-2022).

3.4 Sample Size Determination and Sampling Procedure

This subsection gives a brief on how the sample was determined and the sampling procedures adopted.

3.4.1 Sample Size Determination

According to Mugenda and Mugenda (2003), a representative sample is one which is at least 10% of the target population thus the choice of 30% was considered representative in this study. A sample size of 176 facilities and community units as shown in table 3.2 was taken for the study.

Table 3.2: Sample Size and Distribution

Facilities and Community Units	Sample (n)	Population (%)	Distribution Per Sub County
Hospitals	7	4	1 (in 7 Sub Counties-
Primary Health Care (PHC) Facilities	126	72	14 per SC
Community Units	43	25	At least 4 per SC
Total	176	100	176

Source: Author's Compilation

Since the County Government of Meru has nine sub counties, the sample was distributed across the sub counties for effective representation. The distribution is as presented in table 3.2. However, note that in sub counties, facilities and community units were randomly sampled to avoid biasness. The study adopted proportionate allocation to distribute the sample units whose summary is as shown in appendix IV.

3.4.2 Sampling Procedure

Kombo and Tromp (2014) notes that, sampling procedure is a process of selecting a number of individuals or objects from a population such that the selected group contains elements representative of characteristics found in the entire group. The study used stratified random sampling procedure, this procedure ensures the subgroups that is cadres of health service delivery are well represented. Thereafter, simple random sampling was applied. In conducting simple random sampling, the study allocated random numbers to health facilities in the respective cadres or category and mixed them adequately before randomly picking the identified numbers as shown in table 3.2.

3.5 Data Collection Instruments

This study collected primary collected using a structured questionnaires. The responses to the questionnaire was designed on a 5- point Likert scale of measurement of Strongly Disagree (SD), Disagree (D), Neutral (N), Agree (A) and Strongly Agree (SA). Questionnaires are useful and helpful in gathering information that is unique to individuals, such as attitudes or knowledge also in maintaining participants' privacy because participants' responses can be anonymous or confidential. The questionnaire had three sections. The first section contained questions on the bio-data of the respondents; the second question contained data on M&E building blocks and the third level had questions on M&E system institutionalization in the county governments in Kenya. The questionnaires was administered by drop and pick method.

3.5.1 Piloting of the Instruments

A pilot study was done by issuing few questionnaires to the target population. A pilot test, according to Kothari (2008), is the replica and rehearsal of the main study and it brings to light the weaknesses (if any) of the questionnaires and also of the sampling techniques. The total number of respondents for the pilot study should be between 9% -10% of the sample population (Gall & Borg, 2006). Few questionnaires where about 9-10% of the sample size which is approximately 18 questionnaires was issued to some health facilities and community units that are not participating and these were marked so as not to form part of the main study. This allowed information such as clarity of the questions, questions wording, or response categories revision which was done where necessary. The corrections was made to the final questionnaire before issuing.

3.5.2 Validity of the Instruments

Validity refers to the degree to which evidence and experts support the interpretations of test scores entailed by proposed uses of tests. This is using a particular instrument to represent a specific domain of indicators. The instrument which was used in this study was validated by having the questionnaire pre-tested, examined and approved by the researcher. Bryman and Bell (2013) suggested that the validity of the instrument is asking the right questions framed from the least ambiguous way and based on study objectives.

The researcher piloted 18 questionnaires to test their validity. The questions re-examined them to ensure that they are not ambiguous, confusing, or potentially offensive. In order to establish the validity of study instruments, tests of sampling adequacy were used. This enabled the study identify whether the items of the latent variables were appropriate for further analysis. Table 3.3 shows Kaiser-Meyer-Olkin (KMO) test of sampling adequacy.

Table 3.3: Sampling Adequacy

Factors	KMO Test
Structure and institutional alignment	0.743
Human Resource Capacity for M&E	0.795
M&E Partnership	0.712
M&E plans	0.795
Political Influence	0.797
M&E System Institutionalization	0.871

The scale in table 3.3, had values above the threshold of 0.7 as determined by Williams, et al., (2012). However, the author concluded that 0.50 is acceptable degree in KMO for sampling adequacy and most of with values above 0.5 being better. For example, structure and institutional alignment (0.743), Human Resource Capacity for M&E (0.795), M&E Partnership (0.712), M&E plans (0.795), Political Influence (0.797) and M&E Institutionalization (0.871).

3.4.3 Reliability of the Instruments

Reliability is the consistency of measurement, or the degree to which an instrument measures the same way each time it is used under the same condition with the same subject (Bryman, 2013). Cronbach alpha, which is a measure of internal consistency, is used to test the internal reliability of the measurement instrument. The higher the score, the more reliable the generated scale is. Bryman and Bell (2013) indicated that a Cronbach's alpha of 0.7 is an acceptable reliability. Based on the feedback from the pilot test, the questionnaire were modified and a final one was developed. In this study, a Cronbach's Alpha of 70% is considered acceptable reliability.

Table 3.4 below indicates the reliability statistics for the structure and institutional alignment, Human Resource Capacity for M&E, M&E partnership, as well as M&E plans and political influence. Most of the six scales were quite reliable with a Cronbach's alpha reliability coefficient greater than 0.7. The Institutionalization of M&E System scale and political influence had good internal consistency with a Cronbach alpha coefficient reported at 0.8363 and 0.8314 respectively. Structure and institutional alignment and Human Resource Capacity for M&E scales were reported to have a Cronbach alpha coefficient of 0.7562 and 0.696 respectively while M&E Partnership and M&E plans had almost equal Cronbach alpha coefficient of 0.6530 and 0.6599 respectively which was considered to indicate a fairly good internal consistency.

Table 3.4: Pilot Test Reliability Analysis

Scale	Number of Items	Cronbach's Alpha (α)
Institutionalization of M&E	5	0.8363
Structure and institutional alignment	5	0.7562
Human Resource Capacity for M&E	5	0.6960
M&E Partnership	5	0.6530
M&E Plans	5	0.6599
Political Influence	5	0.8314
All	30	0.9330

3.5 Data Collection Procedure

The questionnaires were self-administered by the researcher with the help of four research assistants. The researcher explained the intent of the study to the respondents before administering the questionnaires. After administration the respondents was given enough time to respond to the questionnaire and then the questionnaires were picked later or same time after being filled. This approach is effective because it reduces potential non-response bias through increased response rate. The respondents were also informed first about the purpose and goals of the study.

3.6 Data Analysis and Presentation

The data collected was sorted and entered into the excel spreadsheet for cleaning, and coding process. Thereafter, it was imported to SPSS version 20.0 software for further analysis. Frequencies, percentages, standard deviations were mainly used to analyze descriptive statistics of the M&E building blocks. On the other hand, Structural Equation Model (SEM) analysis was employed to analyze inferential statistics by establishing the relationship between essential building blocks and institutionalization of M&E system in the health sector of County Government of Meru. The SE model was suitable since both the dependent and independent variables were structural in nature. This model characterizes the links between the concepts or the unobservable variables as well as defining latent factors that are either directly or indirectly causing modifications in the values of other latent factors in the prescribed model (Bollen, 1989).

The findings was presented largely in tables. In order to determine the influence of M&E building blocks on institutionalization of M&E system, the following equation was used:

$$Y = \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon \dots \dots \dots 3.1$$

Where Y = functional M&E system institutionalization; X1= Structure and Institutional Alignment; X2= Human Resource Capacity for M&E; X3= M&E Partnerships, X4= M&E Plans; with β_1 to β_4 are beta coefficients and ε is the error term.

The model with political influence as moderating variable on M&E system institutionalization is presented as follows;

3.8 Operationalization of the Study Variables

The operation definition of variables with respect to type of variable, indicators, measurement and level of analysis is provided in Table 3.5

Table 3.5: Operationalization of Variables

Variable	Type of variable	Indicators	Measurement scale	Level of Analysis
Functional System institutionalization	M&E Dependent variable	<ul style="list-style-type: none"> •M&E Planning, budgeting and funding mechanism •Availability of quality information •A common performance review framework 	Ordinal (5-point Likert scale)	Descriptive/Regression
Structure and Institutional Alignment	Independent Variable	<ul style="list-style-type: none"> •Mission statement or stated objectives •Values and ethics statements •Frequency of M&E unit meetings •M&E unit /Division/Directorate 	Ordinal (5-point Likert scale)	Descriptive/Regression
Human Resource Capacity for M&E	Independent Variable	<ul style="list-style-type: none"> •Active employee training and development policy •Staff M&E skills and competences •Costed Human Resource Capacity Building Plan •Validated M&E training curriculum 	Ordinal (5-point Likert scale)	Descriptive/Regression
M&E Partnership	Independent Variable	<ul style="list-style-type: none"> •Strategy or policy to acknowledge and support M&E performance 	Ordinal (5-point Likert scale)	Descriptive/Regression

M&E Plans	Independent Variable	<ul style="list-style-type: none"> •A County M&E Technical Working Groups (TWGs) •An updated/inventory of stakeholders for the department M&E •Clear mechanisms (e.g. feedback reports, newsletters) to communicate M&E activities and decisions • Ability of the M&E unit to prepare accurate project plans, budgets and schedules •M&E plan for the department of health •Committed resources to implement M&E plan •M&E system assessment (GAP analysis, mid- term reviews) 	Ordinal (5-point Likert scale)	Descriptive/Regression
Political influence	Moderating Variable	<ul style="list-style-type: none"> •Commitment level •Political will •Political Interest 	Ordinal (5-point Likert scale)	Descriptive/Regression

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION OF THE RESEARCH FINDINGS

4.1 Introduction

This chapter presents data analysis, findings and interpretation of the study findings of the role of essential building blocks on M&E system institutionalization in Meru county health sector. Results are presented in tables. The analyzed data was arranged under themes that reflect the research objectives.

4.2 Response Rate

A total of 176 questionnaires were emailed to the sampled respondents, out of which approximately 158 questionnaires were properly filled and returned.

Table 4.1: Response Rate

Response	Freq.	Percent
Returned	158	89.8%
Unreturned	22	12.5%
Total	176	100

According to Mugenda and Mugenda (2003), a response rate of 50% or more is adequate. From table 4.1, the study represented an overall successful response rate of 89.8%.

4.3 Demographic Characteristics

This section consists of information that describes basic respondent's characteristics. They include age category, marital status, level of education and gender.

4.3.1 Age of the Respondents

The respondents were asked to indicate their age bracket. This was meant to establish how respondents were categorized in different age brackets. This was to determine if the respondents were fairly distributed across the age groups.

Table 4.2: Age brackets of the respondents

Age Bracket	Freq.	Percent
30 years and below	6	3.80
31-40 years	54	34.18
41-50 years	54	34.18
Over 50 years	11	6.96
Total	158	100.00

The results in table 4.1 indicated that majority of the respondents were between the ages of 31- 40 years and the ages 41-50 years in equal measures that is 54 (34.2 percent) respondents. The rest that is 11 (7 percent) respondents were over 50 years old while 6 (3.8 percent) respondents were 30 years and below. Since there was no age bracket that exceeded 50 percent, then the respondents were well distributed.

4.3.2 Level of Education

The respondents were asked to indicate their highest level of education. This was meant to establish the qualification status of the respondents.

Table 4.3: Level of education

Educational Status	Freq.	Percent
Tertiary college (Diploma)	44	27.85
University (Bachelors)	83	52.53
Post graduate (Masters/Phd)	31	19.62
Total	158	100.00

Results in table 4.3 revealed that majority of the respondents 83 (52.5 percent) respondents had attained university level of education (bachelors) whereas 44 (27.9 percent) respondents had diploma or college level of education. Similarly those who had postgraduate level of education were 31 (19.6 percent) respondents. However, there was no respondent with certificate (secondary) as highest level of education. These findings implied that most of the respondents were qualified to understand the nature of the study problem and able to provide reliable and valid data for the research.

4.3.3 Gender

The study further explored the gender distribution of the respondents. The respondents were categorized into male and female group. This was meant to establish whether the department of health met the “a third gender rule.”

Table 4.4: Gender

Gender	Freq.	Percent
Male	107	67.72
Female	51	32.28
Total	158	100.00

The results in table 4.4 show that approximately 107 (67.7 percent) respondents of the respondents were male whereas about 51 (32.3 percent) respondents were of female gender. This showed that the department had entrusted more male than female respondents in administrative positions. However, the department almost met a-third gender rule.

4.34. Working Period

The study assessed the duration the respondents have been working in the facility or for the department at the county government. The period the respondents had participated or involved in health sector in the counter was meant to establish their experience with the general operations of the health service delivery in the county.

Table 4.5: Duration of work

Work Period	Freq.	Percent
Below 5 years	13	8.23
5-15 years	63	39.87
16-25 years	82	51.9
Total	158	100.00

As indicated in table 4.5, most respondents that is 82 (51.9 percent) respondents had served in the health department for approximately 16 to 25 years. They were followed by those who had worked for a period of between 5 and 15 years who were 63 (39.9 percent) respondents. This implies that the respondents had much knowhow on general operations and performance of the county health M&E system adopted.

4.3.5 Project Monitoring Committee

The respondents were required to state whether in their health facilities or community units they have any committee for monitoring projects.

Table 4.6: Project Monitoring Committee

Committee	Freq.	Percent
Yes	126	79.75
No	32	20.25
Total	158	100.00

Findings indicated in table 4.6 showed that majority of the respondents 126 (79.8 percent) respondents had a project monitoring committee in place whereas only 32 respondents indicated that they had not established any. This response implies that the responses had much knowledge on issues to deal with monitoring and evaluation system.

4.4 Descriptive Statistics

Descriptive analysis included an assessment of the structure and institutional alignment, Human Resource Capacity for M&E, M&E Partnership, as well as M&E plans and political influence. Descriptive measures that is measures of central tendency as stated earlier are adopted; Mean measures the highly typical value in a set of values. The standard deviation shows how far from the mean the distribution is. The presentation in this section is based on the objectives of the study. The essential building blocks on institutionalization of M&E system at the department of health in Meru County is explored systematically.

4.4.1 Institutionalization of Functional M&E System

Effective institutionalization of functional M&E system at the department of health was used in this study as a latent dependent variable which depends on other latent variables including the structure and alignment, Human Resource Capacity for M&E, M&E Partnership, as well as M&E plans. Institutionalization of functional M&E system was measured using planning, budgeting frameworks, performance targets, as well as project effectiveness and implementation. The study sought to establish observed measures that are associated with Institutionalization of functional M&E system. The

responses were rated on a Likert scale and results presented in table 4.7. The findings indicated that majority of the respondents, 44.3%, just agreed and 19% strongly agreed that there are common and improved routine mechanisms for M&E planning, budgeting framework and management in county health sector. The mean was 3.5 with a standard deviation of 1.2 indicating that the respondents just agreed with that statement and that the responses were highly varied.

Approximately 44.9% and 22.2%, just agreed and strongly agreed respectively with the statement that M&E system institutionalization has ensured improved availability of quality information and its use in improving decisions in the health sector. The mean of 3.7 indicating that the respondents strongly agreed with that statement while the standard deviation was 1.1 indicating variation of responses. Moreover, about 65.8% supported the statement that M&E institutionalization has led to increased responsiveness to good governance, accountability and transparency in the department. The mean of 3.6 indicating that the respondents just agreed with that statement while the standard deviation was 1.2 indicating that the responses were as well varying.

On whether M&E unit in the department has a functional performance review and incentives framework, majority that is 41.1% and 20.3% just agreed and strongly agreed respectively with that fact. About 23.4% of the respondents did not support that statement. The mean was 3.5 and a standard deviation of 1.2 showed that the respondents just agreed and the responses were varied.

Lastly, on the M&E system has led to implementation and effectiveness of projects or programs through utilization of the information in the county health system, the distribution of responses was heavier on those who supported this statement in general with over 66.5% agreeing that fact. The mean for the statement was 3.7 indicating that the respondents just agree with that statement while the standard deviation was 1.2 indicating that the responses were also varied. The overall mean response of 3.6 implied that respondents just agreed on most of the statements regarding foreign relations while a standard deviation of 1.2 denoted that there was some variation in the responses on the same statements.

Table 4.7: Institutionalization of M&E system

Institutionalization	Percentage (%)					Mean	STD
	SD	D	N	A	SA		
There are common and improved routine mechanisms for M&E planning, budgeting framework and management in county health sector	6.96	15.19	14.56	44.3	18.99	3.532	1.166
M&E system institutionalization has ensured improved availability of quality information and its use in improving decisions in the health sector	4.43	14.56	13.92	44.94	22.15	3.658	1.110
M&E institutionalization has led to increased responsiveness to good governance, accountability and transparency in the department	5.7	16.46	12.03	45.57	20.25	3.582	1.152
M&E unit in the department has a functional performance review and incentives framework	10.13	13.29	15.19	41.14	20.25	3.481	1.240
The M&E system has led to implementation and effectiveness of projects or programs through utilization of the information in the county health system	5.7	14.56	13.29	35.44	31.01	3.715	1.211
Average						3.594	1.176

4.4.2 Structure and Institutional Alignment, and Institutionalization of M&E System

The study sought to establish how the structure and institutional alignment contribute to setting up and building better M&E unit. The responses were rated on a Likert scale and the results are as presented in table 4.8. The study results on whether the division's M&E activities are aligned with the mission and objectives of the division had 50.6% of the respondent just agreeing with this statement whereas 29.8% strongly agreeing with the same. Only 14.6% disagreed with that fact. The mean of 3.9 implies that most of the respondents just agreed with these statement. Also the standard deviation of 1.01 showed that there was some variation.

Also the study asked respondents to give their view on whether the number of full-time and/or part-time M&E posts at the division/department is adequate, it was revealed that majority of them that is 35.4% and 46.8% just agreed and strongly agreed respectively with this statement leading to a mean of 4.2 and a standard deviation of 0.98. This implies that there was little variation in responses although it was clear that this statement was strongly supported. On the other hand, approximately 31% and 37.3%, of the respondents just agreed and strongly agreed with the fact that the M&E responsibilities are clearly defined in job descriptions. Only 20.3% disagreed with that statement. This made the mean for the statement to be 3.8 with a standard deviation 1.2 indicating some variation in responses. Similarly, the majority of the respondents, 75.3%, supported the fact that the department has the written mandate to execute its M&E functions. The mean and the standard deviation for this statement was 3.9 while the standard deviation was 1.1.

Further, the study established that the majority, 70.3% of the respondents concurred that the M&E Technical Working Group (TWG) meets regularly to assess progress, plan, and coordinate activities at the county level. Their mean was also 3.9 while the standard deviation was 1.2 indicating variation in responses. The average mean for the constructs was 3.9, indicating that majority of the respondents just agreed that structure and Institutional alignment which is triggered by these key drivers influence institutionalization of M&E system in one way or another. The standard deviation was 1.1, indicating that there was some variation in all of the responses.

Table 4.8: Structure and Institutional Alignment

Statements	Percentage (%)					Mean	STD
	SD	D	N	A	SA		
The Division's M&E activities are aligned with the mission and objectives of the Division	1.9	12.66	5.06	50.63	29.75	3.937	1.014
The number of full-time and/or part-time M&E posts at the division/department is adequate	1.27	8.23	8.23	35.44	46.84	4.184	0.983
The M&E responsibilities are clearly defined in job descriptions	5.06	15.19	11.39	31.01	37.34	3.804	1.234
The department has the written mandate to execute its M&E functions	3.8	13.29	7.59	43.04	32.28	3.867	1.124
M&E TWG meets regularly to assess progress, plan, and coordinate activities at the county level	2.53	17.72	9.49	31.65	38.61	3.861	1.186
Average						3.930	1.108

4.4.3 Human Resource Capacity and Institutionalization of M&E System

The study sought to establish how human resource capacity related with M&E system institutionalization. The responses were rated on a Likert scale and the results presented in table 4.9 shows that the responses were well distributed between 10.1% and 32.3% across the scale considering the fact that there are defined skill set for individuals and organizations at county and service-delivery levels. The mean for this statement was 3.1 indicating that most respondents were neutral on this statement while the standard deviation was 1.3 showed presence of variation in their responses. Similarly, the results indicated that majority that is about 75.9% of the respondents agreed and strongly agreed in equal measure with the fact that there is M&E work force development plan, including career paths for M&E officers in the department. On The mean for the construct was 4.0 while the standard deviation was 1.1 indicating variation in responses.

Over half of the respondents that is 53.2% supported the statement that there is a substantive costed Human Resource Capacity building plan. Secondly, they highly agreed through their response at 61.4% that the department has developed the curricula for organizational and technical capacity building. The mean for these statements however was 3.5 and 3.6 with respective standard deviations of 1.2 in both case. This implies that respondents just agreed on these facts with some variation in their responses. Also in either case, those who were neutral were also a considerable proportion (see table 4.9).

Lastly, most of the respondents 61% supported the statement that the health department has local and/or regional training capacity, including links to training institution. The rest either strongly disagreed, disagreed or were neutral. The mean for the statement was 3.7, while the standard deviation was 1.2 also implying that most respondents just agreed despite doing so with some variation. Considering the overall mean responses, 3.6, it could be deduced that the majority of the respondents just agreed with albeit with some variation of 1.2 that Human Resource Capacity for M&E have a role to play in building and sustaining a functional M&E system.

Table 4.9: Human Resource Capacity

Human Resource Capacity	Percentage (%)						Mean	STD
	SD	D	N	A	SA			
There are defined skill set for individuals and organizations at county and service-delivery levels	10.1	3	32.28	11.39	30.38	15.82	3.095	1.291
There is M&E work force development plan, including career paths for M&E officers in the department	6.96	3.16	13.92	37.97	37.97		3.968	1.131
There is substantive costed Human Resource Capacity building plan	8.86	8.23	29.75	31.01	22.15		3.494	1.182
The department has developed the curricula for organizational and technical capacity building	7.59	11.39	19.62	34.18	27.22		3.620	1.214
The health department has local and/or regional training capacity, including links to training institution	4.43	16.46	17.72	29.11	32.28		3.684	1.211
Average							3.572	1.206

4.4.4 M&E Partnership and Institutionalization of M&E System

The study sought to establish how M&E Partnership relate to M&E system institutionalization in the county governments. The responses were also rated on a Likert scale and the results presented in table 4.10. Following the findings, majority of the respondents 70.3% concurred with the statement that the department has a well constituted County health M&E Technical Working Group. Only 20.9% disagreed with that statement. The mean for the statement was 3.8, indicating that majority of the respondents actually agreed with the statement, while the standard deviation was 1.3 implying presence of variation in responses. The study found out that a majority of the respondents 57.6% supported the statement that there exists a clear mechanism to coordinate all stakeholders with 17.1% being neutral on that statement. The mean response was 3.5, indicating that the majority of the respondents just agreed with the statement, while the standard deviation of 1.3 indicating variance in responses.

Despite portraying almost equal distribution in responses ranging between 10.8% and 27.9%, it was further established that approximately 53.8% of the respondents supported the statement that the department involves of local leadership and capacity for stakeholder coordination. The mean response to the statement 3.3, showing that majority of the respondents were neutral on that particular statement. The variation was 1.4, which was highest compared to other statements implied increased variations in responses. On the other hand, about 80.4% of the respondents agreed with the statement that there is routine communication channel to facilitate exchange of information among stakeholders. Only 4.4% of the respondents were neutral on this statement. The mean response for the statement was 4.0, showing that majority of the respondents just agreed with the information. The standard deviation was 1.1 show some variation in responses.

Lastly, the study established that approximately 67.1% of the respondents supported the statement that all relevant stakeholders participate in developing, reviewing and endorsing the county M&E plans whereas about 27.2% disagreed with this statement. About 5.7% on the other hand were neutral on this statement. The mean response for this statement was thus 3.7 indicating that majority of the respondents just agreed with the statement. However, there was some variation in responses on this statement given the standard deviation of 1.3. The overall mean for all the variable constructs was 3.7, indicating that most of the respondents were optimistic on M&E partnerships as a key element in institutionalizing M&E system. The responses were varied, as shown by an overall standard deviation of 1.3.

Table 4.10: M&E Partnership

M&E Partnerships	Percentage (%)						Mean	STD
	SD	D	N	A	SA			
The department has a well constituted County health M&E Technical Working Group	6.33	14.56	8.86	31.65	38.61	3.816	1.266	
There are clear mechanism to coordinate all stakeholder	12.03	13.29	17.09	32.28	25.32	3.456	1.324	
The department involves of local leadership and capacity for stakeholder coordination	13.29	22.15	10.76	25.95	27.85	3.329	1.425	
There is routine communication channel to facilitate exchange of information among stakeholders	3.16	12.03	4.43	44.94	35.44	3.975	1.082	
All relevant stakeholders participate in developing, reviewing and endorsing the county M&E plans	6.33	20.89	5.7	32.91	34.18	3.677	1.308	
Average						3.651	1.281	

4.4.5 M&E Plans and Institutionalization of M&E System

The study also sought to establish the how M&E Plans contribute to establishment of a functional M&E system. The responses were rated on a Likert scale and the results presented in table 4.11. As indicated, the responses of the first statement were unsystematically distributed where about 29.8% disagreed, 9.5% neutral and 32.3% agreed with the statement that there is a broad-based participation in developing the county health M&E plan. This made the mean for this item to be at 3.4 implying most responses were neutral while the standard deviation of 1.4 means there was high variation in responses which is actually visible. The results also indicated that majority of the respondents, 58.9%, concurred with the statement that the county health sector M&E plan adheres to international, national and county technical standards. Only 20.9% were not supporting that idea or statement whereas 20.3% were neutral on the same statement. The mean was 3.6 while the standard deviation was 1.3 showing some variation.

On the other hand, most of the respondents that is 53.5% agreed that the recommendations of a complete M&E system assessment for system strengthening is usually addressed in a revised subsequent M&E plan. The mean for this statement was 3.6 while the standard deviation was 1.2. Approximately 60.1% of the respondents agreed with the statement that there is a framework where all relevant stakeholders endorsed the county M&E plan whereas 15.8% were neutral. The mean was 3.5 while the standard deviation was 1.3.

Lastly, majority of the respondents that is 56.3% supported the fact that the M&E plan is updated regularly based on performance monitoring. Those who disagreed with this statement were only 32.3%. The mean response for this statement was 3.4 implying that most of the respondents were somehow neutral. However, the variation was also high at 1.3. The overall mean for all the items regarding the M&E Plans was 3.5 indicating that majority of the respondents agreed with this statement. However, the responses had some variations yielding an overall standard deviation of 1.3.

Table 4.11: M&E Plans

Percentage (%)							
County M&E Plan	SD	D	N	A	SA	Mean	STD
There is a broad-based participation in developing the county health M&E plan.	6.96	29.75	9.49	21.52	32.28	3.424	1.384
The county health sector M&E plan adheres to international, national and county technical standards	8.23	12.66	20.25	28.48	30.38	3.601	1.267
Recommendations of a complete M&E system assessment for system strengthening is usually addressed in a revised subsequent M&E plan	4.43	23.42	18.35	20.89	32.91	3.563	1.218
There is a framework where all relevant stakeholders endorsed the county M&E plan	5.7	18.35	15.82	34.18	25.95	3.544	1.285
The M&E plan is updated regularly based on performance monitoring	6.33	25.95	11.39	34.18	22.15	3.399	1.262
						3.506	1.283

4.4.6 Political Influence

The politicians have veto power to determine what aspect of project should be monitored and evaluated, which information should be disclosed for stakeholder consumption and some areas will be locked out of projects. Therefore, institutionalizing of M&E system may not focus on societal benefits but rather on political mileage. To the community and health service providers, will view the M&E system as political goodwill and therefore they will continue to suffer on the mercy of their politicians when the M&E systems are directed towards fulfilling political interest leading to political intervention.

Political influence was operationalized along three dimensions such as political will, commitment level and political interest. Five statements were formulated to measure the political influence construct using a five-point Likert-type scale employed in other objectives. The study established that majority of respondents that is 67.5 percent observed

that there is political will in the identification and implementation of M&E activities with only less than 10 percent who observed no influence. This trend was also observed by approximately 58.6 percent who concluded that The political leadership stuck the oversight role as indicated in the constitution which has resulted to establishment of an effective M&E Unit at the department On the other hand, only 50.2 percent of the respondents observed that there is no conflict in interest in the management of M&E project as results of political influence leads to effective operations. Findings are as shown in table 4.12.

Table 4.12: Political Influence

Political Influence	Percentage (%)					Mean	STD
	SD	D	N	A	SA		
There is political will in the identification and implementation of M&E activities	3.4	5.0	7.8	65.7	18.1	3.90	0.87
The political leadership stuck to oversight role as indicated in the constitution which has resulted to establishment of an effective M&E Unit at the department	5.3	12.1	6.9	58.6	17.1	3.70	1.06
M&E projects are successfully implemented due to political influence in their management	5.0	13.7	45.2	20.2	15.9	3.28	1.05
There is no conflict in interest in the management of M&E project as results of political influence leads to effective operations	10.3	15.6	7.8	16.2	50.2	3.80	1.45
Decentralized M&E units are inherently political product and thus have some direct political implications	5.0	7.8	5.9	53.6	27.7	3.91	1.05
Overall Mean						3.72	1.10

4.5 Correlation Analysis of Structural Variables

Correlation analysis was used to determine both the significance and degree of association of the structural variables. The correlation technique is used to analyze the degree or extent

of association between two structural variables as measured by the observed variables. The results of the correlation analysis are summarized in table 4.13. The correlation ranges from 1 to -1 where 1 indicates a strong positive correlation and a -1 indicates a strong negative correlation and a zero indicates lack of association between the two structural variables.

Table 4.13: Correlation Matrix

Correlating Pairs	Institutionalizi on of M&E System	Structure and institutional alignment	Human Resource Capacity for M&E	M&E Partnershi p	M&E plans	Political Influence
Institutionalization of M&E System	1.000					
Structure and institutional alignment	0.6599 (0.000)	1.000				
Human Resource Capacity for M&E	0.4841 (0.000)	0.3237 (0.000)	1.000			
M&E Partnership	0.1346 (0.000)	0.1402 (0.000)	0.0853 (0.000)	1.000		
M&E Plans	0.4388 (0.000)	0.4418 (0.000)	0.3028 (0.000)	0.1290 (0.000)	1.000	
Political Influence	0.5767 (0.000)	0.5650 (0.000)	0.3642 (0.000)	0.1481 (0.000)	0.5180 (0.000)	1.000

H₀: There is no Correlation

The correlation analysis was conducted as shown in table 4.13 to determine the association between foreign relations and other independent variables. The results collectively indicated that there is a positive association between different pairs of variables. This is indicated by all positive correlation coefficients. The correlation coefficient were also found to be statistically significant since all their p values were less than 0.05 level. Specifically, the results showed that the association between Structure and institutional alignment, and Institutionalization of M&E System was strong ($r=0.6599$). The association between Human Resource Capacity for M&E and Institutionalization of M&E System was moderate ($r=0.4841$). The correlation coefficient for the association between M&E Partnership, and Institutionalization of M&E System was 0.1346. This implies that the

association seems to be weak. The association between M&E plans and Institutionalization of M&E System was moderate ($r=0.4388$). Similarly, moderating variable (political influence) was found to have a significant and high association with Institutionalization of M&E System ($r=0.5767$).

There was also a moderate significant association between Structure and institutional alignment, and Human Resource Capacity for M&E ($r=0.3237$). There was also a moderate significant relationship between Structure and institutional alignment and M&E plans ($r=0.4418$). Weak relationship was experienced between Structure and institutional alignment, and M&E Partnership ($r=0.1402$). However, there was a strong association between Structure and institutional alignment, and political influence ($r=0.5650$).

Further, the study variables were also found to be related with other pairs of variables although with most of these pairs showing moderate or weak association. For example, there was a moderate and significant association between Human Resource Capacity for M&E and political influence ($r=0.3642$). There was also a weak significant association between Human Resource Capacity for M&E and M&E plans ($r=0.3028$). On the other hand a very weak association was established between Human Resource Capacity for M&E and M&E Partnership ($r=0.0853$).

Considering M&E Partnership, and M&E plans they had a weak relationship ($r=0.1290$) which was similar to the association between M&E Partnership and political influence ($r=0.1481$). Lastly, a significant and a strong positive association was established between M&E plans and political influence ($r=0.5180$). From these findings it be deduced that the variables under study can lead to establishments of either direct and/or indirect paths. Therefore, structural equation model will be handy in explaining the relationship between the structural variables.

4.6 Structural Variable Modelling

The study conducted latent variable analysis which simultaneously tests measurement and structural parameters. This is because the latent variables are intangible constructs that are measured by a variety of indicators. The study thereafter tested for goodness of fit of model (that is SEM Analysis Of Variance-ANOVA) as well as estimated standardized SEM. A

measurement model for the unobserved variables was first estimated in order to determine whether observed variables could be modeled as a single latent construct.

4.6.1 The Model Goodness of Fit Analysis

The model goodness of fit indicates the overall influence of the predictor variable on the dependent variable. The results indicate that the estimating goodness of fit of the model was satisfactory. All the four structural factors were subjected to a modeling and from the goodness of fit of the model as indicated in table 4.14, it was found that all variables fitted the data well given that the overall p value of 0.000 implied the variables had a joint significance in explaining the institutionalization of M&E systems. This was also confirmed by other criteria for model fitness such as Root Mean Squared Error of approximation and R squared of 100 percent which is also referred to as an indicator of precision. Table 4.14 shows the goodness of fit of the estimated model.

Table 4.14: Goodness of Fit of the Model

Fit Statistic	Value	Description
Likelihood Ratio		
chi2_ms(171)	780.024	Model versus Saturated
p > chi2	0.000	
chi2_bs(200)	1462.077	Baseline vs. Saturated
p > chi2	0.000	
Size of Residuals		
SRMR	0.280	Standardized Root Mean Squared Residual
CD (R ²)	1.00	Coefficient of Determination

4.6.2 Estimation of Structural Equation Model

The study estimated the relationship between essential building blocks and institutionalization of M&E system. This was done in absence of and presence of political influence. Table 4.15 shows the analysis of the relationship between the structural variables. The output of the structural modeling of the predictor variables are displayed. The beta coefficient for the following variables; Structure and Institutional Alignment; Human Resource Capacity for M&E; M&E Partnerships, M&E Plans indicates the

direction and degree of influence of the predictor variable on the dependent variable. Results indicate that two out of the four variables were statistically significant at the 5% level.

From the model estimation, table 4.15-Model one is estimation without moderating variable whereas model two incorporates a moderating variable. It was established that among the four latent variables, only two of them were established to be statistically significant. This was the same case before and after the introduction of political support factors which was considered to be a moderating variable. It was revealed that Structure and institutional Alignment together with Human Resource Capacity for M&E were revealed to be statistically significant. These variables had a positive influence on institutionalization of the M&E system in the department of health. Both of them were also statistically significant at 5% levels. M&E Partnership, and M&E Plans were however revealed to be statistically not significant at all levels in both models. Political influence also was revealed to be a non-significant moderating variable in both models. See the findings in table 4.15.

Table 4.15: Structural Equation Model (Dep: Institutionalization of M&E System)

Structural Equation Model One			Structural Equation Model Two		
Number of Observations = 158			Number of Observation = 158		
Estimation Method = ml			Estimation Method = ml		
Log likelihood = -1407.595			Log Likelihood = -1609.997		
SEM:	Coefficients	P>t	Coefficients	P>t	
Institutionalization (INS)					
Structure and	0.8278**	0.000	0.8185**	0.000	
Alignment (SIA)	(9.40)		(8.67)		
Human Resource Capacity for M&E (HC)	0.4787**	0.000	0.4802**	0.000	
	(6.00)		(5.91)		
M&E Partnership (PS)	0.3112	0.325	0.2494	0.399	
	(0.98)		(0.84)		
M&E Plans (MP)	-0.0351	0.647	-0.0453	0.599	
	(-0.46)		(-0.53)		
Political Influence (POL)	-	-	0.0343	0.677	
			(0.42)		
Model 1:LR test of model vs. saturated: chi2(135) = 1119.57, Prob >			chi2 = 0.0000 and		
Model 2: LR test of model vs. saturated: chi2(138) = 2883.40, Prob >			chi2 = 0.0000		
Endogenous Variables					
<i>Latent: Institutionalization of M&E System</i>					
Exogenous Variables					
<i>Latent: Structure and Alignment, Human Resource Capacity for M&E, M&E plans and Political Influence</i>					

*****Significance level of 5 percent. #Values in the parentheses show t statistics**

From the results in the Table 4.15, it was found that all variables except M&E plans had a positive effect. This implies that Structure and Institutional Alignment, Human Resource Capacity for M&E and M&E Partnership improved institutionalization of functional M&E

system in the county governments in Kenya. From the significant positive estimates, it was revealed that Structure and Institutional Alignment as well as Human Resource Capacity for M&E significantly raises the likelihood of institutionalizing functional M&E system by 0.8278 (0.8185) and 0.4787 (0.4802) units holding other factors constant respectively also in model one and two (in parenthesis) respectively. Both of these variables had p-values of 0.0000 in both models. This implies that the null hypothesis of no significant influence is rejected. From estimation of the two models, the study revealed that political factor increased chances of institutionalization of M&E system albeit insignificantly by 0.0343 unit holding other factors constant. Political support factors insignificantly moderated the relationship between the essential building blocks and institutionalization of M&E system at the department of health in Meru County as coefficients and significance never changed by large magnitude in both models.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The chapter presents the summary of findings, and discussion of the findings obtained in the previous chapter. The findings related to modeling the essential building blocks on institutionalizing functional M&E system in Meru County government. It further blends the findings to the reviewed literature. Recommendations and further areas of study is provided.

5.2 Summary of the study findings

The summary of the study is based on the four objectives as presented in the previous chapter. The four objectives included establishing how Structure and Institutional Alignment, Human Resource Capacity for M&E, M&E Partnership, and lastly M&E plans influence institutionalization of functional M&E system in the county governments in Kenya.

The study sought to establish how the structure and institutional alignment contribute to setting up and building better M&E unit. The average mean for the constructs was 3.9, indicating that majority of the respondents just agreed that structure and Institutional alignment which is triggered by these key drivers influence institutionalization of M&E system in one way or another. The standard deviation was 1.1, indicating that there was some variation in all of the responses.

The study also sought to determine how human resource capacity related with M&E system institutionalization. Considering the overall mean responses, 3.6 it could be deduced that the majority of the respondents just agreed with most of the statements regarding Human Resource Capacity albeit with some variation of 1.2 that Human Resource Capacity for M&E have a role to play in building and sustaining a functional M&E system.

Further, the study sought to establish how M&E Partnership relate to M&E system institutionalization in the county governments. On M&E Partnership, the overall mean for all the variable constructs was 3.7, showed that most of the respondents were optimistic on existing mechanisms such as availability of a well constituted County health M&E Technical Working Group as well as inclusion on all relevant stakeholders in developing, reviewing and endorsing the county M&E plans among others. The responses varied from the mean, as shown by an overall standard deviation of 1.3.

The lastly the study sought to establish the how M&E plans contribute to establishment of a functional M&E system. The main considerations in this aspect indicated that majority of the respondents, 58.9%, supported the argument that the county health sector M&E plan adheres to international, national and county technical standards. On the other hand, most of the respondents, 53.5% agreed that the recommendations of a complete M&E system assessment for system strengthening is usually addressed in a revised subsequent M&E plan. The overall mean for all the items regarding the M&E Plans was 3.5 indicating that majority of the respondents agreed with the statements. From estimation of the model, the summary of research objectives, hypothesis, findings and decision are presented in table 5.1.

Table 5.1: Summary of Research Objectives, Hypotheses, Findings and Decision

Objective	Hypothesis	Findings	Verdict
To determine the influence of structure and institutional alignment on institutionalization of functional M&E system in the department of health, Meru County.	There is no relationship between structure and institutional alignment, and institutionalization of functional M&E system in the department of health, Meru County.	The findings established that structure and institutional alignment significantly influenced institutionalization of functional M&E system in the department of health, Meru County.	The study rejected the null hypothesis
To establish the influence of Human Resource Capacity for M&E on institutionalization of M&E system in the department of health, Meru County.	There is no relationship between Human Resource Capacity for M&E and institutionalization of functional M&E system in the department of health, Meru County.	The findings established that Human Resource Capacity for M&E significantly influenced institutionalization of functional M&E system in the department of health, Meru County.	The study rejected the null hypothesis
To explore the influence of M&E Partnership on institutionalization of M&E system in the department of health, Meru County.	There is no relationship between M&E Partnership and institutionalization of functional M&E system in the department of health, Meru County.	The findings established that M&E Partnership significantly influenced institutionalization of functional M&E system in the department of health, Meru County.	The study failed to reject the null hypothesis

To determine influence of M&E Plans on institutionalization of functional M&E system in the department of health, Meru County.	There is no relationship between M&E plans and institutionalization of functional M&E system in the department of health, Meru County.	The findings established that M&E plans significantly influenced institutionalization of functional M&E system in the department of health, Meru County.	The study failed to reject the null hypothesis
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The results in Table 5.1 show that the findings indicated a statistically significant positive relationship between structure and institutional alignment, and institutionalization of functional M&E system in the department of health, Meru County. This finding led to rejection of the null hypothesis. The results on the other hand show a positive and statistically significant relationship between Human resource capacity for M&E and institutionalization of functional M&E system in the department of health, Meru County. This led also to rejection of the null hypothesis.

The study also established that M&E Partnership had an insignificant influence on institutionalization of functional M&E system in the department of health, Meru County. This implied that the study failed to reject the null hypothesis. Finally, the study established that M&E plans has non-significant relationship with institutionalization of functional M&E system in the department of health, Meru County. This also led to failure of rejecting the null hypothesis.

5.3 Discussions

The following discussion ensues on the basis of direction and significance of the respective building blocks that contribute to institutionalizing the functional M&E system. From the findings, most of the respondents supported the key statements regarding the essential building blocks and establishing a functional M&E system given the overall mean responses of above 3.5 with some variation in the responses.

5.3.1: Structure and Institutional Alignment

As one of the essential building block, clear organizational roles and functions must be defined. Actually, they need to be a well-defined and agreed organizational structure with M&E focal points; well-written mandates for planning, coordinating and managing the M&E system; well-defined M&E roles and responsibilities of key individuals and organizations at all levels; routine mechanisms for the planning and management of stakeholder coordination and incentives for improved performance within the M&E system. Of the most importance, majority of the respondents that is 68.3 percent supported the fact that the M&E responsibilities are clearly defined in job descriptions whereas the majority of the respondents, 75.3%, supported the fact that the department has the written mandate to execute its M&E functions. The study revealed a strong and significant association between structure and institutional alignment, and Institutionalization of M&E System ($r=0.6599$, P-value; 0.000).

On estimation, the study established that structure and institutional alignment led to a significant rise in the M&E system institutionalization in Meru county government, Kenya. This is because the p value of 0.000 is less than 5% level of significance. These findings may be linked to the fact that structure and institutional alignment ensures that M&E functions are articulated in the organizational structures (possibly an M&E unit is created) and that M&E priorities are integrated into planning and policy documents. This results were supported by Campo, (2005) who asserts that building an effective M&E system is neither quick, nor an easy task but what is paramount is the need to strengthen the institutions besides learning from mistakes. Also Mackay, (1998) established that institutionalization of the M&E system is key in establishment of an effective M&E framework.

5.3.3 Human Resource Capacity for M&E

Capacity building in this component will focus on systems and structures, as well as on organizational mechanisms that drive an organization to implement its mandate. The study results shows that the responses on defined skills were fairly distributed across the scale considering the fact that there are defined skill set for individuals and organizations at

county and service-delivery levels. On correlation, it was found out that The association between Human Resource Capacity for M&E and Institutionalization of M&E System was moderate ($r=0.4841$) at 5% levels. Moreover, the study established that Human Resource Capacity for M&E led to a rise in building functional M&E system significantly. The p value of 0.000 was far less than 5% level of significance. This implies as activities relating to Human Resource Capacity for M&E rises, also the activities in Institutionalization of M&E System increases.

Available study by Khan (1998) and Kithinji (2015) also support our findings as they both suggest that every person in the organization should have the ability to carry out M&E function as it aids in creation of a culture of conscious monitoring and evaluation, information sharing, seeking internal assistance in case of problem and most of all sharing credit for success and responsibility for failure. The former revealed that utilization is improved in project where project staff has taken time to develop their M&E skills. Mogaka, (2010) in as study meant to determine the influence of M&E methods on performance of Women Enterprise Fund (WEF) projects in Kisii Central district, established that the project performance was poor due to weak M&E systems. It was further found that M&E was done mostly by group members and their leaders who were ill informed due to lack of training in the subject and there was no M&E system for WEF projects from the respective Ministry. Thus, these skills and numbers will vary based on the complexity of the organizational function, M&E roles and performance expected at each level (Taylor- Powell & Boyd, 2008). Nonetheless, it is necessary to have dedicated and adequate numbers of M&E staff with competencies to deliver their mandate.

5.3.4 M&E Partnership

The genesis of M&E Partnership is anchored on the available frameworks such as Kenya health policy framework 2014-2030 and the Kenya Health Sector Strategic and Investment Plan 2014-2018, which is geared towards provision of an enabling environment to achieve harmony and synergy among all health stakeholders to improve the health of the population. Also, these principles of partnership were also integrated in our current

constitution which harmonizes them across the health system in Kenya. A common M&E system is one of the key elements of the partnership framework.

The correlation coefficient for the association between M&E Partnership, and institutionalization of M&E System was 0.1346. This association seems to be weak despite being significant. Similarly, estimation established that M&E Partnership had a positive effect on institutionalization of M&E System. The influence was however not significant at 5% level since the p value of 0.8% was more than 5% level. The positive influence imply that the M&E partnerships support communication, coordination and harmonization of efforts to achieve the ideals of quality service delivery in the health sector. The empirical evidence is in line with the findings as highlighted in the empirical works of Donaldson, (2003) who revealed that engaging partners or stakeholders in discussions about the what, how, and why, of policy and program activities is often empowering them. It promotes inclusions and facilitates meaningful participation by diverse stakeholder groups.

5.3.5 M&E Plans

Any organization that wants to ensure accountability and measure of success of a project, has to embrace M&E plan as a fundamental document. All activities of M&E plan are further subjected to costing and the funding source of those activities are indicated where funds have been committed. This understanding could clearly be linked to the study findings where approximately 32.3% supported the statement that there is a broad-based participation in developing the county health M&E plan. Also the findings indicated that majority of the respondents, 58.9%, concurred with the statement that the county health sector M&E plan adheres to international, national and county technical standards. Similarly, majority of the respondents that is 56.3% supported the fact that the recommendations of a complete M&E system assessment for system strengthening is usually addressed in a revised subsequent M&E plans.

On correlation analysis, the association between M&E plans, and Institutionalization of M&E System was moderate ($r=0.4388$). This association was also significant given low p-values. Further, the estimation showed that existence of M&E plans lowers the likelihoodness institutionalization of the M&E System despite being insignificant. The

empirical findings obtained in this study differed with the results obtained by Holvoet and Renard (2007) in their study where they emphasized on very fragmental approach towards M&E planning. This findings may be linked to the fact that most of those staff entrusted with the process of institutionalization have limitations on technical and methodological issues, to the detriment of the overall policy and institutional/organizational set-up. Similarly, Kithinji, (2015) the advocate for the plans illustrates the need to follow them towards a desired end which majority of the top health managers may not be willing to do either because of attitude or hidden motive of embezzling resources meant to realize various county health sector projects and programmes.

5.4 Conclusions

This section basically reviewed the findings from analysis of the structural constructs meant to establish the relationship existing between the essential building blocks and institutionalization of functional M&E system in county governments in Kenya. It can be conclusively be stated that, empirically, structures and institutional alignment together with Human Resource Capacity for M&E significantly determine or influence establishment or institutionalization of functional M&E systems in the department of health, Meru County. This influence had a positive effect as both the two key factors had a positive coefficients. On the other hand, M&E Partnership together with M&E Plans have got no significant role in influencing M&E institutionalization across the county governments. It should conspicuously could be noted that political influence did not have any significance moderating effect as it didn't change much in terms of the coefficient as well as the direction. Its lack of significance in either case implies that decentralized projects are not inherently political product, but they can be accounted for in terms of taking service delivery close to the citizen they serve as such, they may not have some direct political implications. The study thus suggests that for major recommendations focusing on structure and institutional alignment, and Human Resource Capacity for M&E.

5.5 Recommendations

The study made the recommendation on growing and establishing strong and functional M&E systems across the counties in Kenya and at national level. Recommendations are

anchored on two main facets, that is, structure and institutional alignment, and Human Resource Capacity for M&E that were statistically significant. Having theoretically considered the role of national government and county governments and community members, there should be strong policy implications that may interlink the two sets of governments. Based on the study findings, first, the study recommends to the nations and county governments across the counties to ensure the following;

- i. Significant alignment is required to ensure broad-based leadership support to establish a functional M&E system. Health leaders at the Ministry of Health, county departments of health and other organizations in the health sector need to work with their respective stakeholders to mobilize resources to facilitate the establishment and implementation of vibrant M&E systems.
- ii. Develop leadership vision for M&E where leadership support and advocacy will be at the center in establishing a functional M&E system. Health leaders within the national Ministry of Health, county departments of health, health programs and other health sector institutions have a key role in mobilizing the entire institution to support investments to build an M&E system.
- iii. To establish an M&E function in the county structure/organograms

Secondly, the study suggests the following to be implemented by stakeholders in involved in health service provision following the significant and positive influence of Human Resource Capacity for M&E in facilitating proper and sustainable M&E units at the county levels;

- i. Besides providing trainings to healthcare workers, there are other components that the county government could do to develop Human Resource Capacity in M&E such as; technical assistance, collaborative evaluation of projects, mentoring and coaching and establishing Communities of Practice. Therefore a wide range of competencies and skills thus are needed to implement M&E activities at different levels of the health system.
- ii. Counties working to implement this component will need to develop a costed Human Resource Capacity building plan, a workforce development plan, M&E career paths, and ongoing technical capacity building for staff at all levels. A mix

of in-service training and mentorship programs and coaching all play a big role in expanding the Human Resource Capacity needed for M&E. Capacity building in this component will focus on systems and structures, as well as on organizational mechanisms that drive an organization to implement its mandate.

5.6 Areas for further study

This study concentrated at establishing the influence of some essential building blocks on institutionalization of M&E system in the county government in Kenya and not all twelve building blocks. A similar study is required considering more counties and if possible all counties across the country so as to give a clear and exact estimates for easier generalizability. This is because other counties like the Northern Kenya counties have different dynamic from say Nairobi or Mombasa counties. Main factors that were suggested in other relevant theories such as institutions, social networks, and cultural and historical factors could as well be employed in future studies to examine how they influence establishment of functional M&E systems. Similar studies are also required showing comparison in different areas/settings or sectors and even within the country where system of governance is decentralized like in Kenya.

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APPENDICES

APPENDIX I: LETTER OF TRANSMITTAL

Joseph Abuga

P.O.BOX 38521-00100

Nairobi

The Respondent

Meru County

Dear Sir/Madam,

RE: DATA COLLECTION

I am a student at University of Nairobi. I am taking a Master of Arts Degree in Project Planning and Management. In order for me to meet all the requirements to be awarded this degree, I am required to undertake a research by writing a thesis. Currently I am carrying out the following study *“Influence of essential building blocks on institutionalization of functional sectoral monitoring and evaluation systems in health sector, County Government of Meru, Kenya.”* All information you give will be treated with utmost confidentiality and privacy and will be used only for academic purposes. Your response will be highly appreciated.

Thank you.

Yours faithfully,

Joseph Abuga

Tel: 0710 376 914.

Email: josabu2008@gmail.com

APPENDIX II: QUESTIONNAIRE

Kindly take a few minutes to respond to this questionnaire. Information supplied is purely for academic research purposes and will therefore be treated with utmost confidentiality.

1. What is the name of your facility/community unit?

2. What is your age bracket?

18-34 years [] 35-44 years [] 45-54 [] 55 – 59 years [] 60 years and above []

3. What is your Gender?

Male [] Female []

4. Level of education

Primary School [] Secondary School [] Undergraduate Level []
] Postgraduate level []

5. For how long have you being working in the facility or for the county government?

Below 5 years [] 5-15 years [] 16-25 years [] above 25 years []

6. Name at least three key projects undertaken in your facility for the last five years?

7. Do you have project monitoring committee for the mentioned projects above?

Yes [] No []

M&E BUILDING BLOCKS AND INSTITUTIONALIZATION OF M&E SYSTEM

a) STRUCTURE AND INSTITUTIONAL ALIGNMENT

To what extent do you agree with the following statements regarding the county structure and alignment in the institutionalization of program M&E? Use a scale of 1 to 5 where Strongly Disagree (SD), Disagree (D), Neutral (N), Agree (A) and Strongly Agree (SA).

No.	Structure and Institutional Alignment	SD	D	N/U	A	SA
SIA1	The Division’s M&E activities are aligned with the mission and objectives of the Division					
SIA2	The number of full-time and/or part-time M&E posts at the division/department is adequate					
SIA3	The M&E responsibilities are clearly defined in job descriptions					
SIA4	The department has the written mandate to execute its M&E functions					
SIA5	M&E TWG meets regularly to assess progress, plan, and coordinate activities at the county level					

b) HUMAN RESOURCE CAPACITY FOR M&E

To what extent do you agree with the following statements on M&E staff capacity regarding institutionalization of M&E system? Use a scale of 1 to 5 where 5 is to strongly agree, 4-agree, 3-undecided, 2-disagree and 1 is to strongly disagree

	Human Resource Capacity for M&E	SD	D	N/U	A	SA
HC1	There are defined skill set for individuals and organizations at county and service-delivery levels					
HC2	There is M&E work force development plan, including career paths for M&E officers in the department					

HC3	There is substantive costed Human Resource Capacity building plan					
HC4	The department has developed the curricula for organizational and technical capacity building					
HC5	The health department has local and/or regional training capacity, including links to training institution					

c) M&E PARTNERSHIPS

To what extent do you agree with the following statements on M&E partnerships with respect to institutionalization of M&E system? Use a scale of 1 to 5 where 5 is to strongly agree, 4-agee, 3-undecided, 2-disagree and 1 is to strongly disagree

	M&E Partnerships	SD	D	N/U	A	SA
PG1	The department has a well constituted County health M&E Technical Working Group					
PG2	There are clear mechanism to coordinate all stakeholders					
PG3	The department involves of local leadership and capacity for stakeholder coordination					
PG4	There is routine communication channel to facilitate exchange of information among stakeholders					
PG5	All relevant stakeholders participate in developing, reviewing and endorsing the county M&E plans					

d) COUNTY M&E PLAN

To what extent do you agree with the following statements on M&E Partnership with respect to institutionalization of M&E system? Use a scale of 1 to 5 where 5 is to strongly agree, 4-agee, 3-undecided, 2-disagree and 1 is to strongly disagree

	County M&E Plan	SD	D	N/U	A	SA
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PCP1	There is a broad-based participation in developing the county health M&E plan.					
PCP2	The county health sector M&E plan adheres to international, national and county technical standards					
PCP3	Recommendations of a complete M&E system assessment for system strengthening is usually addressed in a revised subsequent M&E plan					
PCP4	There is a framework where all relevant stakeholders endorsed the county M&E plan					
PCP5	The M&E plan is updated regularly based on performance monitoring					

e) POLITICAL INFLUENCE

To what extent do you agree with the following statements regarding political influence in the M&E system institutionalization? Use a scale of 1 to 5 where 5 is to strongly agree, 4- agree, 3-undecided, 2-disagree and 1 is to strongly disagree

	Political Influence	SD	D	N/U	A	SA
POL1	There is political will in the identification and implementation of M&E activities					
POL2	The political leadership stick to oversight role as indicated in the constitution which has resulted to establishment of an effective M&E Unit at the department					
POL3	M&E projects are successfully implemented due to political influence in their management					
POL4	There is no conflict in interest in the management of M&E project as results of political influence leads to effective operations					

POL5	Decentralized M&E units are inherently political product and thus have some direct political implications					
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PART C: INSTITUTIONALIZATION OF M&E SYSTEM

To what extent do you agree with the following statements regarding institutionalization of M&E System? Use a scale of 1 to 5 where 5 is to strongly agree, 4-agee, 3-undecided, 2- disagree and 1 is to strongly disagree.

	Institutionalization of M&E System	SD	D	N/U	A	SA
INS1	There are common and improved routine mechanisms for M&E planning, budgeting framework and management in county health sector					
INS2	M&E system institutionalization has ensured improved availability of quality information and its use in improving decisions in the health sector					
INS3	M&E institutionalization has led to increased responsiveness to good governance, accountability and transparency in the department					
INS4	M&E unit in the department has a functional performance review and incentives framework					
INS5	The M&E system has led to implementation and effectiveness of projects or programs through utilization of the information in the county health system					

*******Thank you for your Precious Time*******

APPENDIX III: DISTRIBUTION OF HEALTH FACILITIES AND COMMUNITY UNITS IN MERU SUB COUNTIES

Sub County	Hospitals	Primary HealthCare Facilities	Community Units	Total
Igembe South	4	57	12	72
Igembe Central	3	40	11	53
Igembe North	3	32	18	53
Tigania West	3	31	15	49
Tigania East	2	55	23	80
North Imenti	1	41	18	61
Buuri	1	27	19	49
Cental Imenti	4	71	14	89
South Imenti	4	65	12	80
Total	25	419	144	588

Source: County Health Sector Strategic and Investment Plan (2017-2022)

**APPENDIX IV: PROPORTIONATE DISTRIBUTION OF SAMPLE SIZE
ACROSS SUB COUNTIES IN MERU COUNTY**

Name of Sub County	Hospitals	Primary HealthCare Facilities	Community Units
Igembe South	1	17	4
Igembe Central	1	12	3
Igembe North	1	10	5
Tigania West	1	9	5
Tigania East	1	17	7
North Imenti	0	12	5
Buuri	0	8	6
Cental Imenti	1	21	4
South Imenti	1	20	4
Total	7	126	43

