

**ASSESSMENT OF THE MONITORING AND EVALUATION SYSTEM FOR
KENYATTA NATIONAL HOSPITAL**

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Q51/87446/2016

**A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF
ARTS IN MONITORING AND EVALUATION OF POPULATION AND
DEVELOPMENT PROGRAMMES AT POPULATION STUDIES AND
RESEARCH INSTITUTE, UNIVERSITY OF NAIROBI**

2019

DECLARATION

This project is my original work has not been presented for a degree in this or any other university.

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DEDICATION

I dedicate this piece of work to all individuals who have supported me throughout my studies. Lastly, this work is dedicated to all those who swim and never sink in the sea of misery, those who struggle through the storms of life and come out of it in one piece, and despair that's my patients.

ACKNOWLEDGEMENT

I would like to express my thanks to the Almighty God who has enabled me to come this far in good health and sober mind.

I am profoundly indebted to my family who sponsored me through this course. Thank you. My most sincere gratitude goes to my supervisors Dr. Mutuku and Dr Wanjiru of the Population Studies and Research Institute (PSRI) for their tireless support and guidance throughout this research work. Thank you.

I am also grateful to the Director PSRI, Dr. Anne Khasakhala and the entire staff for their contribution in various ways. I give special thanks to my parents for their unwavering moral support and patience during the study period which gave me the drive to carry on with and finalize the project.

I also want to thank my friends, colleagues, classmates and the entire Population Studies and Research Institute for the invaluable support during my study period.

Last but not least, I remain, as ever, grateful to God, who has granted me great blessings and the opportunity for me to successfully complete this project in time and with minimal challenges.

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ABSTRACT

The objective of this study was to assess the extent to which KNH's M&E system meets international standards. The study employed a descriptive case study design to assess the M&E Systems of KNH and utilized a purposive sampling approach. Data was collected through document review and a structured questionnaire. Descriptive statistics was the main method of data analysis. Overall, KNH M&E system scored 47 percent. Scores vary from component to component with costed work plan scoring the highest at 65 percent and national and sub-national data bases recording the lowest score at 32 percent. Most of the components scored between 40-50 percent which means the system is non-functional. The key strengths of KNH M&E system include costed work plan, mechanism for information dissemination, standardized data collection tools. Key gaps that were identified include: inadequate resources allocated for M&E work, no M&E unit nor trained and skilled M&E staff, poor M&E framework and M&E plan, corrections are not made even after the data quality assessments are done, evaluations are largely donor-driven and no component of KNH M&E system has been discussed in a conference or published in a reviewed publication. The study recommends the establishment of an independent M&E unit and recruitment of trained and skilled M&E personnel. Lastly, the study recommends that the organization should develop a routine communication channel to facilitate exchange of information among Hospital staff.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

For any learning institution or organization that aims to progressively improve its performance, Monitoring and Evaluation are key activities. These two activities allow for systematic learning from the current and past activities, “What doesn’t work/what works” and “why” – in order to replicate good practice in the future and at the same time avoid mistakes and poor outcomes.

The two activities, Monitoring and Evaluation provides sound governance by providing information to support evidence based policy decisions and evaluate programme effectiveness, efficiency and sustainability. MDP, 2011 defined the system of Monitoring and Evaluation as a set of procedures which gives direction on how information flows in an organization to different management departments for learning and at the same time decision making.

The systems for Monitoring and Evaluation are crucial or important in programmes as in implementation; they provide early indications to programme on failures and success (Warren, et al., 1985). This makes it easy for programme managers to point out problems at an early stage for appropriate actions to be taken in a timely manner. Therefore, in a way a system of M&E system aid programme managers make informed decision and choices on how programmes should be implemented.

Monitoring sets targets and interprets objectives into performance indicators; it collects data and analyses it to give information on the policy or program status. Information or

data from a monitoring system gives evidence on where adjustments needs to be done in programme implementation and at the same time report progress on planned results. Evaluation is a systematic review of ongoing, planned or completed interventions or programme. The fact is that it provides insights as to why results that were planned were achieved or were not achieved as well as on the casual relationships between results and programmes. Kusel & Goergens (2009) came up with the importance of the system of M&E in relation to the programmes learning process as they provide programme implementation feedback.

In Africa M&E is a new phonemonem which governments are trying to implement as it's a requirement by major donors like FAO, USAID, DANIDA and many others. Successful countries have impressed M&E in project management and funds are set aside for activities of M&E. A new structure of government which includes the central and devolved county governments has been enhanced by the promulgation of the new constitution of Kenya, 2010.

With the new development every county and ministerial department is supposed to have its own M&E framework so that it can achieve its own development plans geared towards sustainable development goals. Fully operationalizations of M&E activities have posed the greatest challenge for both institutional and technical capacity perspective.

1.2 Kenyatta National Hospital Monitoring and Evaluation System

Kenyatta National Hospital (KNH) is level six hospital founded in 1901 with the mandate of receiving referral patients from different institutions outside and within Kenya, secondly provides training and research facilities for the Kenya medical training college as well as the University of Nairobi and lastly participates in the formulation of national health policy.

The hospital's vision is to be a world class patient-centered specialized care Hospital with the Mission of optimizing experience of patient through evidence based specialized healthcare, innovation, facilitate research and training and participate in the formation of national health policy (SPP 2018-2023).

The hospital has a board of management with the CEO as the overall head of the hospital which is divided into three service centers namely clinical services, prime care services and corporate services. Planning and strategy department is under the corporate services division which carries out the functions of monitoring and evaluation. The head of planning is responsible for the overall strategic plan of monitoring and evaluation.

The hospital has a framework of M&E with following specific objectives which include to ensure a Hospital wide-wide structure for exhibiting results and tracking progress, Build capacity to systematically and routinely track progress of usage of the KNH SP 2019/23, Facilitate assessment of the Hospital's performance as per the agreed performance indicators, objectives, targets by KNH and other stakeholders.

In order to strengthen its M&E system the hospital is planning to recruit six more staffs to assist with M&E functions. The hospital has set out clear tasks and responsibilities to specific people to ensure specific activities are accomplished as expected. The hospital has adopted three tier cascading framework comprising of corporate, departmental and employee scorecards.

The CEO also shares out the status of the strategic plan implementation to the hospital staff through the "CEO forum" where hospital staffs are updated on major activities taking place in the hospital and an address on the status of the implementation of the strategic

plan. With the above description of the hospital M&E system the study tried to assess the monitoring and evaluation system for Kenyatta National Hospital whether it aligns with its strategic plan and the set international standards.

1.3 Statement of the Problem

Over time, monitoring and evaluation systems have been used to report on results in programmes, This has generated interest among researchers and development partners to better understand how the M&E system functions and operate. As a result a number of assessments have been conducted on nationally led monitoring and evaluations systems with the aim of checking if the systems conforms to international standards (Mbondo, et al., 2013; MEASURE Evaluation, 2013; Ogungbemi, et al., 2012; USAID, 2010; Lawrence, et al., 2007). Findings from these studies reveals existence of some challenges and gaps that limit functionality of M&E systems in informing decision making process.

As noted by Shepherd (2011), assessment of M&E system is important to a country if it is to develop interventions and policies that can improve on the lives of its citizens. Assessment of M&E systems over time is necessary so as to align the systems for better reporting of results (The Global Fund, 2006; UNAIDS, 2009a; World Bank, 2009). There is no evidence that KNH M&E system has ever been assessed. Therefore the study tried to seek to fill this gap by conducting a comprehensive assessment of the KNH M&E system so as to determine the current status of performance in key M&E components and identify gaps in KNH's capacity to meet performance objectives.

1.4 Research Questions

- i. What is the current status of KNH Monitoring and evaluation system?
- ii. What are the challenges and gaps experienced by the KNH Monitoring and evaluation system?
- iii. How is evidence utilized to inform decision making at KNH?

1.5 Objectives of the study

The general objective of the study was to determine the extent to which the KNH monitoring and evaluation system meet the expected international standards. The specific objectives were:

- i. To determine the current status of the Kenyatta National Hospital M&E system.
- ii. To identify strengths and weaknesses in KNH's M&E system.
- iii. To determine if the KNH M&E system information is used to improve the hospital operations.

1.6 Justification of the Study

An M&E system that is well designed always support assessments that are fact-based of overall intervention effectiveness or incremental, accountability, cost-effectiveness and other program success dimensions. The system of M&E ensures success through the use of reliable and valid data and generation on results and intervention performance.

The KNH M&E system has not been assessed to establish whether it produces information that is quality to establish how generated information by the system is utilized and to inform the process of decision making. The study therefore sought to address this gap by assessing the 12 key components of the system. Furthermore, the recommendations generated from the assessment can be used to strengthen and improve the KNH M&E system. This

investigative research was to make a contribution to the existing body of knowledge of M&E.

1.7 Scope and Limitation of the study

The study was limited to investigating the status and performance of the KNH M&E system. The target population was also purposively sampled with a bias on the staff involved in M&E work as well as programme staff but not all KNH staff. This was important so as to allow the study to choose key informants who were most suitable to provide the required information.

The study was limited to focusing on a single case study where it was difficult to attain generalizability as compared to other types of qualitative research. However, much can be learned from a particular case study.

The method of data collection was limited to a questionnaire which had only closed ended questions. Lastly, the study focused only on assessing KNH internal arrangement for M&E, it did not include other stakeholders such as implementing partners, donors, beneficiaries due to long process on gaining access to the beneficiaries who are patients.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter outlines the literature reviewed and focuses on evolution of M&E in development, components for M&E system assessments, conceptual framework, M&E system, and the operational framework.

2.2 Evolution of Monitoring and Evaluation System

Globally Evaluation and Monitoring system has become an integral tool of management. In the period of 1970s M&E was project based and focus was on inputs and outputs with less emphasize on results. During this period the need to establish baseline information about the survey was obtained through administrative records. In the 1980s there was shift from of M&E projects from inputs to results. RBM gained popularity shifting from inputs to results.

Roger Edmunds & Tim Marchant (2008) give an evolution of M&E from the 1990s to 2000s. M&E began in the 1970s as an applied research where more emphasis was on evaluation. However this perception was later challenged by individuals who viewed it as a tool of management. This school of thought put emphasis on performance budgeting, project-level budget management; those involved mainly had financial, M&E reporting systems or management background and project interest.

In 1980s, focus shifted to sectors from projects where sector-wide approach through coordinating and advocating national development planning. Evaluation and Monitoring developed into functions within the ministries and later M&E units were established in the

ministries. At the time, National Statistical Offices (NSOs) did not actively participate in evaluation and monitoring of programs, they occasionally did baseline surveys but were not fully set up to do M&E work. This early cooperation between NSOs and sectoral M&E plans were unsuccessful.

During 1990s, NSOs became aggressively involved in monitoring the poverty using the house hold surveys that were multi-topic. Most countries had NSOs as the only agency with the capability to undertake national-wide household surveys. However, their experience and skills were on collecting data but not on data analysis.

The analysis that NSOs did was basically expressive and missed the analysis of critical poverty policies and how they impact their outcomes in helping the living standards. For an appropriate analytical capacity one need to go to universities and research centers. That notwithstanding, suitable capacity for analysis of poverty was developed during this time, and some good poverty assessments were done.

With the introduction of strategies that aims at reducing poverty in the 2000s, there was a collaboration of poverty monitoring activities, sector-based and project M&E efforts. This was influenced by the increasing concern in development as well as the need to form national-wide M&E programs that are centered on monitoring of Poverty Reduction Strategies (PRS) outcomes. It was imperative since information from M&E data is useful to both planners, policy-makers and planners, the public, and to members of civil society. M&E could as well ensure there is accountability in the private organization and public sector.

2.3 Components of Monitoring and Evaluation System

Various authors have identified components that comprise an M&E system (UNAIDS, 2008; 2009a; World Bank, 2009). Applying the system thinking, the World Bank was able to identify eleven components of M&E system (Albino & Nzima, 2006; World Bank, 2009). Like other systems, a monitoring and evaluation system has inter-related components that enable it function.

Components relating to people (Organizational structures; human capacity; partnerships; work plans and cost; Advocacy and culture; M&E plans), Components for data collection & verification (Surveys; Monitoring; Databases; Data auditing and supervision; Evaluation & research) as well as component for data use in making decisions (Using the data to improve results).

The 12 components of Monitoring & Evaluation system have been used as a base for assessing M&E systems at the national and organizational level. World Bank (2009) recommends that an organization should have the monitoring and evaluation components gradually in circumstances where there are resource constraints. This should be guided by needs assessment such that the M&E system starts with components that are important for start up and running of the M&E system before expanding to other components (World Bank, 2009).

2.3.1 Outer Ring (Components relating to People, Planning and Partnerships)

The purpose of this component is to ensure resources are mobilized in readiness for use in managing and running of monitoring and evaluation system. The 6 components in this category include: 1: human capacity for multi-sector M&E, 2: multi-sector, national M&E

plan, 3: partnerships to coordinate, plan, and manage M&E system in the multi-sector, 3: organizational structures with monitoring and evaluation functions, 5: national, costed, multi-sector M&E work plan and finally 6: advocacy, culture and communication for M&E (UNAIDS 2008; World Bank 2009).

2.3.2 Middle Ring (Components relating to Collecting, Capturing and Verifying Data)

A functional monitoring and evaluation system should have databases that are functional to allow stakeholders' access reliable data for better formulation of policies and decision making of programme implementation. Middle ring is composed of five components which include: 7: routine monitoring of programme, 8: surveillance and surveys, 9: sub-national and national databases, 10: data auditing and supportive supervision and 11: evaluation and research.

2.3.3 Inner Ring (Component about Using Data for Decision-Making)

This category of M&E system looks at the M&E systems to assess if the system uses evidence to improve on results and programming within the organization. This forms the last component of M&E system. In a well-functioning monitoring and evaluation system, stakeholders involved in the program should be able to learn from the data available, gain information concerning the program, and therefore be able to make informed decisions on how to realize the outcomes from the program.

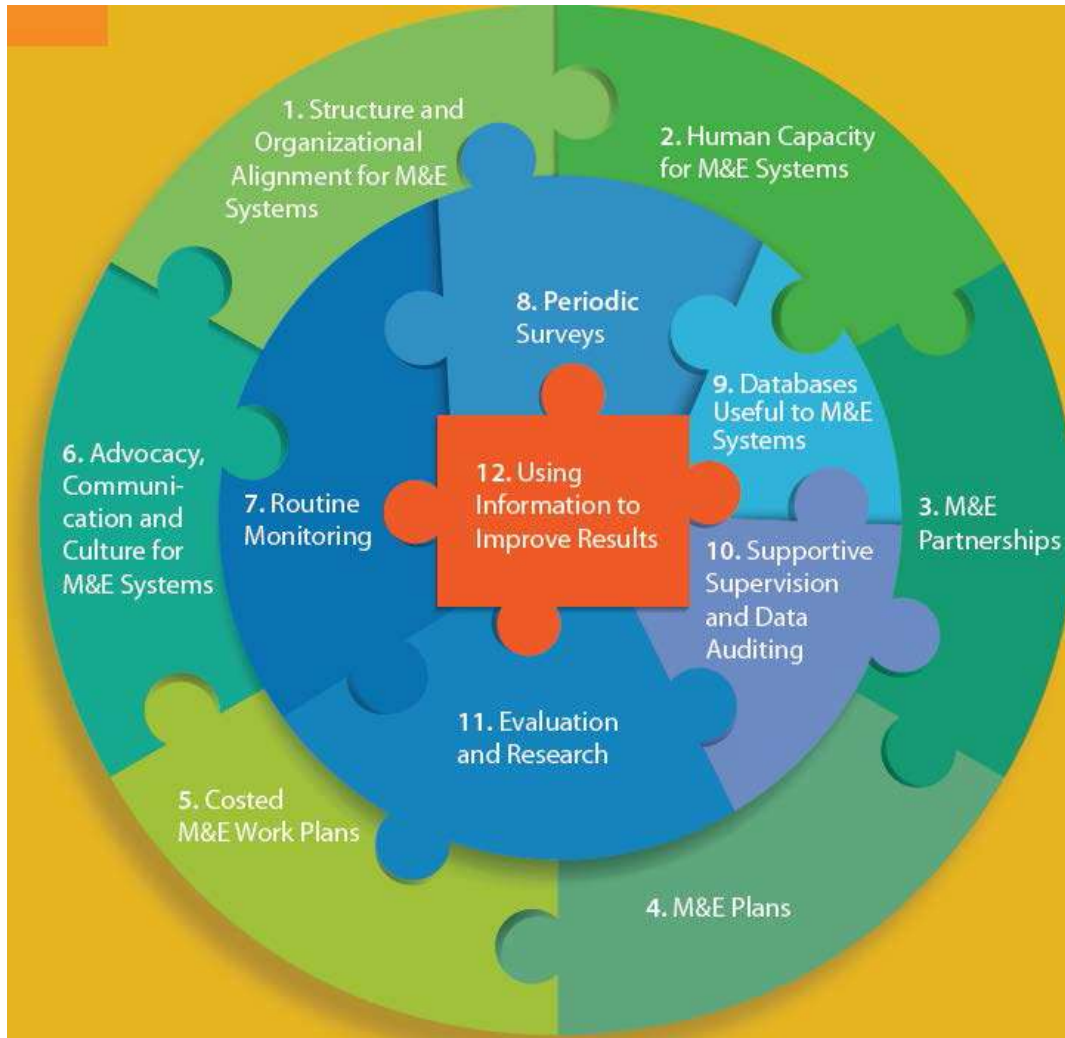


Figure 2.1: Components for Monitoring and Evaluation System
Source: Adapted from UNAIDS Joint Monitoring

2.4 Empirical Evidence of Assessment of Monitoring and Evaluation Systems

M&E assessment is an investigative exercise that is aimed at identifying weaknesses and strengths in the system and recommends actions to improve on its weaknesses and maintain its strengths (WHO, 2009). Previous studies carried on assessment of M&E systems used various frameworks and tools in assessing the M&E. Some of the frameworks that have been used include; M&E systems strengthening tool (Global Fund, et al., 2006).

Ogungbemi et al. (2003) conducted HIV M&E systems assessment of Nigeria's National AIDS Control Authority (NACA) to assess the system's capacities to provide the necessary data for monitoring HIV/AIDS. This assessment process was led by NACA and used M&E framework for a national-wide HIV monitoring and evaluation system (UNAIDS, 2009). The assessment found that harmonizing agencies at the national-wide level had structural structures that aid in Monitoring and Evaluation functions and mandates, but these structures were missing at the civil society, facility levels, and sub national. It was also found that there was need to hire skilled employees within the organization to run the system.

Lafond et al, (2012) carried a review on of the HIV M&E systems in Namibia where they used observations on monitoring and evaluation system capacity and performance, key informant interviews and self-assessments checklist. The assessment used the organizational framework for 12 components of a practical M&E systems for assessing the National HIV M&E system an assessment tool developed by MERG. The findings from this assessment revealed some weakness which included: lack of some established mechanisms which support routine reporting for inter-sector reporting; insufficient allocation financial funds in the state budget and overreliance on international aid which curtailed sustainability; skills gap in technical expertise national-wide, disadvantaged vulnerable population groups; comprehensive M&E and full coverage of the region was limited by barriers due to political constraints; the authority and mandate among shareholders which provide data to the national HIV/AIDS M&E system was not clearly understood; inadequate personnel with M&E technical skills; and limited collaboration and coordination across sectors involved in the national response to HIV/AIDS.

The experience of setting up M&E systems in African countries is important to poor countries when preparing poverty reduction strategies and lessons learnt are relevant in building M&E. Capacities building, particularly where there is potential donor assistance. These lessons are also shared with the developing countries which are rarely committed to improving their M&E systems. The need to prioritize monitoring and evaluation has become a repeated slogan widely positively embraced by both donors and governments.

Njoka (2015) conducted the assessment of M&E system of Family Health Options Kenya. The overall objective was to reveal the status of the FHOK M&E system and show how it worked towards the improvements of the programme. The specific objectives were: determining the extent to which the established M&E standards were met; reveal strengths and challenges of the system; and determining how the information products of the system are being used to improve the programme.

The overall performance of FHOK M&E system was 62 percent which was an aggregated score from all the 8 components recommended by FHI 360 (2013). The key gaps that were identified included: poor documentation of M&E products and inadequate evaluation and research capacity. (GoK, 2013) argued that M&E is among the most significant innovations in modern public sector geared towards economic policy development and performance management. The citizens of Kenya 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 M&E, economic performance management is assisted in making evidence based policies, and to respond swiftly to any policy implementation difficulties and counter on both anticipated risks and economic uncertainties. This is geared towards enhancing the

country respond swiftly to emerging challenges in order to accelerate economic development in Kenya and improve the overall welfare of the citizens.

2.5 Summary of Literature Review

From the literature presented, it's that a functional M&E system consist of 12 components which are interrelated and which are divided into three categories as developed by (Albio & Nzima, 2006; World Bank, 2009) and adopted by UNAIDS (2008). This is an evolution from how M&E work used to be conducted in the period of 1970s where focus was mainly on inputs and outputs with little focus on results. The focus of input and outputs can be seen in an M&E system. But it can regard as although these studies were conducted in different countries the findings indicate the M&E systems have challenges and KNH monitoring and evaluation system is no exception.

Assessment of various sub systems in Kenya for instance the FHOK identified weakness within the system, which is a crucial subsystem of KNH M&E system. Challenges and weakness within FHOK system and other relevant subsystems directly affects the system. Thus the study will sought to comprehensively conduct an assessment of KNH M&E system to establish if the system conforms to conventional standards for M&E systems, establish if the system has data management processes and also establish if the system uses evidence generated from research to inform on decision making.

This was important in understanding how the system functions in reporting on results to inform on decision making process at different levels on area of HIV and AIDS in Kenya. Since M&E exist to provide information and evidence on results, there is need to regularly assess the system so as to point out any challenges within the system which limit on the system's functionality. From the literature reviewed in this chapter, it is clear that various

monitoring and evaluation system have challenges that limit on their ability to report on results.

Comprehensive assessment of the M&E system is important and necessary in establishing the status and functionality of the system before recommendations can be made on improving functionality of the systems. Most of the studies highlighted in this chapter are from different countries where comprehensive assessment of M&E system has been conducted and most of them have used the 12 components of a functional M&E framework which has yielded interesting findings on functionality of various systems assessed.

Findings from studies conducted in Namibia and Nigeria reveal that M&E systems have insufficient personnel, moreover staff supporting the system lack skills in M&E and data analysis skills which are key skills for personnel supporting systems. Although these studies were conducted in different countries the findings indicate the M&E systems have challenges and KNH M&E system is no exception.

2.6 Conceptual Framework

The conceptual framework for the study was adapted from UNAIDS framework for a well-designed national HIV the M&E system. As shown in Figure 2.2 the framework was selected since it assesses all the 12 components which was the aim of the study as opposed to using other frameworks such as (FHI 360, 2013) which assesses only eight components. The UNAIDS framework describes the key components of an effective M&E system.

The grouped 12 components of a Monitoring and Evaluation System shown in Figure 2.2 can be classified into three categories as described below.

- i. The green ring has six components associated with partnerships, people and planning that supports production and use of data.
- ii. The blue ring has five 5 components that are related to data management
- iii. The red ring represents data analysis to produce information which is disseminated to all stakeholders to aid in decision.

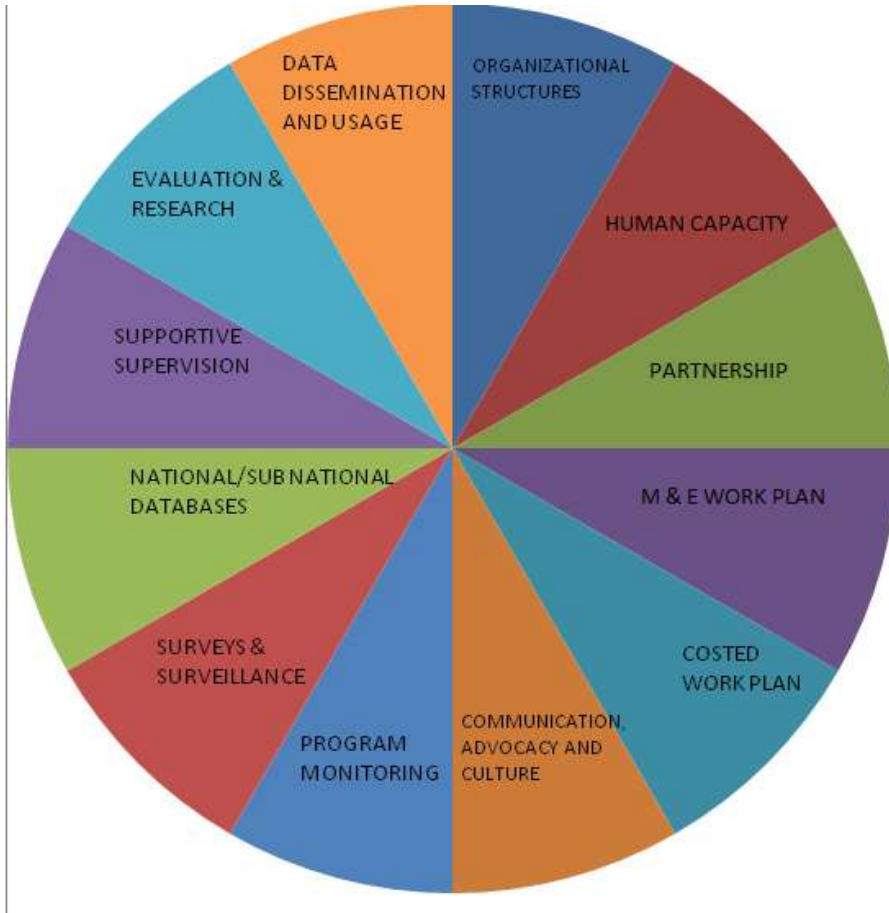


Figure 2.2: Model Components for Monitoring and Evaluation System
Source: Adapted from UNAIDS Joint Monitoring

2.7 Operational Framework

The study operationalized the 12 components as the framework for this assessment and used the monitoring and evaluation systems strengthening tool (MESS) which has been used in other studies as seen from literature (Chisinau, 2011; MEASURE Evaluation 2010; Mbondo, et al., 2013; Ogungbemi, et al., 2012). The MESS tool was chosen to other tools because it allows for comprehensive assessment of M&E system which was compared with conventional indicators for a functional M&E system.

Table 2.1 Operational Framework

Capacity Area		MAIN FOCUS OF QUESTIONS
1.	Organizational structure with M&E functions	<ol style="list-style-type: none"> 1. Existence of Monitoring and Evaluation unit 2. Monitoring and Evaluation responsibilities are clearly defined in JDs 3. Policy and legislation for M&E system
2.	Human Capacity for M&E functions	<ol style="list-style-type: none"> 1. M& E staff have skills needed to fulfill organizational Monitoring and Evaluation mandate 2. Human capacity related to M&E is developed in the learning institutions 3. Building capacity through supervision and on job training
3.	Partnership and Governance	<ol style="list-style-type: none"> 1. There is a (TWG) organized by KNH 2. There is a mechanism to communicate about M&E activities
4.	National M&E Plan	<ol style="list-style-type: none"> 1. Plans are incorporated into the organization's overall plan Multi-sectoral plan is in existence 2. Presence of set of indicators were assessed during development of the plan 3. Sections have their own M&E plans.
5.	Monitoring and Evaluation Costed Work plan	<ol style="list-style-type: none"> 1. There is an Monitoring and Evaluation plan for the current year 2. Costing of M&E activities has been done 3. Specific time frames are allocated for implementation of activities. 4. Each section has a budgeted work plan. 5. Section costed Monitoring and Evaluation work plan is included in the national M&E work plan 6. Organizational specific work plan for Monitoring and Evaluation have the required resources

Capacity Area		MAIN FOCUS OF QUESTIONS
6.	M&E Advocacy, communication and culture	<ol style="list-style-type: none"> 1. The organization has people who champion and support M&E activities 2. Performance of the M&E is frequently communicated 3. M&E system information is useful to stakeholders 4. Managers are supportive and involved in M&E activities 5. M&E staff are part of planning and management team 6. There are opportunities for career development for M&E staff 7. M&E plans are integrated in the organization overall strategic plan
7	Routine Monitoring	<ol style="list-style-type: none"> 1. Sections use standardized reporting forms 2. Reports are verified by responsible officers before aggregating the data. 3. There are mechanisms to resolve variances in reports
8	Survey and Surveillance	<ol style="list-style-type: none"> 1. Surveys conducted have supported measuring of indicators
9.	M&E Databases	<ol style="list-style-type: none"> 1. Data is captured and stored electronically in an integrated data 2. There are mechanisms to ensure that data is captured accurately
10.	Supervision and Auditing	<ol style="list-style-type: none"> 1. There are procedures and mechanisms for supervision of M&E activities. 2. Results of data auditing have been documented and feedback shared with the stakeholders
11.	Evaluation and Research	<ol style="list-style-type: none"> 1. There is a register of evaluation and research activities 2. There is a committee responsible for coordinating research and evaluations activities 3. Findings of research and evaluation are regularly discussed and disseminated. 4. Resources for carrying out planned research and evaluations activities are available
12.	Data Demand and Use	<ol style="list-style-type: none"> 1. Information needs of stakeholders have been assessed 2. Dissemination of Information products is regularly sent to the relevant stakeholders 3. Information is often transmitted to a variety of stakeholders

Source: UNAIDS (2009a&b)

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter presents the methodology of the assessment. It focused on data sources, sampling and target population, ethical consideration, data collection methods, and tools and analysis.

3.2 Research Design

The research embraced a case study research design. Case studies usually incorporate data collection from several sources such as interviews, archival records, observations and questionnaires. Case studies are a useful method of research because they provide in depth description (Kidder, 1982), they can be utilized to develop a theory (Gersick, 1988) or it can be used to test a theory (Pinfield, 1986).

Also, a case study focuses on the full contextual analysis of less or fewer components and their inter-relationships which is based on qualitative data (Cooper and Schindler, 2008). Case study incorporates detailed description as well as in-depth study of a single entity phenomenon or situation (KIM Management Training, 2010).

3.3 Sources of Data

The assessment employed primary sources of data. Primary source was obtained by administration of questionnaires to selected respondents from M&E unit and the programme staff of practice and review of numerous documents.

3.4 Sampling procedures, target population and study site.

Purposive sampling was used for the study; this method of sampling is usually utilized where sampling is done with a particular purpose (Morra Imas & Rist, 2009). The sample size for the study was 20 respondents; this sample size represented the total number staffs who are involved in the work of M&E within the organization.

The population target comprised of Deputy CEO corporate affairs, hospital stastistician1 and 2, Deputy planning and strategy and department administrator. The other target population was the M&E community of practice which comprises M&E officers from different sections; patient affairs, corporate affairs, complain and compliments unit, nursing and security which total to 15 technical staffs.

3.5 Methods and Tools for Data Collection

The study utilized the following instruments of data collection as stated below:

3.5.1 Interview

Administration of a questionnaire was the source for primary data (see Annex I) to the target population. A questionnaire was designed based on indicators/standards of a functional system of M&E adopted from the UNAIDS (2009a). The questionnaire focused on the evaluation of the twelve components of an M&E system. The questionnaire collected information on existence of M&E unit, staffing and use of M&E information in decision making about patient management.

3.5.2. Documents Review

Documents reviews included desk reviews and documents attributed to strategic and organizational planning at KNH. The desk review provided context about KNH M&E

systems. Information collected during the desk review helped in the framing of the questionnaire as well as providing context to the answers received. The document review guidance embraced the twelve elements of a functional system of M&E of the UNAIDS (2009a). The review of documents collected information on existence of data bases, M&E which is costed, register of partners and records of surveys conducted in the hospital.

3.5 Operationalization of variables

To operationalized the assessment KNH system of M&E, the study embraced the UNAIDS (2009a) twelve elements of Monitoring and Evaluation System Strengthening Tool, which has series of statements with three response scales as indicated below.

a) Five point scale (Not Applicable, Partly, Yes completely, Mostly, No not at all)

“The frequency of collection of data is stated for all indicators.” This is a statement example. If frequency is stipulated for all the indicators, the response will be “Yes-completely”. When it is at least 75 percent but less than 100 percent of indicators, the answer should be “Mostly”. If for at least 50 percent but less than 75 percent of indicators, the response shall be “Partly”, and if there are no designators with frequency stated, the answer will be, “No-not at all”. When the statement is not applicable, the response should be “Not Applicable”.

Depending on type of question, the respondents were expected to select the appropriate response from the given options. The response scales were computed against the total number of responses available for that component to give a reflection of its performance expressed as a percentage.

Based on this scales an average scoring for each of the indicator was calculated, similarly the overall means score for each of the component was calculated to determine performance of the respective components. To determine the overall performance of the M&E system an average score was calculated for all the components.

3.6 Methods of Data Analysis

Both content and quantitative methods of analysis were employed in analyzing the data as done in other similar studies: (Lawrence, et al., 2007; Mbondo, et al., 2013; Measure Evaluation, 2013). Quantitative data was summarized and processed into charts, graphs, as well as (SPSS) Statistical Package for Social Sciences so as to convey meaning from the provided Likert Scale.

3.7 Ethical Consideration

Ethical consideration is critical in ensuring credibility of and confidence in the study results. According to Resnik (2007), ethical protocols and principles highlighted was employed to ensure that respondents were provided with: the choice to participate or not to in the study; the possible outcomes that are positive associated with the study, an understanding of the reason as to why the study was being conducted, and the possible outcomes that are negative associated with the research; an understanding that is clear concerning the likelihood that there was no individual effect of the research; the information or an unmistakable understanding that the members are at freedom to pull back from the research anytime during the procedure; a reasonable understanding that they were at freedom to decline to address any inquiries that they would not like to; and the consolation that their answers were carefully private or confidential and were not ascribed to a specific person.

CHAPTER FOUR

STATUS OF THE KNH MONITORING AND EVALUATION SYSTEM

4.1 Introduction

This chapter presents study results which are in line with the assessment objectives. It begins by presenting results from the assessment on each of the three categories and 12 components of KNH M&E system. The results are organized as follows; Elements Relating to Partnership, People and Planning, Elements relating to Capturing, Collecting and Verifying Data and Elements about Utilizing Data for Making Decision.

4.2 Components Relating to Partnerships, People and Planning

This section presents the results for the six components relating to partnerships, people and planning. Components making up this category include: Organizational structures with the M&E functions, Human capacity, M&E partnerships, M&E plans, costed work plan and M&E advocacy, communication and culture.

4.2.1 Organizational Structures within the Functions of M&E

The assessment for this component focused on: presence of M&E unit, number of trained M&E trained staffs and policy and M&E framework. The results are presented in table 4.1. The results show that the Component scored 40 percent. According to UNAIDS (2009a) twelve elements of Monitoring and Evaluation System Strengthening Tool, the component was non functional. The strength of the component was presence job descriptions of M&E staff jobs and hospital policy on M&E. The following elements were lacking: well-defined organizational structure; M&E focal points in KNH organization. Management and stakeholder coordination was noted which allowed for consultation and consensus

building. The key implementing partners such as the ward in-charges have very weak structures and not even having knowledge about their M&E mandate.

This finding is consistent with findings by similar studies in Kenya and Nigeria which identify existence of monitoring and evaluation units as some of the key strengths of monitoring and evaluation systems assessed (MEASURE Evaluation, 2010; Ministry of Health Kenya, 2013; Ogungbemi, et al., 2012). In terms of effective leadership and commitment to ensure monitoring and evaluation system work, it was observed that there is leadership at the KNH monitoring and evaluation system. Review of documents reveals existence of (TWG) Technical working group which is the governing body of KNH and has representation of stakeholders from the 86 units in the hospital.

4.2.2 M&E Human Capacity

This component assessed the existence of M&E plan and human capacity building plan. The results presented in table 4.1 show that the component scored 38 percent. This implies that the component was nonfunctional. The assessment established that, M&E activities were being carried out by the planning and strategy personnel who are not trained as M&E functions. The weakness of this component may be due to general lack of skilled M&E personnel with satisfactory skills to handle M&E systems and lack of motivation to staffs to take up M&E training. These findings are consistent with findings from similar studies (Chisinau, 2011; LaFond, et al., 2007; MEASURE Evaluation, 2010; Ogungbemi, et al., 2012; USAID, 2010) who identify gaps in staffing at various levels of the systems that were assessed.

Findings from review of documents further reveals that there is lack of career growth guidance which are documented like for example if someone is serving as a programme officer position, which is the next grade should this person be promoted to should s/he perform well during appraisal period. As a practice in most organizations, the issue of career growth is clearly documented in a way that it can act as an incentive to people to work hard with possibility of reward to a higher grade to best performing employees. This finding similar to what Chisinau (2011) found in the assessment report of HIV/AIDS monitoring and evaluation system in Moldova, where a barrier was noted with limited motivation and professional growth for monitoring and evaluation personnel which discouraged personnel from working hard with possibility of promotion to better job grades (Chisinau, 2011).

4.2.3 M&E Partnerships

The component assessed these variables: presence of TWG and inventory of stakeholders. This component scored 45 percent as shown in table 4.1. According to UNAIDS (2009a) twelve elements of Monitoring and Evaluation System Strengthening Tool, the component was non functional There is a mechanism for coordinating the key stakeholders. No sufficient records to show evidence of any M & E activities being initiated by KNH organization. There is evidence of critical gap between actual implementation of M & E activities with other partners.

These findings are similar to what assessment report on Nigeria's HIV monitoring and evaluation found out. The assessment report in Nigeria found existence of a technical working group amongst various partners and partnership was enhanced through joint planning of events like for example joint supervision visits (MEASURE Evaluation, 2010).

Communication gap possess a challenge among key stakeholders on completed, ongoing and upcoming activities for better and timely decision making. Communication among partners is key as it helps define and address any challenges existing internally and externally for timely remedial action. This finding contrasts to what Chisinau (2011) found out in an assessment report of HIV/AIDS for Moldova where gaps in communication were cited as a challenge that would lead to overlap of planned implementation activities and incomplete communication of monitoring and evaluation data (Chisinau, 2011).

4.2.4 M&E Plan

The component assessed these variables: existence of M&E plan and participation of stakeholders. This component scored 50 percent as shown in table 4.1. According to UNAIDS (2009a) twelve elements of Monitoring and Evaluation System Strengthening Tool, the component was fairly functional. There exists M & E plan in KNH strategic plan 2018-2033 plan. The plan is poorly linked to other departments since it only focuses on setting targets. There is a plan to monitor the entire strategic plan activities.

This finding are similar to what Chisinau (2011) found when he did similar assessment in Moldova where he found limited participation of relevant stakeholders in preparation of monitoring and evaluation plan for the country's HIV monitoring and evaluation system (Chisinau, 2011).

Review of the Kenya KNH strategic framework indicates that some indicators in the monitoring and evaluation plan have baseline values which is a plus as it helps in setting targets within some period of implementing the framework

4.2.5 Costed Work Plan

The components assessed these variables: presence of a Costed work plan, timeline for implementation, responsible partners and implementation of each activity. This component scored 65 percent as shown in table 4.1. According to UNAIDS (2009a) twelve elements of Monitoring and Evaluation System Strengthening Tool, the component was fairly functional. It contains scheduled activities, period for doing activities specified and cost. Resources are made available for M&E activities work plan. There is evidence that KNH's work plan is adjusted annually with focus on performance monitoring through setting of targets.

Sometimes the plans are developed without funds with hopes of lobbying and fundraising from donors and the government and sometimes it does not work as the funds are not realized leading to some activities not being implemented. The same weakness was noted in a similar study by LaFond, et al., (2007) where they note inadequate funding from the state budget and overreliance on international financial support which limited sustainability of systems.

4.2.6 Communications, and Advocacy and Culture

The component assessed these variables: presence of M&E champions and integration of M&E activities in the strategic plan. This component scored 40 percent as shown in table 4.1. According to UNAIDS (2009a) twelve elements of Monitoring and Evaluation System Strengthening Tool, the component was non-functional. It was noted that there was no M&E champions were identified. Most M & E activities were carried out by planning department staff. It was also leant that no materials are available to champion M & E activities in the hospital.

These findings are similar studies in Kenya and Moldova where communication and advocacy plans for the systems assessed were missing (Chisinau, 2011 and MEASURE Evaluation, 2013). During discussion it was revealed that plans are underway to develop communication strategy to guide the framework so that all stakeholders understand all the documents accordingly.

Table 4.1 Results of the assessment of Components Relating to Partnership, People and Planning

Element	Score		
	Actual score (ΣXn)	Maximum score (N)	Gap the between actual and maximum score
1. Organizational Structures within the Functions of M&E	40	100	60
2. Human Capacity	38	100	62
3. M&E Partnerships	45	100	55
4. M&E Plan	50	100	50
5. Costed Work Plan	65	100	35
6. M&E Advocacy, Communication and Culture	40	100	60

4.3 Elements Relating to Capturing, Collecting and Data Verification

This section presents the results for the five components relating to capturing, collecting and data verification. They include: Routine programme monitoring, surveillance and surveys, national and sub national data bases, data auditing and Evaluation and Research.

4.3.1 Routine Programme Monitoring

The component assessed the following aspects: the presence of standardized reporting forms, mechanism to resolve variance in reports and formation of indicators in the M&E plan. This component scored 60 percent as shown in table 4.2. According to UNAIDS (2009a) twelve elements of Monitoring and Evaluation System Strengthening Tool, the component was partly functional. It was noted that there are standardized tools for data monitoring, Well defined transfer of data from wards to departments then hospital management the missing parts was well defined & data bases. There are lack of indicators for collection and monitors plan. There is also lack of enforcement of adherence to the quality and evidence of data produced.

These finding differ to what was found out in assessment of national system of monitoring and evaluation for effective expansion of treatment of antiretroviral in Malawi where it was found out that; data collection tools were easily modifiable on need basis to incorporate new elements which as a result led to data gaps (Lawrence, et al., 2007). Finding from document review indicate poor coordination in data collection process within KNH and its partners. Despite the process being clearly documented in the KNH strategic framework, operationally it was missing as revealed from discussion with key informant and document review.

4.3.2 Surveillance and Surveys

The component assessed the presence of reports on surveys conducted. This is component scored 50 percent as shown in table 4.2. . According to UNAIDS (2009a) twelve elements of Monitoring and Evaluation System Strengthening Tool, the component was partly functional. The assessment established that routing data collection was properly linked to

stakeholders' records which should be quarterly. However there are no report concerning supervision and quality of data. Audits were available for scrutiny only providing approximation at department levels.

These findings differs from what Chisinau (2011) found in Moldova where surveys formal inventory had not been conducted but the work plan for the project outlined the majority of surveys that were developed to monitor the national action plan as they were to be funded or supported from respective grant. Moreover, there lacked a policy guiding periodicity within which surveys should be conducted (Chisinau, 2011). KNH organizes for stakeholders meeting quarterly where participants share useful information on surveys and surveillance. From review of documents it was noted that KNH works closely within the institutions.

4.3.3 Sub-National and National Data Bases

The component assessed how data is captured and stored accurately. This component scored the least at 32 percent as shown in table 4.2. According to UNAIDS (2009a) twelve elements of Monitoring and Evaluation System Strengthening Tool, the component was non-functional. It was noted that there is a lot of duplication of data meaning the data bases are not well linked and have low content concerning monitoring and evaluation.

Most of these systems are parallel and some of them seem to be duplicating work of other system. These findings are to what was observed in assessment of monitoring and evaluation system and health management information system of Ministry of Health in Kenya by USAID (2010). This assessment identified parallel systems with government and other stakeholders which end up duplicating work already done (USAID, 2010).

These findings contrasts to what the assessment of HIV/AIDS monitoring and evaluation system found out in Moldova where an inclusive national database capturing information on HIV/AIDS in that country had not been developed. This database was to integrate data from the data collected at local level, data from the Health Information System, and aggregated at district level (Chisinau, 2011).

Findings from review of documents and discussions revealed a number of weaknesses in this component. During interview respondents noted that various partners maintain different databases at various levels that are parallels.

4.3.4 Supportive Data Auditing and Supervision

This component assessed the presence of organizational policy on supervision and data auditing. This component scored 45 percent as shown in table 4.2. According to UNAIDS (2009a) twelve elements of Monitoring and Evaluation System Strengthening Tool, the component was non-functional. It was observed that there is lack of routing supervision which includes data assessments and feed back to local staff. No evidence that the organization has achieved the desired changes.

These findings are similar to what Chisinau (2011) found in Moldova's HIV/AIDS monitoring and evaluation system. His assessments cites varying data from different sources which affect proper planning for better service delivery in Moldova. These challenges arose as a result of lack of national guidelines and tools for supportive supervision on monitoring and evaluation (Chisinau, 2011).

Supportive supervision and data quality audits are important components in any monitoring and evaluation system as it helps on to improve on the quality of data that should give valid results from all data collected on HIV and AIDS programmes in the country. These finding contrasts to what Ogungbemi et al. (2012) found in Nigeria when they conducted a national assessment of Nigeria's National AIDS Coordination authority monitoring and evaluation system. From the assessment, there is a need to develop supportive supervision that is stronger, as well as technical assistance in the units of monitoring and evaluation (Ogungbemi, et al., 2012).

4.3.5 Evaluation and Research

This component assessed the presence of research committee, resources allocated to the program and whether findings were regularly disseminated. This component scored 42 percent as shown in table 4.2. . According to UNAIDS (2009a) twelve elements of Monitoring and Evaluation System Strengthening Tool, the component was non-functional. The assessment noted that there is a research program in KNH with set standards on its evaluation and research standards in junction with the University of Nairobi. However there are no clear results/ records to show that there is evidence of use of research findings effectively by KNH M&E systems. Evidence not well documented.

Review of documents reveals existence of a research unit within KNH. This agenda highlights how objectives in the monitoring and evaluation framework will be accomplished.

However, the assessment found out a gap on evaluation and understanding how the progress of implementation of the various research and studies has been and thus the organization is not able to learn from its activities. Evaluation is only conducted from

review of strategic plans which is not comprehensive. These findings are similar to what Chisinau (2010) in Moldova. His assessment identifies missing inventory of the research institutions, research and evaluation initiatives both those planned for and those already completed (Chisinau, 2011).

Table 4.2 Results of the Assessment for Components Relating to Capturing Collecting and Data Verification

Element	Score		
	Actual score (ΣXn)	Maximum score (N)	Gap the between actual and maximum score
Routine Programme Monitoring	60	100	40
Surveillance and Surveys	50	100	50
National and Sub-national Data bases	32	100	68
Data Auditing and Supervision	45	100	55
Evaluation & Research	42	100	58

4.4 Component Related to Data Utilization for Decision-Making

This category is made up of one component i.e. data dissemination and use.

4.4.1 Data Dissemination and Use

Data use refers to the utilization of the data for purposes of programme planning, monitoring, and reporting and for advocacy. This component scored 40 percent as shown in table 4.3. According to UNAIDS (2009a) twelve elements of Monitoring and Evaluation System Strengthening Tool, the component was non-functional. It was observed that most of M&E information is not tailored to suitable evidences and dissemination schedule not in place which causes minimum M&E information use.

This finding is similar to what a baseline study of division of reproductive health found out in the 2013 where ability to use data for decision making was lacking in the Ministry of Health Kenya (MEASURE Evaluation, 2013). Some weakness were observed from the assessment and they include; lack of important information from the website as a result of the system/website crashing as noted by one respondent during discussion. This has made it a challenge for KNH to post some publications as plans are still underway to repair the website.

Table 4.3 Results of the Assessment for Components Related to Data Utilization for Decision-Making

Element	Score		
	Actual score (ΣX_n)	Maximum score (N)	Gap the between actual and maximum score
Dissemination of Data and Usage	40	100	60

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents summary, conclusion and recommendations of the assessment. The chapter presents a summary of recommendations for each of the 12 components so as to help identify specific areas for strengthening.

5.2 Summary of Findings

Overall, KNH M&E system scored 47 percent. According to UNAIDS (2009a) twelve elements of Monitoring and Evaluation System Strengthening Tool, the KNH M&E system is non-functional. Scores varied from component to component with costed work plan scoring the highest at 65 percent and national and sub-national data bases recording the lowest score at 32 percent.

The key strengths of KNH M&E system include costed work plan, conferences for information dissemination and standardized data collection tools. Key gaps that were identified include: inadequate resources allocated for M&E work, no M&E unit nor trained and skilled M&E staff, poor M&E framework and M&E plan, corrections are not made even after the data quality assessments are done, evaluations are largely donor-driven and no component of KNH M&E system has been discussed in a conference or published in a reviewed publication.

In terms of contribution of KNH M&E system to programme improvement, it was observed that KNH M&E system has been vital in tracking progress against goals, accounting to donors and key stakeholders, reviewing and improving the project implementation

strategies, designing new discoveries, ensuring that the right target group is reached and strengthening efficiency of KNH programme.

5.3 Conclusion

Monitoring and Evaluation is a tool to enhance sound governance by providing data to support evidence based policy decisions as well as evaluating effectiveness of programmes. Similarly the M&E system can be described as an organized set of collection, processing and dissemination activities designed to provide programmes with the information necessary to plan, implement, monitor and evaluate programme.

The objective of the study was to establish whether the KNH M&E system meets the established standards as well as identify the strengths and weaknesses of the system. From the study, it is evident that the KNH does not have a well-established M&E system that meets the established standards for an effective M&E system. This is evidenced by having none of the components scoring not scoring at least 75 percent. This notwithstanding, there are areas that need strengthening, namely: the Organizational Structure, Human Capacity for M&E and M&E partnerships components. Most specifically, focus should be given to specific components which scored poorly within the components.

The performance of monitoring and evaluation systems for KNH M&E system was satisfactory and can be used as a model by other organizations to develop and implement a functional M&E system. This is important in realization of planned results by programmes and interventions.

5.4 Recommendations for Policy and Programme

From the study, none of the indicators scored at least 75 percent. Based on these scorings the study makes the following recommendations for consideration by KNH to further strengthening of the M&E system.

5.4.1 Structures of the Organization within M&E Functions: Review of existing M&E framework, reporting tools and develop mechanism of ploughing back M&E findings. The scope can be used as a platform to conduct action researches.

5.4.2 Human Capacity for M&E: set up an M&E unit for the purpose of supervising and coordinating all the M&E functions and hiring skilled and experienced staff headed by an M&E Manager who provides technical coordination of M&E work.

5.4.3 M&E Partnerships: The organization should establish functional M&E linkages and partnership division to implement existing MOUs, and initiate new ones.

5.4.4 M&E Plan: The M&E team should prepare a comprehensive and standard M&E plan with the following elements: introduction, description of the programme, indicators, data sources, monitoring plan, evaluation plan and dissemination & information use.

5.4.5 Costed Work Plan: M&E budget lines should be specified in budgets so as to show clear M&E activities in the budgets.

5.4.6 M&E Advocacy, Communication and Culture: There should also be a comprehensive and detailed advocacy plan. The KNH M&E should be driven by the organizational culture rather than donors.

5.4.7 Routine Programme Monitoring: KNH should prepare M&E tools for scheduling monitoring e.g. Indicator Data Collection and Monitoring Plan, Indicator Reference Sheet,

Gantt chart, Programme Evaluation and Review Technique and Critical Path Method (CPM).

5.4.8 Surveys and Surveillance: A strong M&E research capacity and knowledge management should be established. The scope should not be limited to providing estimates at the organization level.

5.4.9 National and Sub-National Data bases: The various data bases should be properly linked to each other to avoid the duplication of work and poor resource mobilization and use.

5.4.10 Supervision and Data Auditing: Supportive supervision is significant because it ensures the M&E process is run efficiently and decisions based on the information generated from data collected.

5.4.11 Evaluation & Research: KNH should practice and adapt the system where evidence and not opinion is used in the policy making process to have well informed decisions.

5.4.12 Data Dissemination and Use: KNH should establish and build capacity of the knowledge management team and consequently develop and publish M&E articles and journals.

5.5 Recommendations for Further Research

The study assessed the KNH M&E system to determine its conformity to the standard conventional M&E system. The recommends further studies on challenges that hinder KNH system not to meet the international standards which should be qualitative one to yield more information than the study could not obtain.

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APPENDICES

Appendix I: Informed Consent

Investigator: "My name is Catherine sikuku and I am an alumni understudy at the University of Nairobi .I am inviting and welcoming you to take part in this research. Participating in this research study is voluntary, so you may decide to take part in this research or not. I am going demonstrate and at the same time explain this research study to you. Be free to ask any kind of question or any clarification concerning this study: I will be glad to clarify anything in sufficient details. "I am keen and interested in getting to know more about the appraisal of Kenyatta national hospital's system of monitoring and evaluation. In the questionnaire, you will be asked to answer questions. This will take around five minutes of your time. The fact is that all information will be kept confidential and anonymous. By keeping it anonymous, it implies that your name will be not mentioned, will not appear anywhere. In the event that the information is confidential, a number will be assigned to your responses, and I will only have the authority to indicate a unique number to each participant. In any presentation or articles that I'll write, I will not reveal details, or change details, or use a made-up name for participants, or change details about where you live, where you work, and so forth. The aim of this study is to get to understand more about Kenyatta National Hospital's monitoring and evaluation strategy by the help of you. There are minimal risks for you to participate in this research. Any participant has a right to withdraw from this research if you do not feel like to continue without any penalty at any time.

Participant – all of my concerns and questions about the research have been addressed. I voluntarily choose, to take part in this study. I certify that I am at least eighteen years.

Signature of participant

date

Signature of investigator

date

Appendix II: Questionnaire

INTRODUCTION

Dear Respondent,

My name is Catherine Sikuku. I am a student at the University of Nairobi pursuing a Masters of Arts in Monitoring and Evaluation. As a requirement for the course the university requires that I write a thesis and submit it to the Population Studies and Research Institute. The topic of my thesis is “**Assessment of Monitoring and Evaluation System of Kenyatta National Hospital.**” I am humbly requesting you to take some of your time and kindly respond to all the questions

INSTRUCTIONS

All the information you have provided will be taken as confidential since this research is purely conducted for academic purposes. You are requested to respond to the questions with honesty so as the issue being discussed can be addressed adequately. The assessment results will be shared with KNH for learning and improving its M&E system.

Please answer all Questions asked here. Your filling in the questionnaire will highly be appreciated.

SECTION A: INFORMATION OF BACKGROUND

Respondent (✓) tick as appropriate.

1. What is your job title? _____

2. What is your work experience at KNH?

Less than 5 years..... [] 6-10 years []

11-15 years [] 16-20 years []

21-25 years [] 26-30 years []

Over 30 years []

3. Which department do you work in? Please tick.

a. Patient Affairs []

b. Security []

c. Quality Assurance []

d. Health information []

e. Human Resource []

f. Pharmacy []

g. Nursing []

h. Planning & Strategy []

i. ICT []

j. Other specify _____

SECTION B: ASSESSMENT OF M&E COMPONENTS RELATING TO PARTNERSHIP, PEOPLE, AND PLANNING.

To what extent has your institution adopted or embraced each of the following components of the system of M&E? Tick (√) as per the scale:

(1 – Strongly disagree, 2 – disagree, 3- not sure, 4 – agree, 5 – strongly agree)

COMPONENT OF M&E	ELEMENT DESCRIPTION	1	2	3	4	5
1. Organizational structures with M&E functions	Descriptions of job for all the staff of M&E.					
	The structure of the organizational with units of M&E or focal points in KNH organization					
	M&E planning routine means					
	Consensus building and stakeholder linkage					
2. Human capacity for M&E	Work force development plan.					
	Standard curricula for M&E capacity training.					
	Defined set of skill for the organization as well as the individuals at service-delivery level.					
3. M&E partnerships	Technical Working Group					
	Capacity for stakeholders coordination					
	Mechanism utilized purposely for stakeholders coordination					
	Routine channels for communication					
4. M&E Plan.	Coming up with a plan in a manner that is inclusive. It involves departmental involvement.					
	M&E plan effectively connected to the Strategic					
5. Cost Work Plan.	The plan with activities and timeframe.					
	Operationalize work plan due to the resource availability.					
	The plan updated yearly.					
6. M&E Advocacy, Communications and Culture.	M&E referenced in the Strategic Plan as well as the policies					
	M&E actions being endorsed by the highly level people.					
	Targeting numerous or different audiences via M&E materials.					
	Availability of M&E advocacy plan					

SECTION C: ASSESSMENT OF COMPONENTS OF M&E RELATING TO COLLECTING, CAPTURING AND VERIFYING DATA.

To what extent has your institution embraced each of the following components of the system of M&E? Tick (√) as per the scale:

(1 – Strongly disagree, 2 – disagree, 3- not sure, 4 – agree, 5 – strongly agree)

M&E COMPONENT	ELEMENT DESCRIPTION	1	2	3	4	5
7.Routine Programme Monitoring	Data collection strategy					
	Collection of data reporting mechanisms					
	Data management tools					
	Data transfer attributed to routine procedures					
8. Surveillance and Surveys	Specified schedule for collection of data.					
	Visits under routine supervision					
	Quality audits attributed to periodic data					
	Reports attributed to supervision					
9.Databases for Sub-national and National levels	Databases that are well managed and Well-defined.					
10.Supportive Supervision and Data Auditing	Standard audit reports and supervision					
	Periodic data quality audits					
11. Research and Evaluation	Records that are complete of ongoing studies of evaluation					
	Evidence of use of evaluation results.					
	Dissemination conference of evaluation and research findings.					
	Evaluation guidance standards and methods					

SECTION D: ASSESSMENT OF COMPONENT RELATING TO THE USE OF DATA IN MAKING DECISIONS (UTILIZING INFORMATION TO IMPROVE RESULTS).

To what extent has your institution embraced each of the following components of the system of M&E? Tick (√) as per the scale:

(1 – Strongly disagree, 2 – disagree, 3- not sure, 4 – agree, 5 – strongly agree)

M&E COMPONENT	ELEMENT DESCRIPTION	1	2	3	4	5
12. Dissemination of Data and Utilization	Information products for different audiences with a dissemination schedule					
	Accurate data use calendar.					
	Tangible evidence use of information					

SECTION E: What needs improvement and or any challenges concerning the operation of the system of KNH M&E.

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Appendix II: Document review guide; adopted from (UNAIDS 2009a&b)

1. Organizational Structures Functions

Critical Issues to be addressed:

- Check whether there exists the unit of M&E at KNH responsible for M&E functions.
- Acquire any kind of document that provides the legislative and policy framework for the system of M&E.

2. M&E Human Capacity

Critical Issues to be addressed:

- Check whether there exists a building plan for human capacity; it could exist as a document that is a standalone or be in the plan of M&E
- Check whether the existing building plan for human capacity is based on the results from assessments

3. M&E Partnerships

Critical Issues to be addressed:

- Check whether there exist TWGs/Committees of M&E coordinated by KNH.
- Check whether there exist stakeholders' inventory for the system of M&E and if it is updated periodically.

4. M&E plan

Critical Issues to be addressed:

- Check whether there exists a National Plan for M&E
- The list of participants in creating M&E plan should be reviewed to check whether it incorporates a good range of stakeholders
- To check whether it incorporates stakeholders' system sufficient representation, the list of participants in creating these documents should be reviewed.

5. Costed, M&E Work Plan

Critical Issues to be addressed:

- Check whether there exists a National M&E
- Check whether there exists a work plan section
- Check whether the Work Plan of National M&E is costed, has implementation timeline, for implementation of each activity responsible partners are identified

6. Advocacy, Communication and Culture for M&E

Critical Issues to be addressed:

- Check whether the policy or other similar document incorporates policy strategies and issues of M&E

7. HIV Programme Monitoring Routine

Critical Issues to be addressed:

- Check whether there exists guidelines on data collating, collecting, recording and reporting for each programme section
- Check if there exist national guidelines on the maintenance of data quality

8. Surveys and Surveillance

Critical Issues to be addressed:

- Check whether there exist survey inventories conducted by the institution
- If the inventory exists, check when it was last updated
- Come up with a summary on the frequency on conducting each of the following surveys in the nation:

9. M&E databases

Critical Issues to be addressed:

- Review the depth, breadth and quality of the available sub-national and national databases

10. Supportive Data Auditing and Supervision

Critical Issues to be addressed:

- Review all the data audits and data quality studies report
- Find organization's policy on supervision

11. Research and Evaluation

Critical Issues to be addressed:

- Check whether there exist a Research and Evaluation Agenda
- If there exists, how was it utilized and when was the last update
- Acquire any evaluation and research inventory

12. Dissemination of Data and Utilization

Critical Issues to be addressed:

- Information product samples should be obtained from numerous databases
- Annual statistical report should be obtained.