

**INFLUENCE OF MONITORING AND EVALUATION SYSTEMS ON  
PERFORMANCE OF HEALTH PROJECTS: A CASE OF AMREF HEALTH  
AFRICA, NAIROBI COUNTY, KENYA**

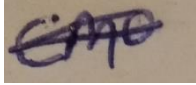
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**A Project Report Submitted in Partial Fulfillment of the  
Requirements for the Award of the Degree of Master of Arts in Project  
Planning and Management of the University of Nairobi**

**2021**

**DECLARATION**

This project project is my original work and has not been presented for an award in any Institution of Higher Learning.



.....

**Date:** November 30, 2021

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**L50/7961/2017**

This project project has been submitted for examination with my approval as the University Supervisor



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## **DEDICATION**

I dedicate this work to my parents, Lawrence Obino and Dorine Obino, who offered moral and financial support during the process of doing this project.

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## **ABBREVIATIONS AND ACRYONMS**

<b>AHA</b>	:	AMREF Health Africa
<b>GOK</b>	:	Government of Kenya
<b>M&amp;E</b>	:	Monitoring and Evaluation
<b>NGOs</b>	:	Non-governmental organizations
<b>PMEC</b>	:	Project Monitoring and Evaluation Commission
<b>SPSS</b>	:	Statistical package for social sciences

## **ABSTRACT**

Monitoring and evaluation is still in its nascent stages in Africa, most organizations have come to appreciate its strategic value in keeping track of projects under implementation and reviewing the relevance, impact, sustainability, effectiveness and efficiency of completed and ongoing projects. Project operations may be monitored and evaluated using monitoring and evaluation systems. Regrettably, there is over and over again a disconnect between the plan of M&E systems, the gathering of data throughout the M&E process, and the utilization of that data. The goal of this research was to establish the influence of M&E systems on performance of health projects in AMREF Health Africa's Nairobi County, Kenya. The following research goals led the study: Determine how organizational structure influences NGO M&E system performance; establish the extent to which human resource capacity influences NGO M&E system performance; investigate how data quality influences NGO M&E system performance; and assess the extent to which funding influences NGO M&E system performance. A descriptive survey was used in this research. Ten project managers and program leaders, as well as 23 other project employees, made up the target population. A census survey and the whole population were used in the research. To gather information from the respondents, questionnaires with both closed-ended and open-ended questions were used. The descriptive statistics of frequencies, percentages, mean, and standard deviation were used to examine quantitative data. Content analysis was used to examine qualitative data. The findings were given in tables, followed by a written explanation. The research discovered that data quality, human capability skills, organizational structure, and financing all aided monitoring and evaluation system performance. The findings revealed that the organization gathered high-quality, verifiable data, and that workers performed their jobs competently and efficiently. The organizational structure broke down obstacles to communication and cooperation between upper and lower management. There were sufficient money to support the health initiatives, as well as clear structures and procedures in place to guarantee that the monies were distributed on time. Employees should be able to improve their abilities and stay up to speed on various skills and requirements of M&E systems via a continual training and development program, according to the report. In terms of policy, the government should develop rules that encourage humanitarian organizations to engage in M&E health initiatives so that high-quality data may be collected for future choices and strategy development. Researchers

should look at the difficulties that humanitarian organizations encounter when using M&E systems for health projects in the future.

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background to the Study

In Kenya, M&E systems are critical to the growth of non-governmental organizations (NGOs). According to the World Bank, 2016 Monitoring is the practice of keeping track of and coordinating entirely project-related activities in order to improve project success, especially making sure that they are finished on time.

Project monitoring, involves having internal and external liability of resources utilized to complete tasks in order to benefit beneficiaries John & Khilesh, 2008). The term "evaluation" refers to a systematic examination of current or finished project operations with the goal of determining the relevance of goals, efficiency, and long-term viability (Peter, 2009). This emphasizes the need of evaluation in maintaining a high degree of performance and efficiency of activities being carried out in order to ensure long-term sustainability.

NGOs have a critical role in the development of Kenya's different sectors, which cannot be overstated. There have been enormous advances in emerging nations during the last 30 years or more. One of the main factors driving these changes is the proliferation of non-governmental organizations (NGOs). Non-governmental groups have stepped in to help people by engaging in development activities which most regimes have been unsuccessful in offering. Leyton, 2008 states that majority of people in these nations, including Sudan, Uganda, Kenya, Ethiopia Tanzania, Cote d'ivoire and Rwanda, choose to work with and in non-governmental organizations (NGOs) rather than government institutions. M&E systems aid in the policymaking course for procedures administration and service delivery. Because of the growing sum of non-governmental organizations in Kenya, monitoring and evaluation systems are critical to the country's growth in terms of internal agreements encouraging performance aids. The government strongly encourages the use of M&E in the growing of NGOs as their involvement is essential to national

development. M&E is a difficult job which calls for discipline, a wide range of abilities, and extensive knowledge.

As a result, it is necessary for non-governmental groups to develop an efficient M&E system that will make available info on how all of the duties must be completed.

Appropriate standards, effective planning methods, and accountability are all essential components of a successful monitoring and evaluation system for African NGOs (Nuguti, 2010). Effective monitoring and evaluation have an impact on all choices made by non-governmental organizations, particularly at the management level, and therefore have an impact on service delivery. Several NGOs in Kenya get funding from a variety of sources. These funders are sometimes put under pressure to monitor and evaluate the amount of work that these NGOs are doing. In Kenya, there should be no defined regulations regulating the activities and performance of NGOs. As a result, various methods for efficient monitoring and assessment for sustainability have been created by non-governmental groups (Prakash, 2011).

Even with the evolution of non-governmental organizations in Kenya, they confront a variety of obstacles that prevent them from establishing efficient project monitoring and evaluation systems. A financial issue is one of the major difficulties that these NGOs confront. Due to financial constraints, monitoring and assessments have been delayed. NGOs must develop a comprehensive and organized Monitoring and Evaluation report that can instill and embrace dynamic methods for successful monitoring and evaluation. This is a major problem for NGOs, which is exacerbated by a lack of funding. Most organizations have difficulties when it comes to evaluation; in order to gain donor trust in how they use money, NGOs must enhance their measurement and evaluation processes (Askari, 2011). In Kenya, the level of technology takes a key part in monitoring and assessment of NGO initiatives. The majority of mobile and web-based monitoring and assessment methods were developed by non-profit organizations. Technology streamlines monitoring and assessment procedures and guarantees that all project activities are tracked efficiently.

The Academy for Education Development collaborated with Advantech Consulting to create web-based monitoring and assessment tools. The funding came from the Rockefeller Foundation, which was founded in the year 2012. Ever since, the aforementioned has been discovered that manual M&E is extra time consuming, as

compared to using mobile applications and browser-based monitoring and assessment is more efficient for Non-governmental organization.

AMREF is a healthcare development non-profit body headquartered in Kenya's Capital city Nairobi. Originally, the organization was known as East Africa's Flying Doctors. It has been providing medical services to many nations in the Western African area for the last 60 years, including Kenya, Ethiopia, Tanzania, Uganda, South Sudan, and others. AMREF Health Africa has been providing health care services to impoverished communities, women, and children for almost 30 years. AMREF Health Africa's primary goal is to enhance the health-care system in West, Central and East Africa. Project M&E ought to be a must-have necessity. According to specialists in monitoring and assessment, this is the case. In the light of the large number of NGOs operational in Kenya, monitoring and evaluation processes must be implemented in all of their initiatives. On a daily basis, NGOs confront a variety of difficulties. These difficulties may have a detrimental impact on the organization's capacity to react to changing requirements. This research project will investigate into the factors that influence the success of AMREF Health Africa's M&E systems in the county of Nairobi , Kenya.

## **1.2 Problem Statement**

A fully-developed M&E system is the whole set of tasks that must be completed before to, all through, and even after project execution. Implementing a M&E system helps in following in addition evaluating project success after project objectives have been met.

According to Mugambi, 2017, a well-managed monitoring and evaluation system identifies who is in charge for monitoring and evaluation actions, data collection intervals and procedures, data collection tools and the type of database used to store the data, individuals responsible for data collection , data evaluation frequency and evaluation questions. This explains why monitoring and evaluation is shifting from the periphery to the center of donor-funded project management as a tool to quantify execution and improve accountability. Current project initiatives in AMREF Africa include water hygiene and sanitation, capacity development, disease control and prevention, and reproductive, maternal, and child protection, all of which are executed through monitoring and evaluation methods.

AMREF Africa has been able to gather, evaluate, and store data based on medical and health programs throughout Africa thanks to the M&E system. The M&E system happens to be useful in evaluating current information acquired by AMREF Africa, which can be compared to previous data. Though the M&E system has been implemented, it has not been completely effective due to gaps in data collection, storage, and analysis, which is a significant source of worry. As a result, it is necessary to identify what causes have resulted in these M&E systems not functioning optimally. Various academics have attempted to explain why M&E frameworks in NGOs fail. According to Chesos (2010), Non-governmental organizations lack the ability to seek out the services of skilled monitoring and evaluation specialists plus ICT workers who are familiar with M&E frameworks and can develop appropriate solutions. As a result, insufficient M&E frameworks are created, which do not satisfy the administrative or donor requirements. According to Koffi-Tessio (2002), monitoring and evaluation frameworks do not fulfill their necessary requirements as vibrant devices; rather, their actions are seen as controlling by bureaucratic management. Furthermore, monitoring and evaluation is sometimes perceived as a donation rather than an administrative need (Shapiro, 2011). Such an insight unquestionably touches any determination to improve monitoring and evaluation processes in a company.

Koffi-Tessio (2002) accredits NGOs' inability to acquire suitable M&E frameworks to associations' tendency to overemphasize physical basis over methodological and applied preparation. This demonstrates the need of demystifying M&E and emphasizing its use as a management tool. In this context, the research aimed to determine the factors that influence the success of AMREF Health Africa's monitoring and evaluation systems in Nairobi County, Kenya.

### **1.3 Purpose of the Study**

The study's goal was to discover the influence of M&E systems to the success of AMREF Health Africa's projects in Nairobi County, Kenya.

### **1.4 Objectives of the Study**

The following objectives were pursued in this study:

- i. To establish how the organization structure of AMREF Health Africa's M&E systems in Nairobi County, Kenya influenced their performance.



- ii. To investigate how human capacity influenced the effectiveness of AMREF Health Africa's monitoring and evaluation systems in Nairobi County.
- iii. To see how data quality influenced the effectiveness of AMREF Health Africa's M&E systems.
- iv. To determine the degree to which funding influenced performance of AMREF Health Africa 's M&E.

### **1.5 Research Questions**

This study sought to answer the following research questions:

- i. How does the performance of AMREF Health Africa's monitoring and evaluation processes in Nairobi County, Kenya, depend on the organization's structure?
- ii. To what extent do human capacity influence performance of AMREF M&E processes in Nairobi County, Kenya?
- iii. What is the extent to which quality influences the performance of monitoring and evaluation systems in AMREF Health Kenya?
- iv. To what degree does funding affect the success of AMREF Health Africa's M&E processes in Nairobi County, Kenya?

### **1.6 Significance of the Study**

This research will be useful to Kenyan non-governmental organizations (NGOs) in the execution of several initiatives in the areas of health, women's empowerment, and business. AMREF will be able to utilize the information gained from this research to help them minimize the negative impacts of successful M&E system deployment.

The findings of this study are also expected to advance knowledge on the factors influencing the performance of monitoring and evaluation systems and therefore form a base for further studies for those who intend to pursue further research

The findings of this study are anticipated to improve knowledge on the drivers of performance M&E systems and therefore serve as a foundation for future research, especially for those who want to pursue it. The results of this research study were helpful to AMREF Health Africa in Kenya in giving insight into the factors that impacted M&E system performance.

### **1.7 Limitations of the Study**

One of the constraints of AMREF Health Africa is the lack of adequate sample size to conduct thorough and detailed research. As a consequence, this study focused on a specific target group, and the findings were utilized to draw conclusions about the variables that impacted M&E system performance in AMREF South Africa.

Another restriction was that workers of AMREF Health Africa were hesitant to give information about the company and the factors being studied. This was due to a fear of victimization for making unfavorable remarks about the organization. This was overcome by explicitly stating the study's aim and importance to AMREF Health Africa.

### **1.8 Delimitations of the Study**

Delimitations is defined as boundaries established by a researcher in response to a particular topic of interest (Mugenda, 2013). Individuals who were in charge of project M&E systems at AMREF Health Africa were excluded from this study. The project was restricted to project managers and workers who were in charge of a variety of health-related initiatives.

AMREF Health Africa was chosen above several other non-governmental organizations in Kenya for its project proposal. AMREF Health Africa was chosen for this research since it is thought to have used the systems before. In 32 African nations, including Kenya, AMREF Health has been able to conduct capacity building programs, water hygiene and sanitation programs, reproductive, maternal, disease control and preventive programs, and child protection programs.

### **1.9 Basic Assumptions of the Study**

The following assumptions guided the research:

The respondents to the AMREF health projects were assumed to have a thorough understanding of the factors of performance of AMFREF health project M&E systems in Nairobi County.

In the county of Nairobi, the singled out population was fairly sufficient in giving out perfect and trustworthy data in connection to the contributing factor of performance of AMREF health.

### **1.10 Definition of Significant Terms**

**Quality of Data:** The capacity of a particular data collection to meet consumers' information requirements. Data quality is determined by the length of time spent monitoring and evaluating, as well as the data sources and analysis used.

**Influence:** is the capacity to have an effect on the development or behavior of something or the effect itself.

**Organisational structure:** is a set of instructions for actions such as work assignment, coordination, and monitoring which result in to the achievement of organizational intents. The organization's structure offers guidance and a consistent process for checking and assessing the project.

**Funding:** is the act of allocating resources to meet a certain need, program, or initiative. Although most often expressed in monetary terms, it may also be expressed in terms of work or time.

**Human Capacity:** may be described as a person's technical skill, knowledge, and talent for doing a job efficiently and effectively, such as M&E project assessment.

**M &E Systems:** A collection of interconnected components that assist in the systematic collection and analysis of data on a project that is continuing , as well as the contrast of project's aftermath to the intended goals.

**Performance of M&E System:** It is the extent to which M&E arrangement adheres to specified principles or produces outcomes in line with definite intentions.

### **1.11 Organization of the Study**

This research was divided into 5 sections. The first section in this part included the research's background, problem of the statement, purpose, study goals, research queries that the researcher sought to answer, limits and restrictions, research relevance, assumptions, important term definitions, and study organization. The literature review in Chapter Two is driven by themes derived from the research goals and focuses on factors of M&E system performance.

This chapter included included theoretical and conceptual frameworks, which described the ideas that the research was based on, as well as the relationships between the study variables. The study technique was addressed in Chapter 3, which included the research

design, targeted persons, the study sample size, sample selection methods, instruments to be used for the study, validity and consistency, data collecting techniques, analysis of data, ethical concerns, and variable operationalization. The findings of empirical studies were addressed in Chapter 4, as well as data processing, arrangement, and explanation of the findings. The fifth chapter included a outline and discussion of the results, together with a conclusion and suggestions for prospect research.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

The goal of this assessment is to investigate the influences of “monitoring and evaluation systems” on performance of AMREF Health Africa health projects in Nairobi, Kenya. This chapter reviewed the drivers of M&E system performance, including organizational structure, human capacity skills, data quality, and M&E system performance. The chapter also included a discussion of the theories that led the research, as well as a conceptual framework in addition to the chapter summary.

#### **2.2 Performance of Monitoring and Evaluation Systems in NGO’S**

M&E is a mechanism that has been in existence from the beginning of time (Kusek, 2006). The criteria for monitoring and evaluation, according to George et al. (2011), indicate developments in the measure of accomplishment in Kenya's NGO sector. Governmental and non-governmental groups turn out to be in a lot of pressure over the last ten years to adopt and enhance monitoring and evaluation in order to ensure project sustainability (Karl, 2014). Monitoring and evaluation is primarily concerned with gathering and analyzing data for current initiatives, as well as analyzing project results (George, 2009). Monitoring and evaluation are made up of two procedures that work together. According to Staniislaw (2010), an M&E system entails combining appropriate methods with interconnected technologies to achieve a shared goal of project task execution. For successful project execution, the Monitoring and Evaluation System is divided into four parts.

Starting a M&E system, implementing a M&E, coordinating project undertakings, besides creating right intercommunication of M&E outcomes are all covered in this part. The importance of an efficient M& system is recognized by non-governmental groups. Tracking and evaluation are well-known for providing efficient project management and progress monitoring methods. Monitoring and evaluation aid in the procedure for making a decision for operations management and service delivery (Potolias,2013).

As a result, it is critical for both government and non-governmental societies and groups to use effective M&E methods that one may meet their project objectives. A strong

monitoring and evaluation system is important to NGOs, according to Potalias (2013), since it emphasizes the project's success to the project management. M&E systems are critical apparatuses for highlighting a project's requirements throughout its implementation. Monitoring and evaluation systems make it simple for project managers in various non-governmental organizations to evaluate the project's progress. As a result of the evaluation, identifying the necessary changes and making the project's goals readily attainable becomes a breeze. A strong monitoring and evaluation system provides NGOs with timely and accurate information regarding the projects they are working on (Woodhill, 2012). As a result, current projects for NGOs are expected to be finished on schedule as long as appropriate monitoring and evaluation mechanisms are in place. Accountability is shown via a flawless monitoring and assessment system (Moynihan, 2015). M&E makes it simple for project managers and employees responsible for project execution to produce reports on project progress. These studies show that NGOs have a high degree of responsibility for current project operations. The monitoring and evaluation mechanism allows for accountability, which benefits both project funders and recipients. The project funders will be readily persuaded that all project resources were appropriately utilized to end the project as a consequence of this. Furthermore, a project M&E system may be used in the course of providing help together with collecting broad information around project needs and the best desired actions to take throughout the execution course. Monitoring and evaluation are important in providing an explicit contrast between the project's objectives and the project's result (Hunter, 2009).

As a result, the M&E systems will emphasize the relationship between project activities. An efficient monitoring and evaluation framework produces project output as anticipated throughout the project planning process (Goegens, 2010). A monitoring and assessment exercise is, in reality, an impartial, completely credible, and genuine activity (Briceno, 2011). The monitoring and valuation system is trustworthy because of its validity and credibility, and most organizations should adopt it. As a result, the majority of non-governmental organizations (NGOs) are keen to adopt M&E system so as to establish a competent and effective monitoring and evaluation unit.

### **2.3 Monitoring and Evaluation Systems influences on the Performance**

The following sections go through the factors that have been discovered as affecting M&E system performance:

### **2.3.1 Organizational Structure & Performance of M&E Systems**

In order to improve the successful performance of organizational initiatives, a suitable structure of monitoring and evaluation systems is critical (Koffi- Tessio, 2012). According to Georgens (2009), a monitoring and evaluation system has three levels: level 1, level 2, and level 3. The enabling environment is the initial stage. This level focuses on relationships, planning, and individuals engaged in project activities that utilize data. On this point of the M&E system, an enabling environment is created (Vanessa & Gala, 2012). People who implement the usage of M&E systems are the first constituents in achieving this. To guarantee that the M&E system is completely functioning, the employees must be competent, able to work successfully together, operationalize costs, and encourage one another.

Partnership in monitoring and evaluation systems aids in supplementing the monitoring and evaluation activities of non-governmental organizations (NGOs) (Gala, 2012). As a result, NGOs may utilize partnerships to audit and verify the M&E functions and desired outcomes. Collection, capturing, and data verification make up the second level of the monitoring and evaluation system hierarchy. On this phase, the data gathered for usage in the M&E system is considered, and then all of the data required for the NGOs monitoring and assessment system is collected and recorded. At this stage of M & E, the gathered data is developed, distributed, and standardized before being evaluated for final reportage (Peters, 2012). This would be beneficial to non-governmental organizations because the data collecting method will be standardized, making analysis and the creation of a clear report easier. The second level of monitoring and evaluation enables the creation of clear strategies for the gathering of high-quality data and the frequent review of the characteristics used to monitor data.

According to Briceno, 2011, data distribution and information usage make up the third level of the M&E system. Such is the highest level of the M&E system's structure, and it helps to improve communication amongst project operations taking place on the ground and the receivers. This M&E system structure includes utilizing response to provide final outcomes. Monitoring and evaluation methods must be utilized in order for NGOs' projects to be effective (Reijer, et al 2010). This level focuses on the people who are in charge of gathering input and preparing final reports on it in order to obtain successful

end outcomes. This level also includes the creation and execution of rules for the confidentiality of data collected in order to provide project recipients in NGOs with suitable decision-making processes. In conclusion, this level of M&E organization aids non-governmental organizations (NGOs) in developing and implementing communication approaches and strategies for M&E system products.

### **2.3.2 Human Capacity & Performance of M&E Systems**

M&E necessitates the use of highly competent individuals to carry out the monitoring and evaluation duties that have been assigned to them (Agutu, 2014). In many NGOs, human capacity takes an important part in warranting that the M&E systems' goals are fulfilled (Gorgens & Kusek, 2010). As a result, it is critical for all parties engaged in monitoring and evaluation operations to have a thorough knowledge of the skills needed to implement M&E systems and to resolve any capacity shortages. The performance of monitoring and evaluation systems is favorably influenced by a high degree of human capacity abilities (Venessa & Gala, 2010). According to a research conducted in Chicago in 2011, it is critical to provide training to workers on the installation and use of monitoring and evaluation systems inside a company. It is not only necessary for a company to have a large number of committed employees, but the employees must also possess the necessary skills and expertise to carry out monitoring and evaluation programs (UNAIDS, 2010).

A broad variety of activities are involved in monitoring and evaluating human potential skills and development (Agutu, 2014). Mentorships, coaching, internships, and even in-service trainings are examples of these activities. As a result, it is critical for the company to keep this in mind when selecting people to provide for its M&E systems. As reported by Acevedo et al, 2010, an organization must assist and also take part in the development of human capacity abilities so as to increase their performance. Losses to an organization are associated with a monitoring and evaluation system carried out by unskilled individuals (Gala, 2010). This is because unskilled people have no fruitful abilities in cost standardization, time management, communication, appropriate project planning and management when they are engaged in M&E systems.

Several difficulties are encountered in health organizations in the course of the installation of M&E systems, according to a research conducted by White in 2013 on best practices for M&E systems in development. One of them is an absence of knowledge and



capability in dealing with M&E systems. Her research also revealed that there are insufficient personnel in health organizations that can assist in the accomplishment and implementation of project M&E systems. Insufficient training results in workers lacking the necessary capabilities, restricting the growth of companies when it comes to project execution (Ramesh, 2012).

### **2.3.3 Data Quality and Performance of M&E Systems**

M&E systems provide data which may be used to track progress toward achieving the aims and objectives of various governmental and non-governmental organizations' initiatives (Agutu, 2014). The characteristics of this data have an impact on them. When it comes to recording progress toward health initiatives and objectives, such as in the case of AMREF Health Africa, high-quality data is very helpful. Most Kenyan monitoring and evaluation systems rely on low-quality data, which results in incorrect and late output, resulting in poor monitoring and evaluation system performance. Data quality refers to a collection of data which has been gathered for a project and is accurate, adequate, trustworthy, and acceptable as well as valid (Gala, 2014).

Data of high quality having altogether these characteristics possess the potential to bring about the purpose intended for in collection. The data utilized in an efficient M&E system must be constant and extremely dependable. Agutu, 2014 states that, data should not be referred to be quality data if it does not satisfy all of the characteristics and dimensions. As a result, it is critical for businesses to comprehend the dimensions and characteristics needed of high-quality data that may be used in monitoring and assessment systems. Acceptability and effective utilization of data are the most essential characteristics of data that project managers must consider (Otieno, 2013). When stakeholders find the data collected to be unsatisfactory, it indicates that the data is of low quality and cannot be utilized to develop an efficient monitoring and evaluation system.

On the other hand, if the data isn't very useful, it's regarded to be of poor quality (Peters, 2011). As a result, businesses should take into account all data quality aspects when implementing monitoring and assessment systems.

### **2.3.4 Funding & Performance of M&E Systems**

A suitable and sufficient provision for M&E activities ought to be included in the project budget. According to Kelly & Magongo, 2004 a sufficient M&E budget is estimated to be between 5 and 10 percent of the overall project expenditure. Assessing expenses,

personnel, plus additional assets which are needed for monitoring and evaluation to function is a critical capability of creating preparations for monitoring and evaluation. It's critical for monitoring and evaluation personnel to speak out about monitoring and evaluation expenditure requirements at the venture setup stage, so that resources are set aside specifically for monitoring and evaluation besides being available to accomplish important monitoring and evaluation everyday jobs. Frequently, task managers wrestle with the inquiry of the percentage of a project's budget that should be allotted to monitoring and evaluation. The monitoring and evaluation budget should neither be so low that the validity and correctness of results are jeopardized, nor should it suck up project resources to the point that the project's effectiveness is jeopardized.

Frequently, amount allocated for M&E is not included into the execution of lots of projects. Approximately one in every four non-governmental organizations with a monitoring and evaluation strategy has yet to establish the financial requirements. In general, monitoring and evaluation activities will be moved to the periphery of asset dissemination for endeavor exercises. M&E exercises are exclusively funded by outside sources in the majority of NGOs (54 percent) (Report on Global AIDS Epidemic, 2008). According to the study, just one out of every ten NGOs reports funding HIV monitoring via domestic subsidies, and monitoring and evaluation spending accounts for under 0.1 percent of public HIV expenditures in several countries. The study of the execution estimate of NGOs' M&E frameworks examines two key issues: exterior and interior pointers. The core frameworks of assessing NGOs M&E frameworks execution are associated with "authoritative wellness," according to Argyris (2004) and Bennis (2006).

These points are about NGOs' financial display, including their access to funding, costs, expenses and budgetary effectiveness (Ritchie & Kolodinsky, 2013). External points, on the other hand, take care of the relationship amongst the non-governments organizations and the environment. Yutchman, 2010 developed a frame asset structure that defines non-governmental organizations M&E frameworks effecting as the ability to benefit from environmental variables in order to best meet budgetary requirements and ensure their long-term viability. Their system is reliant on a critical capability to maintain a healthy relationship with the environment. In AMREF, there exist agreements in place to ensure that all everyday jobs and activities have an monitoring and evaluation budget for each project, which allocates at least five percent of all improvement budgets to monitoring and evaluation, with 2.5 percent for monitoring and evaluation operational and limit

building expenses and 2.5 percent for monitoring and evaluation specified frame. AMREF health Africa has built up an incorporated monitoring and evaluation system to monitor activity accomplishment in order to ensure efficiency and keep a deliberate distance from replication M&E expert foundation. The Integrated M&E System aims to provide the organization with compact tools to measure the productivity and sufficiency of activities, as well as the necessary methodology usage input to efficiently give out its assets over time, and to agree on the foundation for a simple round that includes a mutual examination of results.

## **2.4 Theoretical Framework**

This section consists of theories that guide the study which include, Theory of Change and Results Theory. The theories discussed consists of the theoretical developments, assumption, application and relevance to the study.

### **2.4.1 Theory of Change**

Carol Weiss's Theory of Change of 1995 will serve as the foundation theory for the research. Theoretical underpinnings of programs are emphasized, and theory of change serves as a clear representation of the connections between the program's inputs and outputs, demonstrating how the program is meant to function. (Funnell and Rogers 2011).

Weiss (2005) publicized this theory of change as a collection of ideas that explain both the desired long-term effect and the logic chain of the program at each stage. Theory of change, according to Stein and Valters (2012), expands the assumptions box in the log frame to enhance knowledge of the program context as well as the anticipated benefits.

The above assumptions explicitly state the program's risks, which are important for meeting goals and ensuring the program's long-term viability. This guarantees that the change pathway is founded on solid cause-effect relationships and that the program is presented to a variety of stakeholders in more understandable explanations of how change occurs. According to James (2011), the theory of change enables the integration of data from wider evaluation needs into simple, comprehensible evaluation information that improves program performance. This assists stakeholders in transitioning from passive data collectors and reporters to active consumers of data

for program design and execution. Programs are never run in a vacuum, but rather in constantly changing complicated contexts that require continuous scanning.

Thus, to understand fully the multi-faced nature of changes, the theory of change finds relevance in defining and determining the program context. According to Green (2013) the theory of change forms the roadmap to the proposed change, highlighting the necessary conditions needed to make the intended change a reality. In doing so, it captures the project's broad picture of change at once while shedding light on the causal relationship among the outputs, outcomes and impacts. The theory of change further reveals whether activities are relevant for the intended goals; whether there are redundant activities which do not contribute to achieving objectives; depicts how activities and outcomes can be achieved; and how to measure impact. This according to Vogel (2012) makes clear the logic of change supporting the program processes which promote program performance.

According to Weiss (2008), the theory of change may be used at the organizational, program, or project level and it can also be used as a benchmark to assess organizational commitment as change agents by guiding change processes within a program toward the accomplishment of its goals. Simultaneously, the theory of change has evolved into a strong communication tool for better communicating program progress to funders. As a result, openness, accountability, and advocacy have improved, and funding for the same program or future initiatives for replication in other regions may have risen. (USAID, 2010). Moreover, it promotes documentation and incorporation of experiences into the program as the execution advances promoting efficiency and effectiveness of program.

Thus, the theory of change brings about program performance through the accomplishment of the changes sought. The theory of change may be created for an intervention where the goals and actions can be defined and exhaustively prepared ahead of time, or when problems arise often as the implementation proceeds. (CARE, 2012).

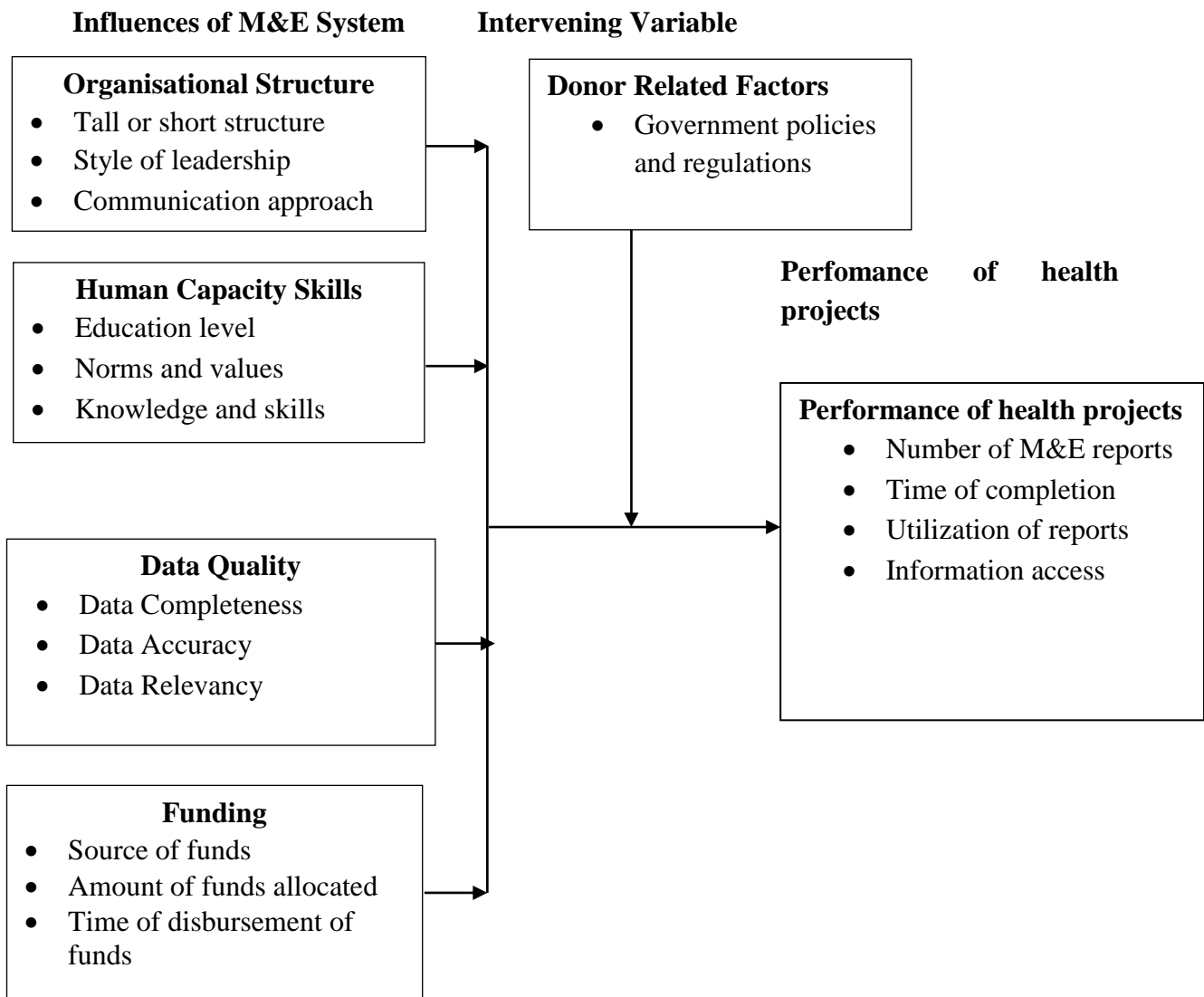
#### **2.4.2 Results Theory**

Joley (2003) contends that societies be present to accomplish defined outcomes; in addition all things considered, executors ought not mistake activities for achievements;

measures for results; also rundown to-do things for output or end product. Measurements of achievement need to be outcome based as opposed to deal with arranged. Cheung (2007) progressed the hypothesis that the end legitimizes the methods; and all things considered, insofar as outcomes are seen, yet it makes no difference how or who completes the task. This way of thinking has been scrutinized by advocates of participatory improvement, for example, Mohan (2010) for hierarchical outcomes to be accomplished.

## **2.5 Conceptual framework on Influence of M&E Systems on the Performance of Health Projects.**

A conceptual framework depicts the relationship between the dependent and independent variables graphically. it is used to outline all of the potential courses of action for presenting a possible action to the concepts or thoughts under investigation. In a conceptual framework, an independent variable is one that is assumed to be the source of all dependent variables. Organizational structure, human capacity skills, data quality, and M&E technique selection are among the independent factors. A dependent variable is an item that is assessed in a research study experiment that affects the outcome of the experiment. Independent variables are responded to by the dependent variable. The performance of M&E systems is the dependent variable.



**Figure 1: Conceptual Framework on Influences of M&E systems on Performance of health projects**

**Table 2.1: Knowledge Gaps**

Author and the Year	Title of the Study	Key findings	Knowledge Gaps
Wachamba (2013)	“Determinants of effective M&E Systems in NGOs Within Nairobi County, Kenya.”	The research discovered that tool and method selection, management's involvement, Monitoring and evaluation training, as well as technical expertise are all significant drivers of M&E system performance..	The study evaluated M&E systems again p... performance... such as... related v... the purpo...
Muinde (2015)	“Factors influencing effective M&E of child rescue projects in Kenya.”	The research discovered that budgetary allocation training, stakeholder engagement, and institutional frameworks all had an impact on M&E procedures.	The rese... that may... study's sc... are uniqu... on M&E... that this r... the key... performan...
Mushori (2015)	“Determinants of effective M&E of county government funded infrastructural development projects, Nakuru East constituency, Nakuru County.”	Technical skills, financial allocation, and stakeholder involvement were shown to have a substantial impact on M&E systems, according to the research..	The rese... budgetary... funds are... funds are... variables... is financ... timeliness...

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### 3.1 Introduction

This section expounds the research methodology that was employed to conduct the research. It includes information on study design, the targeted population, sampling methods and the study sample size, instruments of research, reliability and validity, data collecting procedures, and lastly data analysis methodologies used.

#### 3.2 Research Design

According to Creswell, 2014 research design is a structure of procedures picked by scientists towards proficiently dealing with the identified research problem. This study adopted a descriptive survey design, which was preferred since it gave accurate information (Mugenda & Mugenda, 2003). This approach enabled the researcher to collect data on the performance determinants of M&E systems of NGOs in Nairobi, Kenya.

#### 3.3 Target Population

Ngechu (2011) defines target population to be the number of objects or units having similar traits. The target population for this study was 10 AMREF health projects in Nairobi County(Appendix III). The study adopted a census survey hence no sampling was done.

**Table 3.1: Target Population**

<b>Target Population</b>	<b>Frequency</b>	<b>Percent (%)</b>
Project managers	10	23.26%
Project heads	10	23.26%
M&E staff	23	53.49%
<b>Total</b>	<b>43</b>	<b>100%</b>

AMREF (2021)

#### 3.4 Sample Size and Sampling Procedure

Sampling was not done since in the study the researcher aimed to explore elements of a population so that conclusion on the entire target population may well be drawn.



Trochim, 2006 adds by stating that sampling is the process of choosing elements in a population of interest such that we may properly generalize the findings back to the population after which they were carefully chosen.

### **3.4.1 Sample Size**

According to Bryman and Bell (2011), the population is the set of units from which a sample is drawn. As a result, any components, individuals, or units that satisfy the determination models for a group to be considered, and from which a finer details assessment is performed, are considered. According to Kothari (2008), a sample is a piece or bit that acts as an agent for an entire. When the target population is smaller, Mugenda and Mugenda (2003) suggest that there is no need to choose a sample and that the whole population should be examined. The researcher utilized a census survey research that included all the study respondents. The census included 43 respondents.

### **3.4.2 Sampling Procedure**

The respondents in this study were chosen using a stratified random sampling method. Strata in such projects are made up of project managers, M&E personnel and project heads. The benefit of stratified random sampling is that it does not enhance the probability of unit representativeness, and it also ensures that the study's target population is taken into account. (Fraenkel & Wallen, 2009).

## **3.5 Data Collection Instruments**

A questionnaire, according to Kothari (2007), is the most appropriate instrument since it can gather a relatively huge amount of data in a reasonable amount of time. This ensured data privacy as well as normalization and uniformity. It is for this reason that the questionnaire was chosen as an appropriate tool for this study. The research relied on primary data. The purpose of the survey was to gather primary data from a sample of monitoring and evaluation respondents. The questionnaire contained both open-ended and closed-ended questions, as well as a five-point Likert scale to gauge the respondents' degree of agreement.

### **3.5.1 Pilot Testing of Research Instruments**

The questionnaires were evaluated by professional colleagues and the university supervisor before being tested on a small sample of respondents who shared the respondents' characteristics. The pilot research was performed on two M&E

employees and one program manager from American Heart Association. The respondents were given the pilot surveys and interviews twice, with a one-week interval between each time. Mugenda and Mugenda, 1999 states that, depending on the research sample size, the piloting sample should be 1 to 10 per cent of the study sample size.

The results of the pilot research were utilized to identify questions in the questionnaire that were confusing or unclear to participants, and those that were modified as a result, enhancing the study instruments' reliability (Ngechu, 2004).

### **3.5.2 Validity of the Research Instrument**

Validity or legitimacy of instruments manages the precision and importance on deductions dependent on findings. Kothari (2008), characterizes legitimacy as how much a test estimates what it should gauge. For satisfactory substance validity/legitimacy, the master critical technique was utilized where the questionnaires were issued to opinion leaders in the health sector who did basic assesment and gave remarks and input to the researcher. For the research, a sample was selected that guaranteed the population's findings (Jackson, 2009).

### **3.5.3 Reliability of the Research Instrument**

Mugenda and Mugenda (2003) describe reliability as the point to which a research instrument yields consistent results or information after collecting preliminary data. The 'split-half method' was used to ensure the reliability of the research tools used in this study. This method was advantageous because it determined whether the reactions during piloting matched the reaction during the actual investigation. The 'Pearson correlation coefficient' (r) was used to correlate the analyzed scores from the pilot study.

The following is the Pearson correlation formula that was utilized;

$$R = \frac{n(\sum xy) - (\sum x)(\sum y)}{\sqrt{[n\sum x^2 - (\sum x)^2][n\sum y^2 - (\sum y)^2]}}$$

Where:

**r**, is the Pearson's coefficient of correlation index;

**n**, is the number of respondents;

**x**, is the numbered items responded to as expected; and

**y**, is the odd numbered items responded to as expected"

From the formulation, value of  $r$  obtained is between +1 and -1. If the instrument produced a correlation coefficient of 0.7 and above then the data collection tool was thought to be reliable.

### **3.6 Data Collection Procedure**

The researcher first secured a research permit from the National Council for Science and Technology. Data collection was carried out with the help of self-administered questionnaires so as to collect the right information. To ascertain that the feedback form administered to the respondents were returned, the researcher exercised care and control. Questionnaires were administered using a “drop and pick later method”. This was achieved by maintaining a register of questionnaires, monitoring the administered questionnaires against the ones that were returned. To adequately monitor filling up of the questionnaires by the respondents, the researcher made phone calls to remind, push and encourage the respondents to fill and complete the questionnaires on time.

### **3.7 Data Analysis Techniques**

Analysing of data is the way toward cleaning in addition to summing up data having that intention that it becomes statistics which can be effectively deciphered and understood thus supporting decision making (Creswell, 2005). The data obtained was lay open to to quantitative and qualitative analyses. The design was strengthened by integration of quantitative and qualitative data analysis, also the explanation of the results (Kothari, 2008). Quantitatively data was analyzed using an updated version of SPSS. In particular, descriptive Statistics, like mean, mode and SD which is the standard deviation was utilized to assess the numeric data so as to gauge and clarify the association between factors. Findings were shown in tables and interpretations given. Conversely qualitative data was analyzed using content assessment with the objective of characterization and summarization to decide relationship among the factors of study (Kumar, 2005). The main goal of content analysis was to sort out the data that was gathered and to capture the key study findings.

### **3.8 Ethical Considerations**

Because the information gathered from the responders was only for academic purposes, it was kept private. The research did not inflict any physical, mental, or psychological damage to the participants, and the questionnaire's primary goal was to collect information on the respondents' psychological well-being. The respondents were briefed

about the performance of determinants of M&E systems in NGOs by the researcher. The researcher first gained consent by engaging with the respondents in order to win their trust, approval, and support for the study. The investigator informed the responders about the significance of the research and the goals she hoped to achieve. To ensure privacy, research participants were cognizant that the information provided and their designations would be kept private, which encouraged them to participate. The researcher promised respondents that she would share the study results with them if they requested it in writing. Before receiving the “research permit from the National Council for Science, Technology and Innovation”, an introduction letter from the University was acquired as evidence of authorization and authority to gather data for research purposes. Respondents were assured that their opinions would be kept private and that no information would be shared with any other organization.

### 3.9 Operationalization of Variables

The variables were operationalized as presented in table 3.2 below

**Table 3.2: Operationalization of Variables**

<b>Objectives</b>	<b>Independent variable</b>	<b>Indicators</b>	<b>Measurement Scale</b>	<b>Type of analysis</b>	<b>Tools of Analysis</b>
To establish how the structure of AMREF Health Africa's M&E systems in Nairobi County, Kenya influenced their performance.	Organization structure	-Tall or Flat structure -Style of leadership -Communication approach	-Nominal - Ordinal	-Mean -Median	-Descriptive Statistics
To investigate how human capacity influences the effectiveness of AMREF Health Africa's monitoring and evaluation systems in Nairobi County	Human Capacity	-Level of education -Values - Skills - Competencies	- Nominal - Ordinal	-Mean -Median	-Descriptive Statistics
To see how data quality influenced the effectiveness of AMREF Health Africa's M&E systems.	Data quality	-Validity -Reliability -Precision -Accuracy of data	- Nominal - Ordinal	-Mean -Median	-Descriptive Statistics

<p>To determine the degree to which funding influenced performance of AMREF Health Africa 's M&amp;E.</p>	<p>Funding</p>	<ul style="list-style-type: none"> <li>- Amount allocated</li> <li>- Source of funds</li> <li>- Adequacy of allocated amount</li> <li>- Timeliness of funding,</li> </ul>	<ul style="list-style-type: none"> <li>- Nominal</li> <li>- Ordinal</li> <li>- Ratios</li> </ul>	<ul style="list-style-type: none"> <li>-Mean</li> <li>-Median</li> </ul>	<p>-Descriptive Statistics</p>
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## CHAPTER FOUR

### DATA ANALYSIS, PRESENTATION AND INTERPRETATION

#### 4.1 Introduction

This chapter provides discussions on major study findings in line with the objectives of the study. The study utilized a quantitative form of data analysis that comprised of descriptive statistics that was utilized to analyse quantitative data. Frequency distribution tables were also utilized to summarize and present data.

#### 4.2 Questionnaire Return Rate

Out of the 43 questionnaires that were issued out, 40 were completed and returned. This corresponded to a response percentage of 93.02 percent, which was deemed adequate for the whole population. The high response rate of 93 percent was ascribed in part to the researcher's follow-up with the respondents and the explanation of the study aim prior to the distribution of the questionnaires.

#### 4.3 Demographic Characteristics

In this part of the research, the demographic characteristics of the respondents have been addressed. They include, traits such as: age, gender and length of service in the organisation that could potentially impact on performance of M&E systems of NGOs.

##### 4.3.1 Respondents' Gender

The responders were asked to state their gender. Table 4.1 summarizes the results.

**Table 4.1: Respondents' Gender**

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
Female	16	40
Male	24	60
<b>Total</b>	<b>40</b>	<b>100</b>

Table 4.1 shows that most of the respondents (60 percent) were male, while the remainder (40 percent) were female. This is an indication that most employees who participated in monitoring and evaluation of AMREF health projects were male.

### 4.3.2 Respondents' Age

The responders were asked to specify their age groups. The age cartegories ranged from 30 years and 50 years. Table 4.2 summarizes the results.

**Table 4.2: Respondents' Age**

Age	Frequency	Percentage
Below 30 years	05	12.5
30-40 years	20	50
41-50 years	10	25
Above 50 years	5	12.5
Total	40	100.0

The majority of the respondents (50 percent) were between the ages of 30 and 40, while 25% were between the ages of 41 and 50. There was a tie of 12.5 percent of respondents who were under 30 years old and 12.5 percent who were over 50 years old. This indicated that the majority of the respondents were of consenting age and therefore capable of providing fair and impartial answers.

### 4.3.3 Length of Service

The respondents were asked to state how long they had worked for the company. The findings are given in Table 4.3

**Table 4.3 Length of Service**

Age	Frequency	Percentage
Less than 1 year	05	12.5
1-3 years	07	17.5
4-6 years	18	45
Above 6 years	10	25
Total	40	100.0

The largest group of responders (45%) had served between 4-6 years. More over a quarter of the responder(25%) had served for more than six years. 17.5 percent of those surveyed had served for 1-3 years, while 12.5 percent had served for less than a year. From the findings of the study , the majority of the respondents had accumulated adequate experience. As a result, they were able to provide precise and trustworthy information on AMREF M&E determinants in Kenya.

#### **4.4 Organization Structure and performance of health projects**

In this part of the research the organization structure of AMREF has been addressed, this includes: types of structures, styles of leadership and communication approach.

##### **4.4.1 Type of Organizational Structure**

Majority of the respondents were requested to indicate the type of organisational structure adopted by their organisation. The structures included tall structures and flat structures. The findings are illustrated in Table 4.4

**Table 4.4 Type of Organizational Structure**

<b>Type of Structure</b>	<b>Frequency</b>	<b>Percentage</b>
Tall	34	85
Flat structure	06	15
<b>Total</b>	<b>40</b>	<b>100.0</b>

The majority of the respondents (85 percent) agreed that the organization had a tall structure. Only 6% of those polled said their company had chosen a flat structure. This implied that the management is broken down into several layers with executives on top and normal employees on the bottom. There was a large number of managers, and each manager was responsible for a small group of employees.

##### **4.4.2 Style of Leadership at AMREF**

The respondents were requested to indicate the style of leadership adopted by their organization. The findings are illustrated in Table 4.5

**Table 4.5 Style of Leadership at AMREF**

<b>Leadership Style</b>	<b>Frequency</b>	<b>Percentage</b>
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Participative	30	75
Autocratic	0	0
Delegative	10	25
<b>Total</b>	<b>40</b>	<b>100</b>

The finding in Table 4.5 depicts that majority (75%) of the respondents were in agreement that the organization had a participative style of leadership and that leaders actively participate in designing M&E Systems. Only 25% respondents indicated that the organization adopted a delegated leadership style which enabled everyone to be involved in the organization.

#### 4.4.3 Communication Approach at AMREF

The study wanted to know whether AMREF leaders communicate M&E outcomes, and the results are shown in Table 4.6 below.

**Table 4.6 Communication Approach**

Communication of M&E Results	Frequency	Percentage
True	36	90
False	4	10
<b>Total</b>	<b>40</b>	<b>100.0</b>

The majority of respondents (90 percent) agreed that M&E outcomes and conclusions should be shared with all stakeholders, according to the findings. Only 10% of respondents thought the communication was inadequate. This implied that information was properly communicated and everyone received on time.

#### 4.4.4 Influences of Monitoring and Evaluation on Performance

Influence of M&E was the independent variable. The indicators of the influences were appraised on a Five-point Likert Scale. The respondents were either to agree or not to agree to statements regarding the determinants. Using the scale of 1-5, the scoring was agreed to a “very great extent” (5), “agree”(4), “neutral”(3), “disagree”(2) and “strongly disagree”(1). A mean score of greater than 4.5 implied that the study participants agreed to a very large extent. Those respondents who agreed moderately (neutral) scored a mean of between 2.5 to 3.5 whereas those who disagreed scored a mean of 2. Those who strongly disagreed scored a mean of 1. A SD of less than 1 inferred that the respondents

held an equivalent insight in their score of statements whereas, when SD exceeded 1; it meant that the contributors failed to agree on a statement. The findings on the determinants are as presented in this section;

#### 4.4.5 Organisational Structure at AMREF

The research sought to find out the point to which organisational structure influenced M&E of systems in the projects. The findings are illustrated in Table 4.7

**Table 4.7: Organisational Structure**

<b>Organisational Structure</b>	<b>“Strongly Disagree”</b>	<b>“Disagree”</b>	<b>“Neutral”</b>	<b>“Agree”</b>	<b>“Strongly agree”</b>	<b>Mean</b>	<b>SD</b>
There is increased employee involvement in decision making						3.65	0.681
Adequate communication between top management and employees	5%	16%	20%	40%	19%		
Employees’ duties are clearly defined in the organization						3.51	0.842
Employees get opportunities to grow and develop	6%	21%	24%	35%	14%		
There is minimal employee supervision						3.29	0.754
	10%	30%	35%	15%	10%		
						3.51	0.771
	7%	22%	25%	34%	12%		
						3.42	0.743
	9%	26%	29%	26%	10%		

There is coordination between departments	8%	20%	26%	33%	13%	3.52	0.665
Employees have a high sense of responsibility and sense of belonging	11%	31%	36%	14%	8%	3.10	0.772
Staff are allocated duties based on their skills and competencies to enable them to maximize their full potential	6%	17%	22%	37%	18%	3.58	0.543
<b>n=40:</b>						<b>3.45</b>	<b>0.721</b>
<b>Composite Mean Score</b>							

The findings revealed that the organisational structure accommodated employee participation in key decisions, matched employees' skills and competencies to their work, facilitated coordination and communication between departments, provided growth opportunities for employees, ensured limited staff supervision, clearly set out the duties of employees and enhanced a sense of duty and belongingness which enhanced performance of M&E of systems in the projects. The mean values include, 3.65, 3.58, 3.52, 3.51, 3.51, 3.42, 3.29 and 3.10, respectively. 3.45 is the composite mean, with 0.721 as the composite standard deviation. These implied that organisational structure influenced the performance of M&E of systems.

#### **4.5 Human Capacity**

This section determined the respondents' educational level and the extent to which human capacity practices were implemented in AMFREF health Africa.

#### 4.5.1 Qualifications Obtainable

The respondents were asked to state their greatest educational level. Table 4.8 summarizes the results.

**Table 4.8 Qualifications Obtainable**

<b>Level of education</b>	<b>Frequency</b>	<b>Percentage</b>
Diploma	09	22.5
Degree	26	65.0
Masters	05	12.5
PhD	00	00.0
<b>Total</b>	<b>40</b>	<b>100.0</b>

The findings depict that most of the respondents (65%) were degree holders, 22.5% of respondents were diploma holders, 12.5% respondents were master's holders while none of the respondents attained PhD. This is an indication that the respondents were qualified and had better understanding of performance of M&E systems of AMREF health Africa.

#### 4.5.2 Knowledge and Skills

The purpose of the research was to see whether AMREF executives ensure that their employees are educated on M&E regulations and are aware about how to handle M&E systems on a day-to-day basis. Table 9 summarizes the results.

**Table 4.9 Knowledge and Skills**

<b>Knowledge and Skills</b>	<b>Frequency</b>	<b>Percentage</b>
True	29	72.5
False	11	27.5
<b>Total</b>	<b>40</b>	<b>100.0</b>

The findings indicate that 72.5 percent of the respondents had received M&E system training, implying that they had knowledge and abilities in M&E systems. The respondents were also asked whether they had learned M&E norms and organizational values from the trainings, and the results are given in Table 4.10 below.

**Table 4.10 Norms and Values**

<b>M&amp;E Norms and Values</b>	<b>Frequency</b>	<b>Percentage</b>
True	32	80
False	8	20
<b>Total</b>	<b>40</b>	<b>100.0</b>

The finding in Table 4.10 depicts that majority (80%) of the respondents had a knowledge of the organizational values and M&E norms and values. This implied that most of them understood the organizational values.

#### **4.5.3 Human Capacity indicators**

The respondents were asked to identify how much human capability impacted M&E system performance in AMREF health programs. The respondents were either to agree or not to agree to statements regarding the determinants. Using the scale of 1-5, the scoring was agreed to a “very great extent” (5), “agree”(4), “neutral”(3), “disagree”(2) and “strongly disagree”(1). A mean score of greater than 4.5 implied that the study participants agreed to a very large extent. Those respondents who agreed moderately (neutral) scored a mean of between 2.5 to 3.5 whereas those who disagreed scored a mean of 2. Those who strongly disagreed scored a mean of 1. A SD of less than 1 inferred that the respondents held an equivalent insight in their score of statements whereas, when SD exceeded 1; it meant that the contributors failed to agree on a statement. Table 4.11 summarizes the results.

**Table 4.11 Human Capacity**

<b>Human Capacity</b>	<b>Strongl y disagre ed</b>	<b>Disagr ee</b>	<b>Neutra l</b>	<b>Agre e</b>	<b>Strongl y agree</b>	<b>Mean</b>	<b>SD</b>
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The higher the educational level the better the performance of M&E systems	7%	10%	8%	40%	35%	3.85	0.791
The organisation nurtures a culture of innovation and creativity among its staff	8%	15%	12%	36%	29%	3.65	1.002
Good values make it easier for M&E staff to work efficiently and offer quality services	8%	15%	14%	38%	25%	3.60	0.895
Members have the needed skills in monitoring and evaluation	6%	20%	24%	35%	15%	3.59	0.673
Staff competence team in M&E is satisfactory	10%	27%	24%	28%	11%	3.41	0.911
<b>n=40: Composite Mean Score</b>						<b>3.62</b>	<b>0.854</b>

*SD is composite standard deviation*

In Table 4.11, Largely, the respondents were in consensus that; highly educated employees performed better, they nurtured innovation and creativity, corporate values influenced employee productivity, employees had the required skills for monitoring and evaluation (M=3.85, M=3.65, M=3.60 & M=3.59, respectively). To a moderate extent, employee competence in M&E was good (M=3.41). The composite standard deviation was 0.854 and the composite mean was 3.62. This indicates that human capability abilities impacted M&E system performance.

## 4.6 Data Quality

### 4.6.1 Data Completeness

The respondents were asked whether the information gathered and utilized was complete, and the results are shown in Table 4.12.

**Table 4.12: Data Completeness**

Data Completeness	Frequency	Percentage
Not Sure	12	30

No	4	10
Yes	24	60
<b>Total</b>	<b>40</b>	<b>100.0</b>

Majority (60 percent) of the respondents agreed that data collected and used is complete 30% of the respondents were not sure while 10 % felt that data used is not complete.

Further the researcher sought to know if frequently collected data identify issues that are to be addressed and whether that data enabled organization track trends as well as understand project interventions? The findings are shown in table 13 below

**Table 4.13: Data accuracy and Relevancy**

<b>Data Accuracy and Relevancy</b>	<b>Frequency</b>	<b>Percentage</b>
Not Sure	7	17.5
No	3	7.5
Yes	30	75
<b>Total</b>	<b>40</b>	<b>100.0</b>

30 (75%) agreed that collected data identify issues that are to be addressed (relevant) and that data enabled organization track trends as well as understand project interventions (accurate) while 3(7.5%) disagreed while 7(17.5%) are not sure. The majority therefore, accepted the statement.

#### **4.6.2 Extent to which data influenced Performance**

The respondents were asked to rate how much data quality impacted M&E system performance in AMREF health programs. The respondents were either to agree or not to agree to statements regarding the determinants. Using the scale of 1-5, the scoring was agreed to a “very great extent” (5), “agree”(4), “neutral”(3), “disagree”(2) and “strongly disagree”(1). A mean score of greater than 4.5 implied that the study participants agreed to a very large extent. Those respondents who agreed moderately (neutral) scored a mean of between 2.5 to 3.5 whereas those who disagreed scored a mean of 2. Those who strongly disagreed scored a mean of 1. A SD of less than 1 inferred that the respondents

held an equivalent insight in their score of statements whereas, when SD exceeded 1; it meant that the contributors failed to agree on a statement. Table 4.14 summarizes the results.

**Table 4.14 Data Quality**

<b>Data Quality</b>	<b>Strongly disagreed</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Mean</b>	<b>SD</b>
M&E systems generates data and to measure what they are supposed to measure	9%	13%	11%	37%	30%	3.75	0.79
M&E data is dependable since it is measured and collected in different trials	8%	7%	10%	43%	32%	3.85	0.62
M&E system produces sufficient information with relevant details for quality reports	9%	13%	17%	37%	24%	3.56	0.64
M&E data is accurate, complete and reliable with high integrity	9%	25%	30%	25%	11%	3.35	0.59
<b>n=40: Composite Mean Score</b>						<b>3.63</b>	<b>0.66</b>

*SD is composite standard deviation*

The findings established that through data quality, the organisation; was able to get reliable information (that passed both validity and reliability tests), was able to measure any parameter that set out in the objective, produced adequate information with all the necessary details and held accurate information which was complete, reliable with sound integrity. The mean values are: 3.85, 3.75, 3.56 and 3.35 respectively. With composite standard deviation of 0.66, the composite mean was 3.63. This indicates that human capacity impacted M&E system performance.

#### **4.7. Funding**

This section discusses the key funding sources and the extent to which funding influenced M&E performance systems in AMREF health.



#### 4.7.1 Source of Funding

The respondents were asked to indicate the main sources of AMREF health project funding. The findings are provided in Table 4.15

**Table 4.15: Sources of Funding**

<b>Funding Sources</b>	<b>Frequency</b>	<b>Percentage</b>
Donor/Sponsor	34	85
Community funding	06	15
<b>n=40:</b>	<b>40</b>	<b>100</b>

The results revealed that the majority of respondents (85%) stated that donors were the primary source of financing for AMREF health initiatives, while 15% answered that the community was the primary source of funding.

#### 4.7.2 Sufficiency of Funds Allocated

The respondents were asked whether the company budgets enough money for M&E operations. Table 4.16 summarizes the results.

**Table 4.16 Sufficiency of Funds Allocated**

<b>Allocation of Funds</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	22	55
No	18	45
<b>Total</b>	<b>40</b>	<b>100.0</b>

According to the results, the majority of respondents (55%) stated that the organization does not devote enough money for M&E operations. 745 percent (12) of respondents said the organization did not provide adequate money for M&E. As a consequence of the findings, AMREF has to provide sufficient money for M&E operations.

The researcher further wanted to determine whether the amount allocated for M&E is from the general budget or separate and whether there is independency in the utilization. The results are shown in Table 4.17

**Table 4.17 Separate M&E Funds**

<b>Independency</b>	<b>Frequency</b>	<b>Percentage</b>
General	40	100
Independent	0	0
<b>Total</b>	<b>40</b>	<b>100.0</b>

According to the results, all 40 (100%) respondents agreed that there is a distinct budget allocation for the M&E system and that budgetary decisions for the monitoring and evaluation unit are independent.

### **4.7.3 Funding indicators that influence Performance**

The respondents were asked to rate how much financing impacted the success of AMREF Health Africa's M&E systems. The respondents were either to agree or not to agree to statements regarding the determinants. Using the scale of 1-5, the scoring was agreed to a “very great extent” (5), “agree”(4), “neutral”(3), “disagree”(2) and “strongly disagree”(1). A mean score of greater than 4.5 implied that the study participants agreed to a very large extent. Those respondents who agreed moderately (neutral) scored a mean of between 2.5 to 3.5 whereas those who disagreed scored a mean of 2. Those who strongly disagreed scored a mean of 1. A SD of less than 1 inferred that the respondents held an equivalent insight in their score of statements whereas, when SD exceeded 1; it meant that the contributors failed to agree on a statement. The results are shown in Table 4.18.

**Table 4.18: Funding indicators that influence Performance**

<b>Funding</b>	<b>Strongly disagreed</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Mean</b>	<b>SD</b>
The size of M&E budget is limited	7%	10%	10%	40%	33%	3.81	0.782
Consistent funding for M&E activities	8%	14%	13%	36%	29%	3.65	0.672
Funds allocated for M&E are adequately spent for specific duties	7%	21%	23%	35%	14%	3.56	0.643
Funds for M&E are timely	10%	27%	26%	27%	10%	3.35	0.518

allocated

**n=40: Composite Mean Score** **3.59** **0.654**

*SD is composite standard deviation*

In Table 4.18, to large extent, the study participants were in agreement that; there was no shortage of M&E budget, there is reliable financing for M&E events, M&E finances are adequately allocated for specific roles (M=3.81, M=3.65 & M=3.56, respectively). To a moderate extent, there is timely allocation of funds (M=3.35). The composite mean was 3.59 with a composite SD of 0.654. These imply that funding influenced performance of M&E of systems.

#### 4.8 Performance of Health Projects

The respondents were requested to indicate the extent to AMREF health projects utilized performance of M&E systems. The respondents were either to agree or not to agree to statements regarding the determinants. Using the scale of 1-5, the scoring was agreed to a “very great extent” (5), “agree”(4), “neutral”(3), “disagree”(2) and “strongly disagree”(1). A mean score of greater than 4.5 implied that the study participants agreed to a very large extent. Those respondents who agreed moderately (neutral) scored a mean of between 2.5 to 3.5 whereas those who disagreed scored a mean of 2. Those who strongly disagreed scored a mean of 1. A SD of less than 1 inferred that the respondents held an equivalent insight in their score of statements whereas, when SD exceeded 1; it meant that the contributors failed to agree on a statement. The findings are shown in Table 4.19 as follows:

**Table 4.19 Performance of Health Projects**

Performance M&E systems	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean	SD
M&E reports generated are sufficient to conclude that the M&E systems are performing optimally.	10%	23%	30%	28%	10%	3.45	0.691
Reports by M&E systems are	11%	20%	33%	36%	10%	3.35	0.532

utilized and lessons learnt have been used in formulation of future projects.

M&E system put in place has enabled timely completion of M&E reports.	9%	15%	13%	33%	30%	3.61	0.724
M&E information from M&E system is quality, it has led to quality assessment of the project performance.	13%	27%	26%	25%	9%	2.95	0.881
<b>n=40: Composite Mean Score</b>						<b>3.34</b>	<b>0.707</b>

The results established that there M&E reports were completed on time, M&E reports produced were enough to confirm that the systems were operating optimally, M&E system reports are utilized and those experiences applied for future projection, information produced by M&E system is of high quality and have resulted to quality project assessment. The mean values were: 3.61, 3.45, 3.35 and 2.95, respectively. The composite mean was 3.34 and SD was 0.707.

#### 4.9 Pearson Correlation Coefficient

The Pearson correlation coefficient is a measurement of the linear relationship between two variables: independent and dependent. The researcher did a correlation between the determinants of performance and performance of M&E of systems. The findings are depicted in Table 4.20.

**Table 4.20 Correlation Analysis**

		<b>Performance of M&amp;E</b>	<b>Organisational Structure</b>	<b>Human Capacity Skills</b>	<b>Data Quality</b>	<b>Funding</b>
<b>Performance of M&amp;E</b>	Pearson Correlation	1				

		Sig. (2	0.000				
		tailed)					
<b>Organisati</b>	Pearson	0.357**	1				
<b>onal</b>	Correlati						
<b>structure</b>	on						
		Sig. (2	0.029	0.000			
		tailed)					
<b>Human</b>	Pearson	0.665**	0.542**	1			
<b>Capacity</b>	Correlati						
	on						
		Sig. (2	0.000	0.000			
		tailed)					
<b>Data</b>	Pearson	0.775**	0.583**	0.486**	1		
<b>Quality</b>	Correlati						
	on						
		Sig. (2	0.000	0.000	0.000		
		tailed)					
<b>Funding</b>	Pearson	0.557**	0.290	0.159	0.098	1	
	Correlati						
	on						
		Sig. (2	0.017	0.489	0.291	0.478	0.243
		tailed)					

Correlation analysis between data quality and performance of M&E of systems recorded a strong positive correlation coefficient of 0.775 and a value of probability of 0.000. This was an indication that the results were significant at  $\alpha= 5\%$ . Human capacity skills and performance of M&E of systems attained a correlation of 0.665 and a value of probability of 0.000; significant at 5%. Funding and performance of M&E of systems recorded a correlation of 0.557 and a value of probability of 0.017. Organisational structure and performance of M&E of systems recorded a correlation of 0.357 and a value of probability of 0.029.

This was an indication that data quality recorded the highest influence on performance of M&E systems followed by human capacity skills, and then funding whereas organisational structure recorded the least effect on performance of M&E of systems.

## **CHAPTER FIVE**

### **SUMMARY OF FINDINGS, DISCUSSION, CONCLUSION AND RECOMMENDATIONS**

#### **5.1 Introduction**

The main purpose of this study was to assess the influence on performance of M&E systems of AMREF Health Africa's in Kenya, and this chapter discusses the major findings guided by the study objective, which was to assess the influences of performance of AMREF Health Africa's M&E systems in Kenya. Conclusion, recommendations, shortfalls, and topics for further study are among the other parts addressed.

#### **5.2 Summary of Findings**

The research was based on the influence of performance of M&E systems on health projects of AMREF. It sought to explore whether organisational structure, human capacity, quality of data and funding influenced performance of M&E systems.

##### **5.2.1 Organisational Structure**

Many of the respondents (59%) found that the organisational had a participative style of leadership where it facilitated employees' involvement in decisions, leaders actively participate in designing M&E systems, it also gave employees opportunities to grow and enhanced coordination and communication among departments, employees were allocated tasks based on the skills and qualification for the job, staff were given flexibility to perform their duties and were hardly supervised and their duties were well defined and this increased their level of belongingness to the organisation leading to performance of M&E of systems. The mean was 3.45; implying that organisational structure significantly influenced performance of M&E of systems.

##### **5.2.2 Human Capacity**

Over 60% of those questioned indicated they agreed to a large extent, well educated staff were more efficient and creative in their work. They agreed to a large extent that training is offered and project members are knowledgeable on M&E skills norms and values. To a moderate extent, organisational core values enhanced staff productivity, majority of the staff had the necessary skills for M&E, also staff productivity in M&E was found to be

impressive. The overall mean was 3.62; which was an indication that human capacity skills contributed to performance of M&E systems.

### **5.2.3 Data Quality**

Most of the respondents (60%) indicated that the information; collected was reliable, it measured what it was intended to measure, was enough with all the details and it was accurate, complete, dependable and correct. The respondents agreed that data collected was able to identify key issues being addressed and can track project trend and progress. The grand mean was 3.63; showing that data quality influenced performance of M&E systems.

### **5.2.4 Funding**

At least 55% of the respondents agreed that to a large extent, the budget was strained. To a moderate extent, funds for M&E were effectively allocated to cater for specified roles, financing was reliable and funds were disbursed timely. The grand mean was 3.59; which implied that funding influenced M&E of systems performance.

### **5.2.5 Performance of M&E**

At least 50% of the respondents were in a consensus that the organisation completed M&E reports on time. These reports were sufficient which was an indication that the systems were utilized optimally, M&E system reports were applied and utilized to make accurate projections, quality information was produced by M&E systems and this information was utilized for quality project assessment.

## **5.3 Discussion of Findings**

Structure of the organisation: supported employee involvement in decisions, employees were allocated tasks based on their skills and competence, it enhanced coordination of tasks and communication between the top management and the employees, provided opportunities for growths and minimum supervisions. Employees tasks were clearly defined and had a sense of belonging. Generally, organisational structure was found influence performance of M&E of systems. Consistent with this finding is Mushori (2015) who found that organisational structure played a significant role in coordination and cooperation among departments which contributed positively towards organisational performance.



Educated staff recorded better performances, they demonstrated high level of creativity and innovation and were guided by the organisational core values. This led to an increase in employee productivity. Employees were found to have the necessary skills to execute their roles. Also, their competence in M&E was considered to be satisfactory.

Consistent to this finding, is a study by Wachamba (2013) who established that well trained employees were motivated and efficient in their work. The organisation had reliable data that was verifiable through validity and reliability trials. The information was in large amounts, accurate with all the necessary details to make it complete and correct. In line with this, is a study by Muinde (2015) who found data quality was positively linked to performance of M&E of system. Quality information enables organisation to make better decisions that sometimes help organisations save huge costs by setting the right strategies and making clear plans.

The budget for M&E was found to be limited, the funds were consistent in terms of M&E events and adequately allocated according to the specified roles and activities. Also, the funds were disbursed on time. Conflicting with this finding is a study by Mushori (2015) argued that funds availability greatly contributed to project performance. The outcomes showed that there were delays in the disbursement of funds and in most cases, the funds were not enough.

#### **5.4 Conclusion**

The study found that the key performance influences of M&E systems of health projects include: data quality, human capacity , funding and organisational structure.

Research objective one was to establish how the structure of AMREF Health Africa's M&E systems in Nairobi County, Kenya influenced their performance, Organisational structured enabled employees to participate in decisions, communicate and coordinate. It gave them flexibility and a platform to sharpen their creativity and innovation skills

Research objective two was to investigate how human capacity influenced the effectiveness of AMREF Health Africa's monitoring and evaluation systems in Nairobi County. The employees had the required skills to perform their roles efficiently and effectively. Organisational values shaped their behaviour and motivation to do their work this greatly contributed towards performance of M&E systems of health projects.

Research objective three was to see how data quality influenced the effectiveness of AMREF Health Africa's M&E systems. Accurate and reliable information was collected and verified to ascertain its validity.

Research objective four was to determine the degree to which funding influenced performance of AMREF Health Africa 's M&E. The organisation allocated funds based on the tasks and roles of employees. The processes and procedures for distributing the funds were reliable and the funds were disbursed on time.

### **5.5 Recommendations of the Study**

AMREF should support its staff's training and development in order to provide them with the information and skills they need to effectively manage the M&E of systems. Employees should be aware of the training program to ensure that they are informed about the process of implementing health initiatives successfully.

#### **5.5.1 Recommendations for Policy**

The Government of Kenya should set policies that encourage international humanitarian organisations to participate in M&E of systems and enhance collection of quality information for quality decisions and strategy setting.

AMREF should consider sourcing more funds to ensure that the organisation has enough funds to facilitate M&E of health projects across the country.

### **5.6 Suggestions for Further Research**

The following are some suggestions for further research:

- i. Similar studies should be done in other counties and also in other sectors like agriculture where there are numerous active NGOs.
- ii. More research should be done on other influences of M&E systems like selection of tools and techniques used and the role of management.
- iii. There is need to carry out research on the factors influencing the adoption of monitoring and evaluation systems in NGOs and county governments.

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## APPENDICES

### APPENDIX I: LETTER OF TRANSMITTAL

CAROLYNE MORAA OBINO

UNIVERSITY OF NAIROBI

P.O.BOX. 30197

NAIROBI

March 03 2020

Dear respondent,

#### **RE: PARTICIPATION IN ACADEMIC RESEARCH**

I am a Postgraduate student at the University of Nairobi, pursuing a Master of Arts Degree in Project Planning and Management. I am carrying out a research on **determinants of performance of monitoring and evaluation systems in NGOs in Nairobi, Kenya**. This is a study that aims at determining the state of factors that influence monitoring and evaluation systems in NGOs in Nairobi, Kenya. I hereby request for your participation in the study by filling the questionnaires. Any information given by you relating to the study will be treated confidentially and will not be used against you in any way. Your participation is completely voluntarily.

Thank you.

Yours sincerely,

**Carolyne Moraa Obino**

**L50/7961/2017**

**Researcher and Student**

**University of Nairobi**

## **APPENDIX II: MONITORING AND EVALUATION STAFF QUESTIONNAIRE**

The information collected via the questionnaire will be kept private and used only for academic purposes.

### **SECTION A: DEMOGRAPHIC FEATURES**

1. Please indicate your gender?

Female

Male

2. What is your age bracket (in years)?

30 and below  30-40

41-50  over 50

3. For how long have you been a part of AMREF's health projects?

Less than 1 year  1-3 years

4-6 years  more than 6 years

### **SECTION B: ORGANISATIONAL STRUCTURE**

4. What is structure of M&E system do you consider as used in AMREF?

Tall structure  Flat structure

5. Do leaders in AMREF Communicate M&E results? Yes  No

6. Leaders in AMREF actively Participate in designing M&E Systems. True   
False

Kindly rate the following statements related to organizational structure and how they “influence the performance of M&E systems” in AMREF Health Africa. Kindly rate each item on a scale of one to five, where "1= strongly disagree", "2 = disagree", "3 = neutral", "4 = agree" and "5= strongly agree".



Statement	1	2	3	4	5
There is increased employee involvement in decision making					
There is adequate communication between top management and employees					
Employees' duties are clearly defined in the organization					
Employees get opportunities to grow and develop					
There is minimal employee supervision					
There is coordination between departments					
Employees have a high sense of responsibility and sense of belongingness					
Staff are allocated duties based on their skills and competencies to enable them to maximize their full potential					

### SECTION C: HUMAN CAPACITY

7. What is your highest educational level?

- Post Graduate [ ]                      certifactae [ ]  
Degree Level [ ]                      Diploma [ ]  
Secondary Level [ ]

8. Leaders in AMREF ensure the staff are trained on M&E regulations and are conversant in the routine management of M&E Systems True[ ] False[ ]

9. From the trainings given do you have the knowledge of the M&E norms and organization values Yes[ ] No[ ]

Kindly rate the following statements related to human capacity and how they determine the performance of M&E systems in AMREF Health Africa? Rate each of the following items on a scale of 1-5, where "1= strongly disagree", "2 = disagree", "3 = neutral", "4 = agree" and "5= strongly agree".

Statement	1	2	3	4	5
The higher the level of education of individuals the better the performance of M&E systems.					
The organisation promotes a culture of creavity and innovation among its staff					
M&E staff with good values make the M&E systems efficient and leads to quality being collected.					
All members of the M&E team have relevant skills in monitoring and evaluation.					
I am pleased with the M&E team's abilities.					

#### SECTION D: DATA QUALITY

10. Does the quality of data affect the effectiveness of AMREF Health Africa's M&E systems?

Yes ( ) No ( ) Not sure ( )

11. Is data collected for use in AMREF Complete? Yes ( ) No ( ) Not sure ( )

12. Does frequently collected data identify issues you want to address and does that data enable you truck trends as well as understand project interventions?

Yes ( ) No ( ) Not sure ( )

Kindly rate the following statements using the scale given related to data quality influence on the performance of monitoring and evaluation systems in AMREF Health Africa? Please score each item on a scale of 1 to 5, indicating your degree of agreement; “1= strongly disagree,” “2= disagree,” “3= neutral,” “4=agree” and “5= strongly agree.”

Statement	1	2	3	4	5
M&E systems are able to generate data measure what they're supposed to be measuring.					
M&E system generate data that is reliable because they are measured and collected consistently.					

M&E system generate data that has sufficient detail hence quality reports are generated from this data.					
Data from the M&E system is accurate, complete and consistent hence it is of high integrity.					

13. Indicate other ways through which data quality influence the performance of monitoring and evaluation systems in AMREF Health Africa that are not mentioned under question 10.

.....  
 .....  
 .....

**SECTION D: FUNDING**

14. What is your primary source of funding for your projects?

- Donors[ ]
- Community [ ]
- Any other .....

15. Is there enough funding for M&E at the organization?

Yes ( ) Not Sure ( ) No ( )

16. Is the amount allocated for Monitoring and evaluation among the general budget or separate budget? General ( ) Separate ( )

17. Is the amount allocated for Monitoring and evaluation always disbursed in time?

Yes ( ) No ( )

By indicating your degree of agreement on a scale of one to five, rate the following variables linked to financing and how they affect the performance of M&E systems in AMREF Health Africa using the scale provided. where; “1= strongly disagree”, “2= disagree”, “3= neutral”, “4=agree” and “5= strongly agree”.

Statement	1	2	3	4	5
The M&E budget is sufficient in size.					

M&E activities get regular financing.					
Funds put aside for M&E are wisely allocated spent to certain targeted tasks.					
The money set for M&E is availed on time.					

**PART E: PERFORMANCE OF M&E SYSTEMS**

Please use the scale to evaluate the following statements. On a scale of 1 to 5, tick the relevant boxes. where; “1= strongly disagree”, “2= disagree”, “3= neutral”, “4=agree” and “5= strongly agree”.


Statement	1	2	3	4	5
Number of M&E reports generated are sufficient to conclude that the M&E systems are performing optimally.					
Reports generated by M&E systems have been effectively utilized and lessons learnt have been used in formulation of future projects.					
M&E system put in place has enabled timely completion of M&E reports.					
M&E information generated from the M&E system have been quality and has led to quality assessment of the project performance.					


**THANK YOU FOR YOUR PARTICIPATION**

### **APPENDIX III: LIST OF AMREF HEALTH PROJECTS IN NAIROBI CITY COUNTY**

1. Infectious/Communicable Disease
2. Health Systems Strengthening (HSS)
3. Sexual Reproductive Health (SRH) and Family Planning (FP)
4. Non-Communicable Diseases
5. Water, Sanitation and Hygiene (WASH) & Neglected Tropical Diseases (NTDs)
6. Public Health Emergencies
7. Policy and Advocacy
8. Maternal, Newborn and Child Health (MNCH)
9. Universal Health Coverage
10. Research and Health Innovation


# APPENDIX IV: NACOSTI PERMIT

  
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