

Influence Of The Monitoring And Evaluation Capacity Of County Health Management On The Implementation Of Health Projects In Garissa County, Kenya

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Abstract- Knowledge in monitoring and evaluation assists the project manager and the team to evaluate whether the anticipated progress is attained, it offers information on the progress of a project, at any specific time, according to the respective objectives and effects. Garissa County has a weak monitoring and evaluation unit without clear guidelines on operations, lacks enough personnel capacity, and has no financial support for operationalizing its health strategic plan, and monitoring and evaluation plan. The governance of monitoring and evaluation does not have clear frameworks and responsibilities and roles. This study evaluated the influence of M&E capacity of County Health Management Team on the execution of county health projects in Garissa County, Kenya. It specifically considered the influence of M&E competence, knowledge in Cost Monitoring and Evaluation Work Plan, and the knowledge in the use of level of data demand and information by the CHMT in decision making process on the implementation of health projects in Garissa County, Kenya. The study used mixed methods and descriptive design. Data was given in percentages, means, and standard deviation. Interview data was analysed using thematic analysis, where the themes were identified based on the interview guide questions. Conclusions were arrived at and recommendations made according to the results of the data analysed. For ethical observations, an introduction letter was obtained from the University. The study revealed that many of the participants believed that the County health management team members possess the needed skills and knowledge in monitoring and evaluation. Many of the participants agreed that resources are committed to monitoring and evaluation activities in the health sector projects. Many of the participants agreed that in the monitoring and evaluation of health sector in Garissa County there is a data use plan and decision calendar. The results of the study led to the conclusion that the capacity of health management team in cost monitoring and evaluation work plan and data demand for use of information, as well as the training of team members on monitoring and evaluation influence the implementation of health projects. Moreover, since this study was centered on only aspects of human capacity in monitoring and evaluation future studies should consider other aspects of monitoring and evaluation capacity.

Definitions of key terms

Project – consistent events with a detailed commencement and end point intended to achieve a preferred result.

Development – a process of social and economic transformation according to ecological and social aspects and their relations.

Monitoring and evaluation – it entails acquiring knowledge on what is going on in the activities of a program by looking at the completion, implementation, and effectiveness of the final outcome.

Participation – being part of what is going on in a program.

Project implementation – it is the effecting of the laid out project plan that is premeditated in the planning stage.

Competency – the ability to accomplish a task efficiently or successfully

Data demand and information use – it is strategy used in the identification of constraints to and opportunities for strategic and effective data collection, use and availability.

Cost- an amount that needs to be incurred or paid to obtain something.

Health Projects – these are programs initiated for the purposes of meeting health care needs.

Cost of M&E – the expenses incurred during the process of monitoring and evaluation.

I. INTRODUCTION

Management of healthcare is normally associated with indirect and direct opportunities of care. The Bureau of Labour Statistics (2010) indicates that the alarming increase of the rate of healthcare management is due to diversified and expanding health care industry. Consequently, it is the responsibility of healthcare management team to offer leadership and guidance to healthcare facilities to assist in effective delivering of healthcare services. The monitoring and evaluation system used across the globe entails different processes that comprise of planning, information collection, synthesis, reflection, and reporting under appropriate conducive conditions, and capacities that reinforce the consequences of M&E to deliver important elements for decision making, as well as knowledge. The system includes both official data-oriented part of M&E and the informal M&E and communication processes. The two monitoring and evaluation processes are mutually supportive and interactive. An M&E system that is well-developed and working not only measures and

tracks performance and results, but it also acts as the core part of the outcome-based management process.

Such a performance analysis is a technique used in the performance evaluation of the structure of the management system and the performance-motivated conduct in an institution to ensure high quality performance (De Waal, 2004). The evaluation entails the behavioural and structural factors of management performance. More specifically, the “structural factor” centres on the organization to be executed in the facilitation of performance management, comprising of serious success factors to significant pointers of performance, and the well-accustomed scorecard. On the contrary, the “the behavioural factor” centres on the organizational members and their manner of using performance management system. The performance examination requires that both elements be considered similarly in establishing performance-motivated organizations (De Waal et al., 2004). Such an exercise is paramount in establishing the progress of action and in making decisions according to improvement evidence in project implementation and planning. Consequently, there is an increasing necessity for enhanced delivery of healthcare across the world with more effective, safer and high-quality services. Besides, the aging population necessitates improved healthcare (Nolte & Mckee, 2003).

Healthcare decentralization has been accepted in the entire world as a manner of enhancing efficiency and responsiveness of healthcare systems. However, healthcare decentralization has been adopted and executed differently in different nations of the world. Most of the industrialized western nations started implementing decentralization after the World War II ended (Satman et al., 2007), while the developing nations in the region of Asia stated implementing decentralization towards the end of 1990s (World Health Organization, Regional Office for south-east Asia, 2010). In Thailand, irrespective of the many outstanding successes in the healthcare system development (WHO, 2010; Rohde et al., 2008; Tangcharoensathien et al., 2011) in the country, decentralization was slowly implemented although it had been well explained in the Constitution of Thailand as early as 1997.

Kenya has been struggling to reorganize its healthcare system, for the last two decades to offers quality services to all her citizens. To enhance the performance of health industry, different changes have been implemented, including decentralization as a sign of progress towards attaining healthcare goals (MOH, 2015). Decentralization policies acted as response to previous disappointments and shortage of the centralized policies to successfully offer healthcare services to all, and amend the sidelining of countryside populations (MOH, 2015). The decentralization aimed at improving the accessibility of inclusive healthcare quality and its associated information and statistics for decision-making based on evidence.

For better transparency and responsibility, the Constitution of Kenya calls for the government to use a monitoring and evaluation instrument as a vital constituent of improving and implementing government projects, programmes, and policies and in the distribution of

Garissa County has a weak monitoring and evaluation unit without clear guidelines on operations, lacks enough personnel capacity, and has no financial support for operationalizing its health strategic plan, and monitoring and evaluation plan. The governance of monitoring and evaluation does not have clear

frameworks and responsibilities and roles. The health records and information officers have no capacity of managing information and lack capacity development plan.

Although scholars have researched to ascertain the influence of M&E on the projects' performance (Phiri, 2015); (Yusuf, et al. 2017); (Waithera & Wanyoike, 2015), there are no studies that have looked at the capacity of the monitoring and evaluation staff and how that influences the implementation of projects. Achire et al. (2017) researched on how human capacity for M&E influences projects implementation, they did not consider health projects. Besides, there no studies evaluating the influence of monitoring and evaluation capacity of county health management teams on the implementation of health projects in Garissa County. Consequently, the researcher will evaluate the influence of monitoring and evaluation capacity of county health management team of Garissa County on the implementation of health care projects. Though it will use questionnaire and interview guide methods, it will employ observation as well.

Literature review

M&E Competence and the Implementation of Health Projects

The working of a monitoring and evaluation system depends on both the performance and the capacity of those implementing it at various levels. The human capacity is important in guaranteeing a well-functioning monitoring and evaluation system. However, the employees have to be equipped with the right range and kind of skills that will allow them to execute and deliver the whole monitoring and evaluation responsibilities package. Institutions seeking to implement M&E have to develop a costed human capacity development plan, a staff building plan, continuing technical ability development, and monitoring and evaluation career paths for employees at all levels. A combination of in-service mentorship and training programs, as well as coaching are all significant in expanding the needed human capacity for monitoring and evaluation.

Capacity development focuses on structures and systems, and organizational mechanisms that inspires the organization to execute the mandate. Nonetheless, the most important capacity in change implementation is in the development of human capacity. That entails skills development and effective application of technical, managerial, and professional staff to attain the projected outcomes. It entails the identification of the right persons to be trained, offering an effective learning environment for education and training, field and in-service supervision for ongoing transfer of skills and lasting monitoring.

A range of skills and competencies are required in the implementation of monitoring and evaluation activities at various health system's levels. The skills and competencies will vary according to the complexities of the functions of the organization, the roles and performance of monitoring and evaluation projected at every level. However, it is essential to have committed and enough numbers of monitoring and evaluation employees with the competencies and skills to provide the mandate.

Financial funding is a key component of any working institution as it was pointed out by Magondu (2013) since it influences including human resources. For an M&E department to be implemented money is needed. He also explains that capacity of staff in terms of skills and numbers are critical for the

implementation and sustainability of M&E. lack of essential and important skills, is highly improbable to perfect ongoing tasks. Nyakundi (2014) showed that a single unit increase in technical abilities results in efficiency in the realization of monitoring and evaluation. That implies that with the right M&E skills, projects can realize the expected outcomes. That is in concurrence with the findings of Ngatia (2015) as he established that when human resources increase, there is a positive impact on the returns of agribusiness projects in an organization.

Gwadoya (2012) discovered that knowledge of M&E practices was a common need for all employee in projects that are funded by donors. The study concluded that, when M&E teams are well capacitated and updated, then team work increase, resulting in high productivity. M&E levels of the management is useful in estimating the success or failure levels of projects. It can also be employed in projecting the possibility of assignments surpassing the deadlines and provide the right guidance on how to help teamwork (Nasambu, 2016).

A monitoring and evaluation system is not effective without competent staff who can perform the tasks of monitoring and evaluation for that they are expected to perform (Kiura, 2017). Literacy, interviewing, mathematical ability, and qualitative and quantitative techniques for M&E skills are essential for active monitoring and evaluation. Consequently, it is important to have highly skilled advisors and officials for an operative M&E system. Knowing the necessary capacity and skills of those engaged in monitoring and evaluation and addressing the skills gaps using an organised capacity development program is at the core of monitoring and evaluation system. There is need for training of staff on the knowledge and skills or hiring already trained personnel. Training of staff is a great determinant of the way that monitoring and evaluation is performed.

Bennet et al. (2018) in their study in India confirmed that a team responsible for monitoring and evaluation is normally an important power that inspires a project. Their findings are supported by Edge and Hoffman (2016) who conducted their research in Australia to analyse the effects of recruiting monitoring and evaluation staff. Edge and Hoffman (2016) found that there is need for project managers to acknowledge the importance of developing employees' competency to realize success and effective performance of health projects. In another study by Alex (2016) on the evaluation of the performance of monitoring and evaluation systems, it was observed that capacity development of the monitoring and evaluation team in health projects improves the success and performance of health projects. Similarly, Idoro (2019) carried out research to measure the effect of monitoring and evaluation procedures on construction firms, and found that the right M&E practices directly lead to project's high performance and success. The findings of another study by Mugo (2017) on the influence of monitoring and evaluation ethics and sustainability of projects indicated that a project with a good capacity development, and control in project is more flexible and fulfilling.

The M&E employees who handle data frequently, as established by Marsden et al. (2017) have to be trained regularly on the skills that entail data collection in monitoring and evaluation, data reporting, data analysis and interpretation. The results of a study conducted by Demissie (2015) on the evaluation of project monitoring and evaluation system in Ethiopia, noted that

lack of skilled monitoring and evaluation personnel in managing, interpretation, and use of monitoring and evaluation data leads to the production of poor-quality monitoring and evaluation data, leading to poor implementation and performance of health projects. Training regularly ensures that the monitoring and evaluation team is updated with the developing monitoring and evaluation techniques.

A research conducted by Maphunya (2018) on the challenges of human capacity in the implementation of health projects in South Africa, observed that conducting monitoring and evaluation should lead to heavy investment in monitoring and evaluation personnel development and teaching, as a manner of building capacity of the M&E team. In another research, it was noted that training of monitoring and evaluation staff involves a comprehensive of different activities, including internship, official training, coaching, and in-service training (Ika et al. 2018). Muiga (2015) recommends that monitoring and evaluation field staff must have intensive and regular ability development and training on the site, which grows their competency. When health sector projects have a resilient monitoring and evaluation team, that is devoted, trained, and has the appropriate skills, it increases the value of the M&E, leading to success of health projects implementation and performance.

Wanja (2017) asserts that health projects cannot be effective without a competent monitoring and evaluation team that can implement it effectively and participate in monitoring and evaluation activities that necessitates capacity and skills of the team. That is supported by Mibey (2016) in his review which indicated that competency and skills have to be considered as important components of a project's success.

Programme Theory

Program theory is a model used to define how mediation is anticipated to result in a chain of outcome that generate the projected or real effects. Program theory has been applied as a guide to assessment for an extended time. It indicates the proficiency of a programme to solve a concern by tackling the needs identified during the assessment of needs. The theory also offers tools for showing impact areas in the assessment (Sethi and Philippines, 2012). The program theory concept is the same as one applied in the logical models. Hence, this theory uses rational framework methodology as its method (j-Pal, 2003).

By evidently showing what is expected and assumed in the programme's outcomes and operation of a program, this theory aids the assessor and project participants in the identification of the performance dimension most important to the accomplishment of the programme, including efficacy, effectiveness, efficiency, and accountability and thus, those that can be most critical to evaluate. It offers an inclusive image of early and transitional change of terms required to reach a lasting set goal (Anderson, 2005). Therefore, it offers a model of how a project ought to operate, which can be tried and improved via monitoring and evaluation. Project theory is applied in monitoring and evaluation to build logic change theories or models that outline the projected pathways from activities to results. It establishes indicators that align with each part of it to determine impact and progress. The theory has indicators that can be applied to assess whether the program is attaining its intended results and identify where improvement is needed.

NCBS Rwanda (2013), explains program theory as a continuing procedure of thinking to examine transformation and how it occurs; drawing on outside knowledge about development; enunciating its comprehension of change and challenging staff to examine the transformation more; recognising change complication; the broader systems and players that impact it and it is usually obtainable in form of a diagram along a description summary. Evaluation based on Program theory helps assess the exact contribution of the project or intervention and measure the effectiveness and productivity of the processes. It also examines whether the assumptions made are held factual. That assists in providing a basis for structural and systematic examination of how a project assisted in the attainment of the outcomes and equally putting into consideration external aspects. In regards to monitoring and evaluation system, program theory provides an explanation on how various parts of the monitoring and evaluation system help in the general performance of establishments considering the parts of the system as inputs and the performance as the output of the system. Consequently, in this study, program theory can be used to explain how human resource as a part of M&E system assists in the general performance of projects. Determining the efficiency of a project the solve the intended need of the beneficially will require program the theory. The study will in turn determine whether the capacity of human resource contributes to the project outcome. In addition, the insights from monitoring can be used to make necessary adjustments to activities or strategies to better align with the Program Theory. For example, if human capacity does not contribute to effective project’s outcome, then essential changes to the M&E team will be made to have an improve alignment with the program theory.

Moreover, the theory helps in clarifying the various changes created by the system in the general performance of an institution through the elements of learning, accountability, efficiency, and effectiveness.

Methodology

In this study, the researcher applied a mixed methodology to determine whether the capacity of monitoring and evaluation team influences the implementation of healthcare projects. The quantitative research methodology were appropriate in the collection of numerical data from the selected sample applied in the statistical analysis of the population. Qualitative methodology was appropriate as it will aid in the collection of the perception of participants on the occurrence of the research from a small size of participants.

M&E Competence of the CHMT and the Implementation of Health Projects in Garissa County

The study sought to find out whether the participants believed that the county health management team members have the required knowledge and skills in M&E. Out of the 232 participants, 190 of them stated yes, while 42 of them stated no. The researcher also sought to find out how monitoring and evaluation knowledge and competence of County health management team influenced the implementation of health projects in the county. The participants were thus asked to indicate how often factors related to M&E knowledge and competence applied. The findings were as per the table below.

Statement	S.A	A	D	S D	Mean	SD
Monitoring and evaluation team’s competence is treated with importance	30	27	71	104	1.92	1.69
	13%	11%	31%	45%		
Monitoring and evaluation trainings are organized	33	16	97	86	1.98	1.71
	14%	7%	42%	37%		
Monitoring and evaluation trainings increase the implementation of County’s health projects	26	18	121	67	2.01	1.68
	11%	8%	52%	29%		
Monitoring and evaluation team use the knowledge and skills gained to resolve the health project issues that hinder their implementation	27	39	59	107	1.93	1.70
	12%	17%	25%	46%		

Total					7.84	6.78
Composite mean and standard deviation					1.96	1.695

On the statement that Monitoring and evaluation team’s competence is treated with importance, 104 (45%) of the 232 participants strongly disagreed, 71 (31%) disagreed, 30 (13%) strongly agreed, and 27 (11%) agreed. That was supported by a mean of 1.92 and a standard deviation of 1.69, which are less than the composite mean and standard deviation which means that the participants did not agree with the statement that monitoring and evaluation team’s competence is treated with importance.

On the statement that Monitoring and evaluation trainings are organized, 97 (42%) disagreed, 86 (37%) strongly disagreed, 33(14%) strongly agreed, and 16 (7%) agreed with the statement. That was supported by a mean of 1.98 and a standard deviation of 1.71, which are greater than the composite mean and standard deviation implying that monitoring and evaluation trainings are not organized.

On whether Monitoring and evaluation trainings increased the implementation of County’s health projects, most of the participants 121(52%) disagreed, 67 (29%) strongly disagreed, 26 (11%) strongly agreed, and 18 (8%) agreed with the statement. That was backed by a mean of 2.01 and a standard deviation of 1.68 which are greater than and less than the composite mean and standard deviation respectively. That shows that monitoring and evaluation trainings increased the implementation of county’s health projects.

Majority of the participants 107(46%) strongly disagreed that Monitoring and evaluation team use the knowledge and skills gained to resolve the health project issues that hinder their implementation 59 (25%) disagreed, 39 (17%) agreed, and 27 (12%) strongly agreed with the statement. That was supported by a mean of 1.93 and a standard deviation of 1.70, which are less than the composite mean and standard deviation. That implies that most of the participants disagreed that Monitoring and evaluation team use the knowledge and skills gained to resolve the health project issues that hinder their implementation.

Interview findings

The quantitative results were similar to those of the interviews. The interviewees stated that Monitoring and evaluation team’s competence is sometimes not considered as there lack experts in the area of monitoring and evaluation. Most of the participants were of the view that the people in the area with knowledge and skills on monitoring and evaluation are given managerial positions and they thus guide their subordinates on what to do.

On whether there are monitoring and evaluation trainings organized, interview findings supported the quantitative data collected as the participants explained that trainings are not

organized but people learn through experience. The interviewees explained that.....

“Most workers join the M&E team with no much knowledge on the same and they gain knowledge and experience as they work under their competent managers. Their monitoring and evaluation experience improves over time as they work to resolve various varying needs of the health projects stakeholders.”[K1 01]

The interviewees were of the opinion that training in monitoring and evaluation does not seem to improve the implementation of health projects. The reason provided is that although some M&E team members have gained knowledge and skills through experience, there are other factors that hinder the implementation of health projects in Garissa County. One of the mentioned factors the willingness of the M&E health team members to ensure the implementation of projects. They also cited that monitoring and evaluation of health projects could lead to delay in implementation.

The interviewees stated that the monitoring and evaluation team did not seem to use their knowledge and skills gained to resolve the health project issues that hinder their implementation. That was supported by the assertion that despite having members of M&E team with experience, there were still health projects in Garissa County faced with delay and other seem forgotten.

Summary of Findings

Monitoring and Evaluation Knowledge and Competence

The study found out that majority of the participants believed that the County health management team members possess the needed skills and knowledge in monitoring and evaluation. Therefore, it means they believed that they are competent for the monitoring and evaluation work. The researcher went further to test how the level of agreement of the participants with some factors associated with monitoring and evaluation competence. Both questionnaire and interview data showed that the participants held that the competence of the monitoring and evaluation team is not considered to be important. It also came out that the monitoring and evaluation trainings were not often organized and that the few training that were organized increased the implementation of health projects in the county. However, it turned out that the monitoring and evaluation team did not apply the skills and knowledge acquired in trainings to resolve the issues experienced in the implementation of health projects. That means although more projects were implemented with few trainings, the projects were still facing some issues that hindered their implementation.

Recommendations

It was suggested that Garissa County should consider recruiting competent members of monitoring and evaluation team. The team should also attend training often to update themselves on new monitoring and evaluation practices. Besides, the management should ensure that the skills and knowledge gained during training is applied in resolving the existing issues in project implementation for effectiveness.

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