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EMPIRICAL STUDY OF HOW FUNDING OF MONITORING AND EVALUATION ACTIVITIES INFLUENCE PERFORMANCE OF PUBLIC HEALTH FACILITIES CONSTRUCTION PROJECTS IN KIRINYAGA COUNTY, KENYA

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Abstract

The purpose of the study was to determine how funding of Monitoring and Evaluation activities influence performance of public projects in Kirinyaga County. The unit of analysis was the Monitoring and Evaluation activities in the County of Kirinyaga. Data was collected using questionnaires and relevant documents in the section. Before using the research questionnaire for data collection, a pilot study was carried out in Nairobi County. The data collected was appropriately cleaned, coded and refined before being fully analysed. The findings from the study indicated that there was a significant strong positive linear relationship between funding methodologies of M&E Activities and Performance of Public funded projects in Kirinyaga County. To improve on performance of the Monitoring and Evaluation, it was recommended that effective Cost Management in all the three areas of Cost Planning must be considered so as to enhance performance of public funded health Projects in Kirinyaga County.

Keywords: *Staff, Capacity, Building, Influence, Performance,*

1.1 Introduction

Government Projects have occupied a central role and leads as the main development providers for the community during the last few years to date (Ashbaugh, 2012). Monitoring and Evaluation Practice has been proved to be essential in improving the performance of the Projects implementation over the years. Consequently, many performing organizations have arrived to a conclusion that M&E is an integral part of their project implementation programs. Performance standards and indicators, as drivers for M&E, are vital for project management, strategic goals placing, influencing policy and Institutional improvement practices, nationally and internationally, (Margoluis & Salafsky, 2010). Monitoring and Evaluation are usually approached together in project management as a function, which provides a real perspective upon the state of projects in order to make all the adjustments necessary in projects' implementation process (Sialala, 2016). To enhance the effectiveness of M&E practice in improving project performance, the performing organisation is advised to

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carry out a thorough Cost Management during the Project Planning before commencement of any project implementation.

The increasing pace of change in healthcare technologies and policies has generated increased interest in the future adaptability in the physical infrastructure that supports health services, not just in buildings, but also in the processes too. The key to economic and social growth in both developed and developing countries is better project management in all sectors: agriculture, industry, public works, education, public health, and government (Aftab, 2012). Proper planning and anticipating the problem areas is all part of the project management process. There is growing awareness of the need to improve both the productivity and quality of projects. Successful performance in a construction project helps to deliver good products to the client. The quality of finished project, construction cost and construction time were the most important project priorities of performance criteria within client perspective in Malaysia (Arazi, 2011). Delays in project completion and poor performance in the construction industry has been experienced and has led to failure in achieving effective time and cost performance. This delay is a common phenomenon that occurs especially where the government projects are concerned in Malaysia (Tawil, 2013).

Adequate and timely funding is essential for project success. Inadequate and untimely funding may interfere with implementation schedule of projects. Zagorsky (2010) has identified contractors' financial difficulties as major causes of delays in government sponsored construction projects. He further defines contractors' financial difficulties as the contractor not having adequate finances to complete the development works, materials and equipment procurement, staff remuneration, and all other incidentals. Thornton (2011), in his study, found out that late certificate payments, unrealistic profit margins, and excessive debt are considered as the major contractors financial inadequacies and hence contributes to the overall poor project performance.

The project budget should provide a clear and adequate provision for monitoring and evaluation activities. A monitoring and evaluation budget can be delineated within the overall project budget to give the monitoring and evaluation function the due recognition it plays in project management. A monitoring and evaluation budget should be about 5 to 10 percent of the total budget (Hassan, 2013). To ensure effective and quality monitoring and evaluation, it

is critical to set aside adequate financial and human resources at the planning stage. The required financial and human resources for monitoring and evaluation should be considered within the overall costs of delivering the agreed results and not as additional costs (UNDP, 2009). A study carried out by Gwadoya (2012) showed that it is essential for financial resources for monitoring and evaluation to be estimated realistically at the time of planning for monitoring and evaluation. A general principle guideline is that the monitoring and evaluation financial plan ought not to be so little as to negatively affect the M&E data accuracy and reliability and neither should it be unrealistically large as to divert the main project resources and finally negatively impact the performance of the project. (Chaplowe, 2008). Monitoring and Evaluation should be planned together, however, the budget for each function should be discrete, this is due to the fact that monitoring is virtually complete at the practical completion of the project whereas evaluation activities continues way ahead after project handover, (Burgess, Jedwab, Miguel and Morjaria, 2013).

Financial resources for monitoring and evaluation should be estimated realistically at the time of planning for implementation of monitoring and evaluation (UNDP, Handbook on planning, monitoring and evaluating for development results. 2009). According to the handbook, the most commonly observed financing mechanism is to draw resources together from relevant projects. The availability of finances will determine what can be achieved as far as implementation, strengthening and sustainability of monitoring and evaluation system is concerned (UNAIDS, 2008a). According to Magondu, A. (2013), a key function of planning for monitoring and evaluation is to estimate the costs, staffing, and other resources needed for monitoring and evaluation work. It is important for monitoring and evaluation specialists to weigh in on monitoring and evaluation budget needs at the project design stage so that funds are allocated specifically to the implementation of key monitoring and evaluation tasks (Chaplowe, 2008).

Another way is to create a separate monitoring and evaluation fund, facility or project associated with an outcome or a programme to which all the constituent projects would contribute through transfer of some project funds. This facility could be located in the same entity that manages the outcome or programme. Another way is to mobilize funds from partners directly for an outcome or programme monitoring and evaluation facility. Another alternative is to allocate required funds annually for each outcome on the basis of planned costs of monitoring and evaluation from overall programme budget to the facility or fund.

Through all these proposed means of funding, monitoring and evaluation can be made more efficient in order to generate the expected performance outcomes in construction projects. In Kenya, Wanjiku (2012) contends that financial issues, human resources conditions, site characteristics and design quality aspects are factors influencing performance of government funded health facilities building projects.

1.2 Research Objective

The purpose of the study was to determine how funding of Monitoring and Evaluation activities influence performance of public projects in Kirinyaga County.

3.1 Methodology

By use of questionnaires, the researcher solicited for responses from local community members in person, this way it was possible to collect a lot of data, (both qualitative and quantitative), from the targeted population. To establish whether the respondents understood the questions and instructions in the data collection instrument, the same questionnaire was administered to a similar group of local community in a different County. The data collected in this pilot study was recorded and analyzed before the questionnaire was used in the main research. However, the data from the pilot study was not used along with the data collected in the main study.

Purposive sampling methodology was used to select the local administration leaders in the National Government, these being the Chiefs and Sub-Chiefs, the community representatives at the county ward level, these being Members of County Assembly. According to Michael (2008), the goal of purposive sampling is to construct a representative unit that can be considered paradigmatic of the population.

Responses from the policy makers and the county secretariat, top government officials in the County Government were interviewed and data analyzed.

To collect quantitate data of the study, the number of Projects planned for 2014-2019 development period in Kirinyaga County, the number of Monitoring and Evaluation Staff in the Department of Health and Ministry of Works in the County were considered.

The study adopted the pragmatism paradigm. This paradigm was selected as it allows both qualitative and quantitative approaches to be used and combined in the research design. A combination of qualitative and quantitative methods was used in the data collection to ensure capture of complete overview of how local community influence performance of public funded health facilities construction projects in Kirinyaga County, Kenya.

Data was collected from the respondents and analysis of the same carried out using SPSS Software. Before the analysis, the data was cleaned for errors, corruption, duplication, incompleteness and internal consistency (by use of Cronbach Alpha Analysis). Correlation analysis was carried out to examine the direction and strength of the relationship between the variables. Multiple Regression Analysis was carried out to establish the moderating influence of community participation on the relationship between M&E Practices and Performance of Public Funded Health Facilities Construction Projects in Kirinyaga County, Kenya.

4.1 Findings and Results

The purpose of this study was to investigate how funding of M&E activities methodology influence the relationship between Monitoring and Evaluation Practice and the Performance of Public Funded Health Facilities Construction Projects in Kirinyaga County.

Before the data was analysed, data cleaning was carried out where incorrectly entered or missing values were detected, removed or replaced (statistically), as the case may be, from the data sets. The data analysed was presented in tables for clarity during the interpretation.

4.2 Response Rate

This study targeted 163 Respondents. The actual number of respondents who participated in the research by filling and returning the questionnaires comprised of Local Community representatives, Monitoring and Evaluation Staff, and the top officials of the county. The findings are presented in Table 4.2

Table 4.2: Response Rate of Respondents

	Frequency		
Respondents	**Responded**	**Not responded**	**% responded**
Local community	103	45	66
M&E Staff	9	0	100

County Gov. Staff	6	0	100
TOTAL	**118**	**45**	**72.4**

As per the findings in table 4.2 above, 118 out of 163 Respondents responded and returned filled in questionnaires, amounting to 72.4%.

Mugenda and Mugenda, (1999), in their study stipulated that a response rate of 50% is adequate for analysis and reporting, a rate of 60% is satisfactory, where as 70% and above is good and suitable for analysis. 100% return and response rate is excellent. The rate for all the Respondents was found to be good and satisfactory for analysis.

4.3 Soco-demographic Information

This section focussed on the social demographic information of the Respondents. The findings obtained in this section established the required information to describe the social factors of the respondents. The information required included gender parity, age distribution, academic qualification and years of service of the respondents in the sub-county represented.

Table 4.3.1 Gender Parity of the Respondents

Table 4.3: Gender of Respondents

	Frequency				
	Gender			**Percentage**	
Respondent	**Male**	**Female**	**Total**	**Male**	**Female**
Local Community	80	23	**103**	78%	22%
M&E Staff	7	2	**9**	78%	22%
County Gov. Officials	3	3	**6**	50%	50%
Total	**90**	**28**	**118**	**76%**	**24%**

The findings sought to find out the gender composition of the respondents. Most, (76%), of the respondents were Male.

4.3.2 Age Bracket of the Respondents

From the findings in Table 4.4, the age bracket of most of the respondents, (67%), was 31 – 50 years old. Only 5% of the respondents were below 30 years old. 2 respondents, (2%), were over 60 years of age. The findings alluded to the fact that the respondents were mature in age and hence reliable in their judgement.

Table 4.4: Age Distribution of Respondents

	Frequency Age Range					
Respondent	**Under 30 Yrs.**	**31 - 40 Yrs.**	**41 - 50 Yrs.**	**51 - 60 Yrs.**	**Over 60 Yrs.**	**Total**
Local Community	5	29	39	28	2	103
M& E Staff	1	3	4	1	0	9
Total	**6**	**32**	**43**	**29**	**2**	**112**
Percentage (%)	**5%**	**29%**	**38%**	**26%**	**2%**	**100%**

4.4 Performance of Public Funded Health Facilities Construction Projects

This section focussed on how the Public Funded Health Facilities Construction Projects performed in the county. To establish the performance, number of projects scheduled for implementation in 2014/2019 development period, number of projects completed during this period, Cost Effectiveness Evaluation and the Community Satisfaction mean Score were considered.

4.4.1 Planned and completed Public Funded Health Facilities Construction Projects

The findings sought to establish the percentage of the completed projects during 2014-2019 development period during the time of study. The findings are as shown in table

Table 4.5: Planned and completed Projects in the county during 2014 – 2019 development period

	Projects Scheduled in 2014-2019	Completed Projects on time, cost and budget in 2014-2019 period	Completed
Sub - County	Mean	Mean	Percentage (%)
Kirinyaga West	7	0	0%
Kirinyaga Central	10	2	20%
Kirinyaga East	10	0	0%
Mwea East	7	1	14.3%
Mwea West	11	1	9.1%
Total	**45**	**4**	**8.9%**

The findings in Table 4.5 indicated that a total of 45 development projects were scheduled during 2014 – 2019 development period. 15.6% were allocated Kirinyaga West and none (0%) was completed during the 5-year development period. 10, (22.2%), were allocated Kirinyaga Central and 2, ((20%), were completed in the Sub-County during the 5-year development period. 10, (22.2%), were allocated Kirinyaga East with none, (0%), completed during the 5-year development period. 7, (15.6%), were allocated Mwea East and 1,(14.3%) was completed during the 5-year development period. 11, (24.4%), were allocated Mwea West and 1, (9.1%) was completed during the 5-year development period. During the 2014 - 2019 development period, out of 45 Projects planned, only 4,(8.9%), Projects were completed.

4.4.3 Cost effectiveness for County Health Facilities Analysis Report Development

The findings sought to establish whether cost effectiveness analysis was done before implementation of planned projects in Kirinyaga Sub- Counties. The findings are shown in table 4.6.

Table 4.6: Cost Effectiveness Analysis Carried out and procedure Report Development

			Sub-county represented by M&E Staff					
			Kirinyaga West	Kirinyaga Central	Kirinyaga East	Mwea East	Mwea West	Office Based
Ex- ante evaluation cost effectiveness analysis carried out and Report developed and issued	**No**	**Count**	**1**	**1**	**1**	**1**	**1**	**4**
	Yes	Count	0	0	0	0	0	0
Intermediary evaluation cost effectiveness analysis carried out and Report developed and issued	**No**	**Count**	**1**	**1**	**1**	**1**	**1**	**4**
	Yes	Count	0	0	0	0	0	0
Post- evaluation cost effectiveness analysis carried out and Report developed and issued	**No**	**Count**	**1**	**1**	**1**	**1**	**1**	**4**
	Yes	Count	0	0	0	0	0	0
Number of Projects that ex- ante evaluation cost effectiveness analysis carried out and Report developed and issued	**Mean**		**0**	**0**	**0**	**0**	**0**	**0**

The findings in Table 4.6 indicated that there was no Cost Effectiveness Analysis procedure carried out before implementation of completed projects in 2014 – 2019 development period.

4.5 M&E Budgetary Allocation and Performance of Public Funded Health Facilities Construction Projects

This section focussed on establishing the influence of budget allocation processes of Monitoring and Evaluation processes on the performance of public funded health facilities construction projects in Kirinyaga County. M&E Cost Plan development and Agreement Mean Score on best practices in M&E budget allocation were considered.

4.5.1 M&E Cost Plan for all Projects completed on time, scope and budget in the 2014 2019 development period

The findings in this section sought to establish whether an M&E Cost Plan for all completed projects before commencement was developed. The findings are as on table 4.7

Table 4.7: Was an M&E Cost Plan developed before implementation of all Projects completed on time, scope and budget in the 2014-2019 development period?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	**No**	**9**	100	100	100
	Yes	**0**	0	0	100.0
	Total	9	100	100	

The findings in table 4.7 indicate that there was no M&E Cost Plan developed for any completed projects in the county during the time of study

4.5.3 Agreement Mean Score on best practices in M&E budget allocation

This section sought to establish Monitoring and Evaluation budget allocation Agreement Mean Scores for best practices influence on performance of public funded health facilities construction projects in Kirinyaga County. The scores were measured on Likert Scale, 5-strongly Agree, 4-Agree, 3-Neutral, 2-Disagree and 1-Strongly Disagree. To establish the level of agreement using the mean scores, the 5 scales were collapsed into three levels, 1-Disagree, 2-No opinion and 3-Agree. To ensure internal consistency of the measurement

items, Cronbach's Alpha test was conducted. The findings were as shown in table 4.8, table 4.9 and table 4.10.

Scale Reliability Statistics for M&E Budget Allocation Best Practices Items

To ensure internal consistency of the measurement items, Cronbach's Alpha test was conducted. The findings were as shown in table 4.8

Table 4.8 Reliability Statistics

Cronbach's Alpha	N of Items
.872	13

According to findings in table 4.8, a Cronbach's Alpha Coefficient of 0.872 was obtained. Gliem and Gliem (2003 states in their study that instruments showing a reliability of 0.7, (or higher), is acceptable for research data collection. Consequently the instrument was used to collect data for establishing Monitoring and Evaluation budget Agreement Mean Score for best practices influence on performance of public funded health facilities construction projects.

Table 4.9: Item Statistics for Agreement Mean Score of Best Practices for Monitoring and Evaluation budget Allocation

	Mean	Std. Deviation
M&E Budget is always developed before commencement of any of the Projects	3.78	.441
M&E Staff always involved in M&E budget preparation	2.33	.500
M&E Cost Plan is always developed before implementation of all Projects	2.22	.441
M&E and Project Budgets Integration plan is always developed before implementation of any Projects	3.67	.500

Appropriation of money for planned M&E purposes influences the performance of public funded health facilities projects	3.89	.333
There is always timely remittance of M&E funds in all completed projects in the sub-county	2.22	.441
Timely remittance of M&E funds significantly affect the performance of projects in the county.	3.89	.601
Amount allocated for the implementation of M&E affects the final performance of projects	4.22	.667
A clear Process of budget allocation to the M&E activities significantly influence the performance of projects	3.78	.441
The process of budget allocation for M&E activities is effective in the County	2.33	.500
M&E Budgetary Allocation is bureaucratic and this has a negative influence on performance of projects	4.00	.707
An effective M&E allocation process forms the basis of planning and implementing the M&E activities accurately	4.00	.500
A clear and adequate M&E budget to M&E activities ensures satisfactory performance of projects	3.78	.441
A realistic estimation of cost for monitoring and evaluation is usually undertaken when planning for projects	3.78	.441
Involvement of M&E Staff in Budget preparation Influences M&E practices and project performance	4.33	.707
M&E budget plan is always available and accessible before start of M&E implementation	3.78	.441

Summary Statistics	**3.50**	**0.51**	

Agreement mean score and their standard deviations from the mean of each item were as indicated in Table 4.9. The summary statistics of the scale indicated that the grand mean of the scores is 3.50 with a standard deviation of 0.51. The mean score implies that the respondents tended to agree that budget best practices influence on performance of public funded health facilities construction projects. The low standard deviation of the scores indicated that the data was closely clustered around the Mean, hence a more reliable and suitable representation of the population.

4.6 Research Objective Findings

In this section the researcher sought to determine the extent to which M&E budgetary allocation process influence performance of public funded health facilities construction projects in Kirinyaga County, Kenya. To test the Research Hypotheses, a Correlation Matrix was developed for all the variables. The findings were as shown in table 4.10.

Table 4.10: Correlation Matrix

Variable		Y	X1	X2	X3	X4	X5
Performance of Public Funded Health Facilities Construction Projects =Y	Pearson Correlation	**1**					
	Sig. (2-tailed)						
	N	112					
M&E Implementation =X1	Pearson Correlation	.665**	**1**				
	Sig. (2-tailed)	.000					
	N	112	112				
M&E Budgetary Allocation =X2	Pearson Correlation	.792**	.968**	**1**			
	Sig. (2-tailed)	.000	.000				
	N	112	112	112			
M&E Staff Capacity Building =X3	Pearson Correlation	.777**	.976**	.997**	**1**		
	Sig. (2-tailed)	.000	.000	.000			
	N	112	112	112	112		
Monitoring and Evaluation IDVs	Pearson Correlation	.749**	.988**	.995**	.997**	**1**	
	Sig. (2-tailed)	.000	.000	.000	.000		

Combined =X4	N	112	112	112	112	112	
Community Participation =X5	Pearson Correlation	-.520**	-.459**	-.521**	-.515**	-.501**	**1**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	
	N	112	112	112	112	112	112

$H_0$2 There is no significant relationship between M&E Budgetary allocation and performance of public funded health facilities construction projects in Kirinyaga County, Kenya.

From the findings in table 4.10, the correlation coefficient for Monitoring and Evaluation Budget allocation and the performance of public funded facilities construction projects in Kirinyaga County was r(112), = 0.792, P<0.05, indicating a strong significant positive linear relationship.

The P-value was less than the threshold level of 0.05, and hence **$H_0$2** was rejected. **The Alternate Hypotheses** was **hence upheld**, concluding therefore that there was sufficient evidence to suggest that there was a significant relationship between Monitoring and Evaluation Budget Allocation and the Performance of Public Funded Facilities Construction Projects in Kirinyaga County.

To determine the extent to which M&E budgetary allocation process influence performance of public funded health facilities construction projects in Kirinyaga County, Kenya. Simple Linear Regression was carried out to establish the extent. M&E Budgetary Allocation was denoted by X_2 and performance of public funded facilities construction projects in Kirinyaga County, Kenya by Y

The results are shown on table 4.11, 4.12, and 4.13

Table 4.11: ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	25.621	1	25.621	185.252	.000[b]
	Residual	15.213	110	.138		
	Total	40.834	111			

a. Dependent Variable: Performance of Public Funded Health Facilities Construction Projects =Y

b. Predictors: (Constant), M&E Budgetary Allocation =X2

From the findings of table 4.11, F (1,110) = 185.252, P = 0.000<0.05, indicating enough evidence to reject the Null Hypotheses and sustain the alternate hypotheses. It was therefore concluded that the overall model was statistically significant and hence fit for analysis.

Table 4.12: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.792[a]	.627	.624	.37189

a. Predictors: (Constant), M&E Budgetary Allocation =X2
b. Dependent Variable: Performance of Public Funded Health Facilities Construction Projects =Y

From the results of table 4.12, R^2 = 0.627, indicating that 62.7% of the variance of the Performance of Public Funded Health Facilities Projects in Kirinyaga county was predicted by Monitoring and Evaluation Budgetary Allocation during the time of study.

Table 4.13: Model Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.594	.143		4.159	.000
	M&E Budgetary Allocation =X2	.729	.054	.792	13.611	.000

Dependent Variable: Performance of Public Funded Health Facilities Construction Projects =Y

From the findings of table 4.13, the model constant, $ß_0$ = 0.594. Monitoring and Evaluation Budget Allocation had a P=0.000<0.05. This indicated that Monitoring and Evaluation Budget Allocation significantly predicted the Performance of Public Funded Health Facilities Projects in Kirinyaga County. The model predicted that as Monitoring and Evaluation Budget Allocation Mean-Score increased by 1.00, the Mean-Score of Performance of Projects correspondingly increased linearly by 0.729

The model was represented by the equation;

$Y = 0.594+0.729X_2$.

5.1 Discussion and Recommendations

The findings of the study showed that for every completed Project in the County, an M&E Budget had been prepared before commencement. However, the findings indicated that there were no Cost Plans prepared for any Monitoring and Evaluation implementation. Also, from the findings of the study, the majority of the M&E staff responded that the rate of funds allocation to M&E activities was low.

Whereas the majority agreed that the best practice to be used, so as to ensure satisfactory M&E budget allocation would be to have a clear and transparent process in budget allocation and involvement in preparation of M&E budget, there was a total disagreement that M&E Staff were involved in M&E budget preparation in Kirinyaga County.

There was strong evidence from the study that a significant strong positive linear relationship exists between M&E Budgetary allocation and performance of public funded health facilities construction projects in Kirinyaga County, Kenya.

It was concluded from the study that in Kirinyaga County, a Budget for M&E activities is always prepared before commencement of any development Project Implementation. However, M&E staff were not involved in the preparation of this budget. The study also found out that disbursement of this Budget is slow, though a clear Policy for guidance of Funds remittance exists in the County. This situation negatively affected the smooth running of M&E in the County, and ultimately, the Performance of the Public Funded Health Facilities Projects in Kirinyaga County was unsatisfactory.

The study arrived to the conclusion that there were no Cost Plans prepared for any Monitoring and Evaluation implementation. Cost Plans are integral to Cost Management. Creating a budget without control mechanism of the budget is counterproductive. Efficiency of M&E budget utilisation, after allocation in the County is compromised without a clear Cost Plan. This ultimately contributes to the unsatisfactory Performance of the Public Funded Health Facilities Projects in Kirinyaga County.

The end result of the study concluded that M&E Staff embraced Best Practices in Monitoring and Evaluation budget allocation by agreeing that the practices influences significantly the Performance of Public Funded Health Facilities Construction Projects in Kirinyaga County. The county needs only to emphasize and ensure compliance during Monitoring and

Evaluation Implementation. This will improve appreciably the Performance of the Public Funded Health Facilities Projects in Kirinyaga County.

The study concluded that M&E Budget allocation positively relates strongly to the performance of public funded health facilities construction projects in Kirinyaga County, Kenya. This implied that if the best practices for M&E budget allocation are complied with, then Monitoring and Evaluation will greatly influence and improve the Performance of the Public Funded Health Facilities Projects in Kirinyaga County.

For effective Cost Management, all the three areas of Cost Planning must be considered. A budget is used successfully and transparently when controlled as per the laid down procedure by the National Government. It is recommended that once project budget is drawn, the control mechanism of the budget expenditure must be spelt out. The Funds utilization must be as per the Cost Plan developed. This will ensure that M&E does not spend the Funds before completion of the exercise or not spend as required and hence compromising the quality of the process.

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